

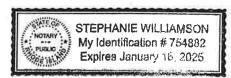
PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island

IVAIC	(Current) (Pr	lor)		Trumbol ST 0110001
Organized under the Laws of		land	State of Domicile or Port of Ent	ry RI
Country of Domicile		United State	es of America	
ncorporated/Organized	06/16/1975		Commenced Business	07/01/1975
Statutory Home Office	One Turks Head	Diaco		Providence, Rt. US 02903
statutory Home Office	(Street and Num		(City or	Town, State, Country and Zip Code)
Main Administrative Office		One Turks	Head Place	
VIAITI Administrative Office			nd Number)	
	Providence, RI, US 02903			401-369-8240
(City o	r Town, State, Country and Zip Co	de)	(Ar	ea Code) (Telephone Number)
Mail Address	One Turks Head Place	e	.v.	Providence, RI, US 02903
(10)	(Street and Number or P.O		(City or	Town, State, Country and Zip Code)
Oderani Landina of Donka on	d December	One Turks	s Head Place	
rimary Location of Books an	a Records		nd Number)	
	Providence, RI, US 02903	(0110014)		401-369-8240
(City o	r Town, State, Country and Zip Co	de)	(Ar	ea Code) (Telephone Number)
nternet Website Address		http://rhode	slandjua.com/	
Stalutory Stalement Contact	Maliasa	Menard		401-369-8240
statutory statement contact		lame)		(Area Code) (Telephone Number)
	melissa.menard@bbrown.com		ž. <u>———</u>	401-369-8241
	(E-mail Address)			(FAX Number)
		OFF	ICERS	
VIce Chair	Don Baldin		Assistant Secretary	Melissa Menard
	Earl Cottam		Secretary	James Pascalides DPM
		01	HER	
		DIRECTORS	OR TRUSTEES	
Danie	Wright		scalides DPM	Earl Cottam Jr.
	Robitaille		Baldini	Barbara M Cavicchio DDS
Edo	Paynlor		er Morrison e Kuiper	Virginia Burke
Elic	ayınıcı	Loon	y Kujas.	
N-4f	Rhode Island			
State of	Kent	— ss		
sounty or	1,10114	_		
he officers of this reporting	entity being duly sworn, each depo	se and say that they are	the described officers of said repo	rting entity, and that on the reporting period stated above
all of the herein described as	sets were the absolute property of exhibits, schedules and explan.	oi the said reporting enti- ations therein contained.	ty, free and clear from any liens annexed or referred to, is a full ar	or claims thereon, except as herein stated, and that this ad true statement of all the assets and liabilities and of the
condition and affairs of the sa	id reporting entity as of the reporti	ng period stated above, a	and of its income and deductions i	herefrom for the period ended, and have been completed
n accordance with the NAIC	Annual Statement Instructions an	d Accounting Practices a	ind Procedures manual except to	the extent that: (1) state law may differ; or, (2) that state
ules or regulations require	differences in reporting not relate	ted to accounting practic	ces and procedures, according	to the best of their Information, knowledge and belief electronic filing with the NAIC, when required, that is an
espectively, Furthermore, usexact copy (except for format	ting differences due to electronic f	iling) of the enclosed stat	ement. The electronic filing may l	be requested by various regulators in lieu of or in addition
o the enclosed statement.		•		
		/ Ar-	+	
		Frank 10	Ua V	
				-
			ottam Jr.	Mellssa Menard
		C	hair	Assistant Secretary
			a. Is this an original filing	Yes[X]No[]
Subscribed and swom to before	re me this		b. If no,	
day of			1. State the amendme	
Stephan	12 1. 16in	retor	Date filed . Number of pages at	
A STATE OF THE STA	- Tour	WY I P	o, reuniber of pages at	indica.





PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island NAIC Group Code NAIC Company Code 13101 Employer's ID Number 51-0140354

	(Current)	(Prior)			
Organized under the Laws of	, ,	e Island	, State	of Domicile or Port of Entry	y RI
Country of Domicile	-	U	nited States of An	nerica	
Incorporated/Organized	06/16/1975			ommenced Business	07/01/1975
Statutory Home Office	One Turks He	ad Place		I	Providence, RI, US 02903
	(Street and N				own, State, Country and Zip Code)
ANNUAL STATEME Main Administrative Office	NT FOR THE YEAR		HE Medical None Turks Head F	Nalpractice Joint Ur	nderwriting Association of Rhode Island
_			(Street and Num		
(City or	Providence, RI, US 02903 Town, State, Country and Zip	Codo)	,	(Aro	401-369-8240 a Code) (Telephone Number)
(City of	Town, State, Country and Zip	Code)		(Ale	a Code) (Telephone Number)
Mail Address	One Turks Head P				Providence, RI, US 02903
	(Street and Number or I	P.O. Box)		(City or T	own, State, Country and Zip Code)
Primary Location of Books and	Records		One Turks Head		
	Dravidanae DL LIC 02002		(Street and Num	ber)	404 360 8340
(City or	Providence, RI, US 02903 Town, State, Country and Zip	Code)		(Are	401-369-8240 a Code) (Telephone Number)
, ,	,	,		•	
Internet Website Address		h	ttp://rhodeislandju	a.com/	
Statutory Statement Contact	Meli	ssa Menard		,	401-369-8240
_	li	(Name)			(Area Code) (Telephone Number)
	nelissa.menard@bbrown.com (E-mail Address)				401-369-8241 (FAX Number)
	(=				()
			OFFICERS		
	Don Ba			Assistant Secretary	
Chair _	Earl Cot	tam Jr.		Secretary	James Pascalides DPM
			OTHER		
		DIDE	CTORS OR TR	DUSTEES	
Daniel	Wright		James Pascalide		Earl Cottam Jr.
Adam R	obitaille	-	Don Baldin		Barbara M Cavicchio DDS
Eric P	avntor		Jennifer Morris Laurie Kuipe		Virginia Burke
			200.10 1.0.0	<u>. </u>	
State of	Rhode Island				
County of	Providence	ss			
		<u> </u>			
all of the herein described asstatement, together with relater condition and affairs of the said in accordance with the NAIC Arules or regulations require direspectively. Furthermore, the	ets were the absolute proper d exhibits, schedules and exp d reporting entity as of the rep vanual Statement Instructions ifferences in reporting not r scope of this attestation by	rty of the said rep lanations therein of orting period states and Accounting I related to accounting the described office	corting entity, free contained, annexe ed above, and of it Practices and Proting practices and ers also includes	and clear from any liens of d or referred to, is a full and s income and deductions the cedures manual except to the d procedures, according to the related corresponding	ting entity, and that on the reporting period stated above, or claims thereon, except as herein stated, and that this different true statement of all the assets and liabilities and of the perefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief, electronic filing with the NAIC, when required, that is an e requested by various regulators in lieu of or in addition
					IVANIAL
			Earl Cottam J Chair	r.	Melissa Menard Assistant Secretary
Subscribed and sworn to befor day of	e me this			a. Is this an original filing?b. If no,1. State the amendmen2. Date filed3. Number of pages attr	t number



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 0000 BUSINESS I	N THE STATE C				LOCOLO	•		RING THE YEAR	R 2022	NAIC Com	pany Code 13	3101
	·	Policy and Mei Less Return I	ums, Including mbership Fees, Premiums and blicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
	Fire												
	Allied Lines												
	Federal Flood												
	Private Crop												
	Private Flood												
3.	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril												
	Commercial Multiple Peril (Non-Liability Portion)												
	Commercial Multiple Peril (Liability Portion)												• • • • • • • • • • • • • • • • • • • •
6. 8.	Mortgage Guaranty Ocean Marine												
9.	Inland Marine												
10.	Financial Guaranty												
11.1	Medical Professional Liability - Occurrence	1,745,239	1,538,567		2,399,907		1, 171, 690		374,288		2,398,582		76,60
	Medical Professional Liability - Claims-Made		591,900		324,404	1,000,000	1, 165, 335	3,421,221	204,910	(95,028)	913,625	29,637	32,57
	Earthquake												
	Comprehensive (hospital and medical) ind (b)												
	Comprehensive (hospital and medical) group (b)												
	Vision Only (b)												
	Dental Only (b)												
	Disability Income (b)												
15.4	Medicare Supplement (b)												
	Medicaid Title XIX (b)												
	Medicare Title XVIII (b)												
	Long-Term Care (b)												
	Federal Employees Health Benefits Plan (b) Other Health (b)												
	Workers' Compensation												
	Other Liability - Occurrence		389.523			14.000	(19.167)	358.742	10.079	(10.449)	84.709	15.870	17.44
	Other Liability - Claims-Made												,
	Excess Workers' Compensation												
	Products Liability - Occurrence												
18.2	Products Liability - Claims-Made												
	Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability												• • • • • • • • • • • • • • • • • • • •
19.2	Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability												
21.1	Private Passenger Auto Physical Damage												
21.2	Commercial Auto Physical Damage												
22.	Aircraft (all perils)												
23.	Fidelity												• • • • • • • • • • • • • • • • • • • •
24. 26.	Surety Burglary and Theft			•••••									
26. 27.	Boiler and Machinery												
28.	Credit												
29.	International												
30.	Warranty												
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. 33.	Reins nonproportional assumed liability Reins nonproportional assumed financial lines	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
33. 34.	Aggregate Write-Ins for Other Lines of Business	0	0		0		0						
35.	Total (a)	2,884,669	2,519,990	0	2,868,490		2,317,858	17, 118, 188	589,277				126,62
	DETAILS OF WRITE-INS	_,,	_,,,,,,,		_,,	.,,	_,,,,,,,,	,,100	,=,,	(2.1,200)	2,222,010	,210	5,02
3401.	-												
3402.													
3403.													
3498. 3499.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	<u>0</u>	0	0	0	J	J	<u>ا</u> (
J499.	rotais (Lines 340 i tiliu 3403 pius 3498)(Line 34 above)	1 0	0	0	1 0	0	0	0	1 0	0	1 0	1 0	(



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 0000 BUSINESS I	N THE STATE C				LOUGLO	(J		RING THE YEAR	R 2022	NAIC Com	pany Code 13	3101
		Gross Premit Policy and Me Less Return I	ums, Including mbership Fees, Premiums and plicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	0	0	0	0	0		0 0	0	0	0	0	0
	Allied Lines		0 n	0		0		n	0	0	0	0	
	Federal Flood	0	0			0		0	0	0	0	0	
	Private Crop	0	0	0		0		00	0	0	0	0	
2.5	Private Flood	0	0	0		0		00	0	0	0	0	0
3.	Farmowners Multiple Peril	0	0	0		0		0 0	0	0	0	0	
4.	Homeowners Multiple Peril	0	0	0		0		0 0	0	0	0	0	
5.1	Commercial Multiple Peril (Non-Liability Portion)			0		0		n	0	0	0		
6.	Mortgage Guaranty					0		n	0		0		
8.	Ocean Marine	0	0	0		0		00	0	0	0	0	
9.	Inland Marine	0	0	0		0		00	0	0	0	0	
10.	Financial Guaranty	0	0	0	C	0	(00	0	0	0	0	
	Medical Professional Liability - Occurrence	1,745,239	1,538,567	0	2,399,907						2,398,582		76,608
	Medical Professional Liability - Claims-Made		591,900	0	324,404	1,000,000	1, 165, 33	53,421,221	204,910	(95,028)	913,625	29,637	32,574
	Earthquake	. 0	0	0	ļ	0	[]·····	,	0	0	0	0	
	Comprehensive (hospital and medical) group (b)		0	0 N		0		n	0		0		
14.	Credit A&H (Group and Individual)	o	0	0		0		0	0	0	0	0	
	Vision Only (b)	0	0	0		0		00	0	0	0	0	
15.2	Dental Only (b)		0	0		0		00	0	0	0	0	
15.3	Disability Income (b)	0	0	0	C	0		00	0	0	0	0	
15.4	Medicare Supplement (b)		0	0		0	(0 0	0	0	0	0	(
	Medicaid Title XIX (b)	. 0	0	0		0		0 0	0	0	0	0	
	Medicare Title XVIII (b) Long-Term Care (b)		0	0		0		J	0	0	0	0	
	Federal Employees Health Benefits Plan (b)					0		n	0		0		
	Other Health (b)		0	0		0		00	0	0	0	0	
	Workers' Compensation	0	0	0		0		00	0	0	0	0	
	Other Liability - Occurrence	397,355	389,523	0	144, 179	14,000	(19, 16	7)358,742	10,079	(10,449)	84,709	15,870	17,442
	Other Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	
	Excess Workers' Compensation	0	0	0		0		0 0	0	0	0	0	
18.1	Products Liability - Occurrence	0	0	0		0		J	0	0	0	0	
10.2	Private Passenger Auto No-Fault (Personal Injury Protection)			۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		0		n	0		0		
19.1	Other Private Passenger Auto Liability	0	0	0		0		00	0	0	0	0	
19.3	Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		0		00	0	0	0	0	
19.4	Other Commercial Auto Liability	0	0	0		0		00	0	0	0	0	
21.1	Private Passenger Auto Physical Damage		0	0	0	0		0 0	0	0	0	0	
21.2	Commercial Auto Physical Damage	. 0	0	0	ļ	0	[D 0	0	0	0	0	
22. 23.	Aircraft (all perils)	0	0	0		0	[] <i>[</i>	u 0	0	0	0	0	
23. 24.	Surety		n	0 n		n		n	n	n	n	n	
26.	Burglary and Theft		0	0		0		0	0	0	0	0	
27.	Boiler and Machinery	0	0	0		0		00	0	0	0	0	
28.	Credit	0	0	0		0		0 0	0	0	0	0	
29.	International	0	0	0		0		0 0	0	0	0	0	
30.	Warranty	0 0	0	0	ļ0	0	XXX	J0	0	0	0	0	XXX
31. 32.	Reins nonproportional assumed property	XXX	XXXXXX	XXX	XXXXXX	XXX	XXX	xxxxxx	XXX	XXX	XXX	XXXXXX	XXX
32. 33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXXXXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX	XXXXXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	C	0		00	0	0			C
35.	Total (a)	2,884,669	2,519,990	0	2,868,490				589,277			115,210	126,624
	DETAILS OF WRITE-INS											_	
3401.													
3402. 3403.													
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page	n	0	n		0		n n	0	n	n	n	1
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	n	0	0		0		0 0	0	0	0	n	(
	· · · · · · · · · · · · · · · · · · ·	·	·	•	·	· · · · · · · · · · · · · · · · · · ·							

Schedule F - Part 1 - Assumed Reinsurance

NONE

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

NONE

Schedule F - Part 3 - Ceded Reinsurance

NONE

Schedule F - Part 4 - Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3

NONE

Schedule F - Part 5 - Interrogatories for Schedule F - Part 3

NONE

Schedule F - Part 6 - Restatement of Balance Sheet to Identify Net Credit for Reinsurance

NONE

Schedule H - Part 1 - Analysis of Underwriting Operations

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

DADT 2	- RESERVES AND I IABII ITIES	

			1 71	I Z INLOL	ILA CO VIAD		3						
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive					Federal						
		(Hospital and	(Hospital and				Employees						
		Medical)	Medical)	Medicare			Health Benefits	Medicare	Medicaid		Disability	Long-Term	
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Title XVIII	Title XIX	Credit A&H	Income	Care	Other Health
A. Premium Reserves:													
Unearned premiums													
Advance premiums													
Reserve for rate credits													
4. Total premium reserves, current year													
					\		l						
Increase in total premium reserves													
B. Contract Reserves:													
Additional reserves (a)													
Reserve for future contingent benefits													
Total contract reserves, current year													
Total contract reserves, prior year													
Increase in contract reserves													
C. Claim Reserves and Liabilities:													
Total current year													
Total prior year													
3. Increase													

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive	Comprehensive				Federal						
		(Hospital and	(Hospital and				Employees						
		Medical)	Medical)	Medicare			Health Benefits	Medicare	Medicaid		Disability	Long-Term	
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Title XVIII	Title XIX	Credit A&H	Income	Care	Other Health
1.	Claims paid during the year:												
	1.1 On claims incurred prior to current year	0											
	1.2 On claims incurred during current year	0											
2.	Claim reserves and liabilities, December 31, current year:												
	2.1 On claims incurred prior to current year	0											
	2.2 On claims incurred during current year	0											
3.	Test:												
	3.1 Lines 1.1 and 2.1	0)0	0		00	0	0	0	0		00	0
	3.2 Claim reserves and liabilities, December 31, prior year	0											
	3.3 Line 3.1 minus Line 3.2	0	0	0		0	0	0	0	0		0	0

PART 4. - REINSURANCE

				1 / 1 1 7 1	I LIII OO I V	-1.10 L							
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive	Comprehensive				Federal						
		(Hospital and	(Hospital and				Employees						
		Medical)	Medical)	Medicare			Health Benefits	Medicare	Medicaid		Disability	Long-Term	
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Title XVIII	Title XIX	Credit A&H	Income	Care	Other Health
A. Reinsurance Assumed:													
Premiums written													
Premiums earned													
Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
Premiums written													
Premiums earned													
3. Incurred claims				Ţ									
4 Commissions													

(a) Includes \$ premium deficiency reserve.

Schedule H - Part 5 - Health Claims **N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

NONE

Schedule P - Part 1B - Private Passenger Auto Liability/Medical **NONE**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 1E - Commercial Multiple Peril

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

						(\$00	0 OMITTED						
		Pr	emiums Earn						pense Payme				12
	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
-	/hich				Loss Pa	ayments	Containmer	t Payments	Payn				Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and	5			5		5				Salvage and		Reported
	es Were	Direct and	0-4-4	Not (4 O)	Direct and	0-4-4	Direct and	0-4-4	Direct and	0-4-4		(4 - 5 + 6 - 7	Direct an
ine	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	46	0	0	0	7	0	0	53	XXX
2.	2013	2,140	0	2,140	1,310	0	657	0	294	0	0	2,261	4
3.	2014	2,023	0	2,023	1,385	0	183	0	219	0	0	1,787	3
4.	2015	1,815	0	1,815	1,467	0	557	0	345	0	0	2,369	3
5.	2016	1,489	0	1,489	0	0	227	0	208	0	0	435	2
6.	2017	1,046	0	1,046	0	0	250	0	123	0	0	373	1
7.	2018	994	0	994	0	0	123	0	123	0	0	246	1
8.	2019	860	0	860	0	0	68	0	77	0	0	145	
9.	2020	939	0	939	0	0	66	0	123	0	0	189	1
10.	2021	1,054	0	1,054	0	0	9	0	105	0	0	114	1
11.	2022	1,538	0	1,538	0	0	9	0	117	0	0	126	1
12.	Totals	XXX	XXX	XXX	4,208	0	2,149	0	1,741	0	0	8,098	XXX

			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adiusti	ng and	23	24	25
		Case		Bulk +	· IBNR		Basis	Bulk +			Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
		Direct		Direct		Direct		Direct		Direct		and Subrog-	Losses and	Outstand-
		and		and		and		and		and		ation	Expenses	ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated		Assumed
1.	Prior	3,771	0	189	0	4	0	6	0	427	0	0	4,397	3
2.	2013	300	0	173	0	48	0	11	0	75	0	0	607	2
3.	2014	0	0	37	0	8	0	3	0	9	0	0	57	1
4.	2015	250	0	194	0	49	0	32	0	79	0	0	604	1
5.	2016	420	0	81	0	101	0	34	0	78	0	0	714	4
6.	2017	770	0	162	0	158	0	62	0	143	0	0	1,295	7
7.	2018	825	0	551	0	204	0	110	0	247	0	0	1,937	6
8.	2019	300	0	612	0	25	0	226	0	213	0	0	1,376	4
9.	2020	375	0	850	0	117	0	204	0	277	0	0	1,823	6
10.	2021	350	0	1 , 158	0	5	0	402	0	372	0	0	2,287	5
11.	2022	120	0	1,851	0	18	0	572	0	535	0	0	3,096	15
12.	Totals	7,481	0	5,858	0	737	0	1,662	0	2,455	0	0	18,193	54

1		I	Total		Loss and I	oss Expense F	Porcontago	I		34	Net Balar	sco Shoot
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,960	437
2.	2013	2,868	0	2,868	134.0	0.0	134.0	0	0	0.0	473	134
3.	2014	1,844	0	1,844	91.2	0.0	91.2	0	0	0.0	37	20
4.	2015	2,973	0	2,973	163.8	0.0	163.8	0	0	0.0	444	160
5.	2016	1,149	0	1,149	77.2	0.0	77.2	0	0	0.0	501	213
6.	2017	1,668	0	1,668	159.5	0.0	159.5	0	0	0.0	932	363
7.	2018	2, 183	0	2,183	219.6	0.0	219.6	0	0	0.0	1,376	561
8.	2019	1,521	0	1,521	176.9	0.0	176.9	0	0	0.0	912	464
9.	2020	2,012	0	2,012	214.3	0.0	214.3	0	0	0.0	1,225	598
10.	2021				227.8	0.0	227.8	0	0	0.0	1,508	779
11.	2022	3,222	0	3,222	209.5	0.0	209.5	0	0	0.0	1,971	1,125
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	13,339	4,854

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

					ı	(\$00	0 OMITTED						
		Pr	emiums Earn						pense Payme				12
	ears in	1	2	3				and Cost		and Other	10	11	
-	/hich				Loss Pa	-		t Payments	Payn				Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and	5			5		5		<u> </u>		Salvage and		Reported
	es Were	Direct and	0.4.4	N (4 O)	Direct and	0.4.4	Direct and	0.1.1	Direct and	0.4.4		(4 - 5 + 6 - 7	Direct an
ine	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	597	0	597	200	0	79	0	139	0	0	418	2
3.	2014	481	0	481	1,000	0	130	0	147	0	0	1,277	1
4.	2015	583	0	583	700	0	452	0	193	0	0	1,345	2
5.	2016	583	0	583	50	0	316	0	167	0	0	533	·
6.	2017	511	0	511	0	0	22	0	74	0	0	96	
7.	2018	603	0	603	0	0	105	0	126	0	0	231	
8.	2019	693	0	693	1,000	0	357	0	102	0	0	1,459	1
9.	2020	725	0	725	0	0	114	0	107	0	0	221	
10.	2021	536	0	536	0	0	6	0	68	0	0	74	
11.	2022	592	0	592	0	0	23	0	7	0	0	30	
12.	Totals	XXX	XXX	XXX	2,950	0	1,604	0	1,130	0	0	5,684	XXX

						ı				1				
			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR		Basis		+ IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage	Total Net	Number of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses Unpaid	Direct and Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2015	0	0	0	0	0	0	1	0	0	0	0	1	0
5.	2016	100	0	193	0	56	0	6	0	59	0	0	414	3
6.	2017	0	0	33	0	0	0	15	0	10	0	0	58	0
7.	2018	50	0	150	0	8	0	21	0	43	0	0	272	2
8.	2019	1,250	0	270	0	182	0	209	0	249	0	0	2,160	5
9.	2020	651	0	182	0	34	0	88	0	128	0	0	1,083	3
10.	2021	2	0	185	0	12	0	183	0	81	0	0	463	4
11.	2022	150	0	204	0	27	0	73	0	78	0	0	532	1
12.	Totals	2,203	0	1,217	0	319	0	596	0	648	0	0	4,983	18

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	418	0	418	70.0	0.0	70.0	0	0	0.0	0	0
3.	2014	1,277	0	1,277	265.5	0.0	265.5	0	0	0.0	0	0
4.	2015	1,346	0	1,346	230.9	0.0	230.9	0	0	0.0	0	1
5.	2016	947	0	947	162.4	0.0	162.4	0			293	121
6.	2017	154	0	154	30.1	0.0	30.1	0	0	0.0	33	25
7.	2018	503	0	503	83.4	0.0	83.4	0	0		200	72
8.	2019	3,619	0	3,619	522.2	0.0	522.2	0	0	0.0	1,520	640
9.	2020	1,304	0	1,304	179.9	0.0	179.9	0	0		833	250
10.	2021	537	0	537	100.2	0.0	100.2	0	0	0.0	187	276
11.	2022	562	0	562	94.9	0.0	94.9	0	0	0.0	354	178
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,420	1,563

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY) (\$000 OMITTED)

						(ψΟΟ	O OMITTED						
		Pr	emiums Earn	ed			Loss	s and Loss Ex	cpense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	√hich				Loss Pa	yments	Containmer	nt Payments	Paym	nents			Number of
Premi	ums Were				4	5	6	7	8	9		Total Net	Claims
Ean	ned and										Salvage and	Paid Cols	Reported
Loss	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7	Direct and
Ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1	Drior	VVV	VVV	VVV									YYY
'-	1 1101												
2.	2013												XXX
3.	2014												YYY
٥.	2014												
4.	2015												XXX
5.	2016							\					YYY
٥.	2010							/ /					
6.	2017						4 7						XXX
7	2018												YYY
/ .	2010												
8.	2019												XXX
9.	2020												YYY
٥.	2020												
10.	2021												XXX
11.	2022												XXX
11.													7000
12.	Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other I	Jnpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrog- ation Anticipated	and Expenses Unpaid	ing Direct and Assumed
1.	Prior													
2.	2013													
3.	2014													
4.														
5.														
6.	2017													
7.	2018													
8.	2019													
9.	2020													
10.	2021													
11.	2022													
12.	Totals													

		1	Total	I		oss Expense F		Namedal: 1	- Dit	34		nce Sheet
			Loss Expense		(Incurre	ed /Premiums E			r Discount	lata.	Reserves At	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct			Direct					Company Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2013											
3.	2014											
4.	2015											•
5.	2016											
6.	2017				\							
7.												
8.												
9.	2020											
10.	2021											
11.	2022											
12.	Totals	XXX	XXX	XXX	XXX	XXX	xxx			XXX		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

		00			•	(\$00	0 OMITTED)			OIXIXEIX	_	
		Pr	emiums Earn	ed		•	Los	s and Loss Ex	pense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
-	√hich				Loss Pa		Containmer	t Payments	Paym				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and	D:			.		D		D		Salvage and		Reported
	es Were	Direct and	0.1.1	N (4 O)	Direct and	0.1.1	Direct and	0.4.4	Direct and	0 - 1 - 1	Subrogation		Direct and
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	406	0	406	0	0	15	0	22	0	0	37	4
3.	2014	318	0	318	58	0	0	0	20	0	0	78	4
4.	2015	353	0	353	54	0	14	0	37	0	0	105	5
5.	2016	266	0	266	0	0	0	0	(6)	0	0	(6)	0
6.	2017	219	0	219	0	0	31	0	33	0	0	64	3
7.	2018	222	0	222	11	0	9	0	29	0	0	49	3
8.	2019	258	0	258	0	0	0	0	0	0	0	0	0
9.	2020	219	0	219	0	0	0	0	0	0	0	0	0
10.	2021	427	0	427	4	0	0	0	32	0	0	36	3
11.	2022	389	0	389	0	0	0	0	29	0	0	29	4
12.	Totals	XXX	XXX	XXX	127	0	69	0	196	0	0	392	XXX

			l neese	Unpaid		Defens	e and Cost (Containment	Unnaid	Δdineti	ng and	23	24	25
		Case			· IBNR	Case			- IBNR	Other				
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage and	Total Net	of Claims Outstand
		Direct		Direct		Direct		Direct		Direct		Subrog-	Losses and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	C
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	(
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0	
4.	2015	0	0	0	0	0	0	0	0	0	0	0	0	
5.	2016	0	0	0	0	0	0	0	0	0	0	0	0	
6.	2017	75	0	26	0	19	0	6	0	16	0	0	142	
7.	2018	0	0	7	0	0	0	2	0	2	0	0	11	
8.	2019	0	0	10	0	0	0	2	0	3	0	0	15	
9.	2020	0	0	34	0	0	0	8	0	9	0	0	51	
10.	2021	5	0	94	0	0	0	23	0	26	0	0	148	
1.	2022	10	0	99	0	0	0	24	0	27	0	0	160	,
12.	Totals	90	0	270	0	19	0	65	0	83	0	0	527	

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	37	0	37	9.1	0.0	9.1	0	0	0.0	0	0
3.	2014	78	0	78	24.5	0.0	24.5	0	0	0.0	0	0
4.	2015	105	0	105	29.7	0.0	29.7	0	0	0.0	0	0
5.	2016	(6)	0	(6)	(2.3)	0.0	(2.3)	0	0	0.0	0	0
6.	2017	206	0	206	94.1	0.0	94.1	0	0	0.0	101	41
7.	2018	60	0	60	27.0	0.0	27.0	0	0	0.0	7	4
8.	2019	15	0	15	5.8	0.0	5.8	0	0	0.0	10	5
9.	2020	51	0	51	23.3	0.0	23.3	0	0	0.0	34	17
10.	2021	184	0	184	43.1	0.0	43.1	0	0	0.0	99	49
11.	2022	189	0	189	48.6	0.0	48.6	0	0	0.0	109	51
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	360	167

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

NONE

Schedule P - Part 1J - Auto Physical Damage

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical **NONE**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 2E - Commercial Multiple Peril

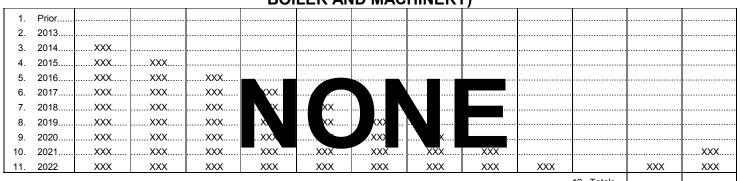
SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Ye	ars in	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPO	RTED AT YEA	AR END (\$00)	O OMITTED)	DEVELO	PMENT
	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	One Year	Two Year
1.	Prior	39,658	34,216	29 , 104	23,277	18,316	15,587	13,979	12,010	12,048	11,907	(141)	(103)
2.	2013	5,490	5,773	6 , 103	5,951	5,012	4,232	3,582	3,003	2,789	2,499	(290)	(504)
3.	2014	XXX	5,490	5,916	5,540	4,580	3,692	2,576	1,945	1,704	1,616	(88)	(329)
4.	2015	XXX	XXX	4,509	4,488	4,400	3,847	4,087	4,053	2,648	2,549	(99)	(1,504)
5.	2016	XXX	XXX	XXX	3,683	3,596	3,025	2,060	1,411	1,071	863	(208)	(548)
6.	2017	XXX	XXX	XXX	XXX	2,351	2,197	2,268	2,156	1,262	1,402	140	(754)
7.	2018	XXX	XXX	XXX	XXX	XXX	2,112	1,994	2,041	2,128	1,813	(315)	(228)
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	1,788	1,658	1,540	1,231	(309)	(427)
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,820	1,612	(208)	(283)
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,909	1,924	15	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,570	XXX	XXX
											12. Totals	(1,503)	(4,680)

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior	9,977	8,902	9,301	7,488	6,817	6,869	6,833	6,668	6,668	6,668	0	0
2.	2013	1,933	1,865	1,553	1, 184	845	344	279	279	279	279	0	0
3.	2014	XXX	1,378	1,244	2,122	1,615	1,422	1,258	1 , 130	1,130	1,130	0	0
4.	2015	XXX	XXX	1,542	1,883	2,052	2,000	2,069	1,889	1,461	1,153	(308)	(736)
5.	2016	XXX	XXX	XXX	1,984	1,655	1,435	1,128	1,042	991	721	(270)	(321)
6.	2017	XXX	XXX	XXX	XXX	705	546	378	183	110	70	(40)	(113)
7.	2018	XXX	XXX	XXX	XXX	XXX	1,016	941	660	456	334	(122)	(326)
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	1,400	1,273	2,231	3,268	1,037	1,995
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	797	522	1,069	547	272
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	640	388	(252)	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	477	XXX	XXX
											12. Totals	592	771

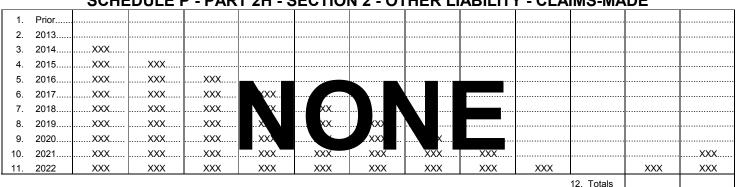
SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

		l		l					l	l	l	l	
1.	Prior	449	451	1,239	1,160	1,473	1,039	957	957	957	957	0	0
2.	2013	192	168	160	139	56	15	15	15	15	15	0	0
3.	2014	XXX	199	167	126	92	73	64	58	58	58	0	0
4.	2015	XXX	XXX	343	336	305	257	134	68	68	68	0	0
5.	2016	XXX	XXX	XXX	140	139	69	27	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	112	101	109	257	155	157	2	(100)
7.	2018	XXX	XXX	XXX	XXX	XXX	117	97	75	89	29	(60)	(46)
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	127	95	64	12	(52)	(83)
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104	62	42	(20)	(62)
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157	126	(31)	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	XXX	XXX
											12. Totals	(161)	(291)

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE



58

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 2M - International

NONE

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 2T - Warranty

NONE

Schedule P - Part 3A - Homeowners/Farmowners

NONE

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 3E - Commercial Multiple Peril

		CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)			AR END	11	12						
						(\$000 OI	MITTED)					Number of	Number of
-	ars in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	/hich											Closed	Closed
	sses											With	Without
	Vere	2042	0044	0045	0040	0047	0040	0040	2000	0004	2022	Loss	Loss
Inc	curred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1.	Prior	000	3,888	4 , 105	5,221	5,850	6,583	7,488	7,568	7,891	7,937	63	56
2.	2013	27	151	1,007	1,128	1,712	1,774	1,825	1,881	1,949	1,967	5	35
3.	2014	XXX	19	1,019	1,041	1,097	1,455	1,459	1,469	1,476	1,568	2	27
4.	2015	XXX	XXX	29	100	156	393	553	987	2,019	2,024	7	30
5.	2016	XXX	XXX	XXX	20	65	75	84	105	171	227	0	20
6.	2017	XXX	XXX	XXX	XXX	1	6	45	108	159	250	0	6
7.	2018	XXX	XXX	XXX	XXX	XXX	1	1	13	45	123	0	6
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	6	17	68	0	3
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	14	66	0	5
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	9	0	5
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	0	1

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior	000	2,047	2,674	5,418	6,527	6,604	6,668	6,668	6,668	6,668	36	
2.	2013	20	37	176	189	279	279	279	279	279	279	2	26
3.	2014	XXX	3	21	73	102	125	1 , 130	1 , 130	1 , 130	1,130	1	14
4.	2015	XXX	XXX	42	141	926	962	1,097	1 , 123	1,149	1,152	2	20
5.	2016	XXX	XXX	XXX	72	226	256	293	324	354	366	1	14
6.	2017	XXX	XXX	XXX	XXX	11	22	22	22	22	22	0	8
7.	2018	XXX	XXX	XXX	XXX	XXX	36	79	93	96	105	0	12
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	44	143	251	1,357	0	5
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	63	114	0	6
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	0	2
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	0	0

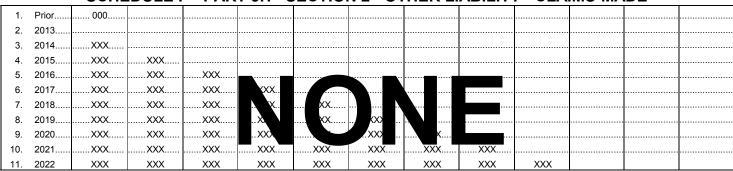
SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior	000									 XXX	XXX
2.	2013										 XXX	XXX
3.	2014	XXX									 XXX	XXX
4.	2015	XXX	XXX								 XXX	XXX
5.	2016	XXX	XXX	XXX							 XXX	XXX
6.	2017	XXX	XXX	XXX	XXX						 XXX	XXX
7.	2018	XXX	XXX	XXX	Λ (X	xx					 XXX	XXX
8.	2019	XXX	XXX	XXX	X	XX	\infty				 XXX	XXX
9.	2020	XXX	XXX	XXX	xx		.XXX	x			 XXX	XXX
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1.	Prior	000	18	454	503	771	927	957	957	957	957	4	
2.	2013	0	0	3	14	15	15	15	15	15	15	0	4
3.	2014	XXX	0	58	58	58	58	58	58	58	58	1	3
4.	2015	XXX	XXX	0	54	61	68	68	68	68	68	2	3
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	0	0	4	22	23	31	0	2
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	6	20	1	2
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2020	XXX	0	0	0	0	0						
10.	2021	XXX	0	4	1	0							
11.	2022	XXX	0	0	0								

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE



Schedule P - Part 3I - Special Property

NONE

Schedule P - Part 3J - Auto Physical Damage

NONE

Schedule P - Part 3K - Fidelity/Surety

NONE

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 3M - International

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

NONE

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

NONE

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 3T - Warranty

NONE

Schedule P - Part 4A - Homeowners/Farmowners

NONE

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 4E - Commercial Multiple Peril

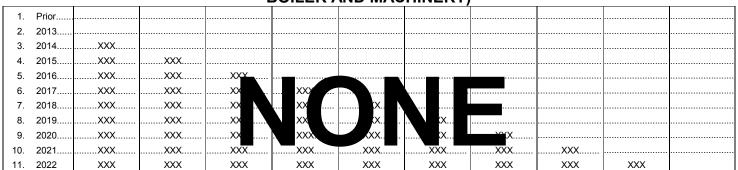
SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE	SCHEDULE P -	PART 4F - SECTION	N 1 - MEDICAL PROFESSION	ONAL LIABILITY - OCCURRENCE
--	--------------	--------------------------	--------------------------	-----------------------------

		BULK AND IE	BNR RESERVE	S ON NET LOSS	SES AND DEFE	NSE AND COST	T CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
	ears in	1	2	3	4	5	6	7	8	9	10
	Vhich										
	osses Vere										
	curred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	24,355	19,797	13,880	9,448	5,649	3,450	1,918	505	286	195
2.	2013	4,793	4,707	4 , 165	3,510	2,757	1,842	1,226	747	462	184
3.	2014	XXX	4,977	4,795	4,235	2,883	2,083	980	349	113	40
4.	2015	XXX	XXX	4,279	3,768	3,487	2,346	1, 194	704	514	226
5.	2016	XXX	XXX	XXX	3,621	3,380	2,832	1,742	1,093	623	115
6.	2017	XXX	XXX	XXX	XXX	2,340	2,093	1,565	1,102	608	224
7.	2018	XXX	XXX	XXX	XXX	XXX	2,097	1,858	1,254	1,042	661
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	1,728	1,593	1,176	838
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,770	1,374	1,054
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,639	1,560
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,423

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1.	Prior	4,330	2,472	2,863	783	121	99	58	0	0	0
2.	2013	1,299	1,349	1,101	788	539	58	0	0	0	0
3.	2014	XXX	1,223	800	891	469	285	125	0	0	0
4.	2015	XXX	XXX	567	795	414	308	190	281	151	1
5.	2016	XXX	XXX	XXX	1,054	895	608	457	321	198	199
6.	2017	XXX	XXX	XXX	XXX	659	504	346	161	88	48
7.	2018	XXX	XXX	XXX	XXX	XXX	746	497	477	293	171
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	593	377	335	479
				XXX							
10.				XXX							
11.	2022	xxx	XXX	xxx	XXX	XXX	XXX	XXX	xxx	XXX	277

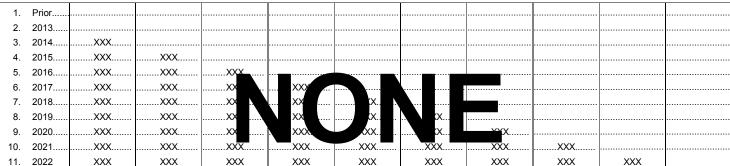
SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1.	Prior	345	174	302	243	232	24	0	0	0	0
2.	2013	141	118	60	39	41	0	0	0	0	0
3.	2014	XXX	99	109	68	34	15	6	0	0	0
4.	2015	XXX	XXX	143	182	127	78	66	0	0	0
5.	2016	XXX	XXX	XXX	140	139	69	27	0	0	0
6.	2017	XXX	XXX	XXX	XXX	83	76	30	32	30	32
7.	2018	XXX	XXX	XXX	XXX	XXX	94	82	60	18	9
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	127	95	64	12
9.	2020	XXX	104	62	42						
10.	2021	XXX	137	117							
11.	2022	XXX	123								

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE



Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 4M - International

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

Schedule P - Part 5A - Homeowners/Farmowners - Section 3 **NONE**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1 **NONE**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3 **N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3 **NONE**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3 **N O N E**

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE SECTION 1A

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	emiums										
	e Earned										
	Losses Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
VVCIC	iliculted	2013	2014	2013	2010	2017	2010	2019	2020	2021	2022
1.	Prior	10	10	2	2	4	3	6	3	2	31
2.	2013	0	1	2	3	5	5	5	5	5	5
3.	2014	XXX	0	0	0	0	2	2	2	2	2
4.	2015	XXX	XXX	0	0	2	2	3	5	5	7
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

					OL.	CHON Z	_				
Υe	ears in			NUMBE	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	67	54	47	35	25	17	11	6	4	3
2.	2013	30	25	14	13	9	7	4	4	3	2
3.	2014	XXX	25	12	9	10	6	2	2	1	1
4.	2015	XXX	XXX	24	18	18	17	13	10	5	1
5.	2016	XXX	XXX	XXX	13	16	12	5	3	4	4
6.	2017	XXX	XXX	XXX	XXX	4	2	4	7	5	7
7.	2018	XXX	XXX	XXX	XXX	XXX	8	7	8	7	6
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	5	7	4	4
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8	6
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	5
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

SECTION 3A

					OL.	-CHON 3					
Υe	ears in			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	25	11	4	2	(1)	1	1	1	0	86
2.	2013	32	35	38	41	41	42	42	42	42	42
3.	2014	XXX	25	28	29	30	30	30	30	30	3
4.	2015	XXX	XXX	25	29	35	38	38	38	38	3
5.	2016	XXX	XXX	XXX	14	20	21	23	23	24	2
6.	2017	XXX	XXX	XXX	XXX	4	5	8	11	11	1
7.	2018	XXX	XXX	XXX	XXX	XXX	8	10	12	12	1
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	5	7	7	
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	9	1
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1
11.	2022	xxx	xxx	XXX	xxx	xxx	XXX	xxx	xxx	xxx	16

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE SECTION 1B

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	miums Earned Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	7	6	5	2	4	1	0	0	0	18
2.	2013	0	0	0	1	1	2	2	2	2	2
3.	2014	XXX	0	0	0	0	0	1	1	1	1
4.	2015	XXX	XXX	0	0	0	1	1	1	2	2
5.	2016	XXX	XXX	XXX	0	1	1	1	1	1	1
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2020	XXX	XXX	XXX	xxx	xxx	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

		SECTION 2B									
Υe	ears in			NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	29	18	12	10	5	3	2	0	0	0
2.	2013	20	10	5	3	2	1	0	0		0
3.	2014	XXX	14	9	8	4	4	1	0		0
4.	2015	XXX	XXX	22	14	14	11	5	4	1	0
5.	2016	XXX	XXX	XXX	16	13	11	5	5	4	3
6.	2017	XXX	XXX	XXX	XXX	8	7	3	1	1	0
7.	2018	XXX	XXX	XXX	XXX	XXX	13	6	5	3	2
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	10	7	7	5
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	3	3
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	4
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3B

					JL	CHOIN 3	ט				
Υe	ears in			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	1	0	(1)	(1)	0	0	0	0	0	30
2.	2013	28	28	28	28	28	28	28	28	28	2
3.	2014	XXX	15	15	15	15	15	15	15	15	1
4.	2015	XXX	XXX	22	22	22	22	22	22	22	2
5.	2016	XXX	XXX	XXX	17	18	18	18	18	18	1
6.	2017	XXX	XXX	XXX	XXX	8	9	8	8	8	
7.	2018	XXX	XXX	XXX	XXX	XXX	13	14	14	14	1
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	9	
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	
11.	2022	xxx	xxx	xxx	XXX	XXX	xxx	xxx	XXX	XXX	

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Ye	ears in	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	in Which	1	2	3	4	5	6	7	8	9	10
Were	miums Earned Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	1	0	1	0	0	2	2	0	(1)	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	1	1	1	1	1	1	1	1
4.	2015	XXX	XXX	0	1	2	2	2	2	2	2
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

SECTION 2A											
Υe	ears in			NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	2	2	5	5	5	2	0	0	0	0
2.	2013	4	3	1	1	0	0	0	0		0
3.	2014	XXX	4	0	0	0	0	0	0		0
4.	2015	XXX	XXX	5	3	1	1	0	0		0
5.	2016	XXX	XXX	XXX	0	0	0	0	0		0
6.	2017	XXX	XXX	XXX	XXX	2	1	2	2	1	1
7.	2018	XXX	XXX	XXX	XXX	XXX	3	2	2	2	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0		0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 3A

					O.	-011014 0	/				
Υe	ears in			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years	in Which	1	2	3	4	5	6	7	8	9	10
Pre	miums										
	e Earned										
	Losses										
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	2	3	5	0	2	0	0	0	(1)	5
2.	2013	4	4	4	4	4	4	4	4	4	4
3.	2014	XXX	4	4	4	4	4	4	4	4	4
4.	2015	XXX	XXX	5	5	5	5	5	5	5	5
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	(
6.	2017	XXX	XXX	XXX	XXX	2	3	4	4	3	3
7.	2018	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	C
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	C
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3
11	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B **N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B **N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A **NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B NONE

Schedule P - Part 5T - Warranty - Section 1 **NONE**

Schedule P - Part 5T - Warranty - Section 2 **NONE**

Schedule P - Part 5T - Warranty - Section 3 **N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1 **NONE**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1 ${f N}$ ${f O}$ ${f N}$ ${f E}$

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL SECTION 1

remiums re Earned d Losses e Incurred Prior		2014	2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	Current Year Premiums
d Losses e Incurred Prior		2014	2015	2016	2017	2018	2010	2020	2021	2022	Premiums
e Incurred Prior		2014	2015	2016	2017	2018	2010	2020	2024	2022	
Prior		2014	2015	2016	2017	2018	2010	2020	2021	2022	
2013							2019	2020	2021	2022	Earned
2014											
	XXX										
2015	xxx	XXX			,						
	xxx	XXX				.					
			,		×						
			, , ,								
						_					
						_		~~~			
			XXX								
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Earned											
											V////
2020	015	014	014	014	014	014	014	014	014	014	014

SECTION 2

				•		· —					
ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
Premiums	1	2	3	4	5	6	7	8	9	10	Current
Vere Earned											Year
and Losses											Premiums
/ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
Prior											
2013											
2014	XXX										
2015	XXX	XXX									
2016	XXX	xxx									
2017	XXX	XXX		XX							
2018					×						
				YY	×						
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			XX					
						_		YYY			
	۸۸۸	********************************		****	*********************************						
											XXX
	Premiums Vere Earned and Losses Vere Incurred Prior	Premiums 1 Vere Earned and Losses / Vere Incurred 2013 Prior	Premiums	Premiums 1 2 3 Vere Earned and Losses (Pere Incurred) 2013 2014 2015 Prior	### CUMULATIVE PREMIUM Premiums 1	Premiums	Premiums 1	Premiums 1	Premiums 1	Premiums 1	Premiums Premiums

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUME	O AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
á	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	428	0	
2.	2013	406	406	406	406	406	406	406	406	812	1,218	406
3.	2014	XXX	318	318	318	318	318	318	318	636	954	318
4.	2015	XXX	XXX	353	353	353	353	353	353	706	1,059	353
5.	2016	XXX	XXX	XXX	266	266	266	266	266	532	798	266
6.	2017	XXX	XXX	XXX	XXX	219	219	219	219	438	657	219
7.	2018	XXX	XXX	XXX	XXX	XXX	222	222	222	444	666	222
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	258	258	516	774	258
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	438	657	219
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427	854	427
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	390
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,078
13.	Earned Premiums											
	(Sch P-Pt. 1)	406	318	353	266	219	222	258	219	427	389	XXX

SECTION 2A

					3	EC HON	I ZA					
Υe	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	ere Earned											Year
;	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	
2.	2013	0	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	0
5.	2016	xxx	xxx	XXX	0	0	0	0	0	0	0	0
6.	2017	xxx	xxx	XXX	XXX	0	0	0	0	0	0	0
7.	2018	xxx	xxx	XXX	XXX	xxx	0	0	0	0	0	0
8.	2019	xxx	xxx	XXX	XXX	xxx	xxx	0	0	0	0	0
9.	2020	xxx	xxx	xxx	XXX	xxx	xxx	xxx	0	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX		XXX	xxx	0	0	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0
12.	Totals	XXX	XXX	XXX	XXX			XXX	XXX	XXX	xxx	0
13.	Earned											
10.	Premiums											
	(Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B **N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B **NONE**

Schedule P - Part 6M - International - Section 1

NONE

Schedule P - Part 6M - International - Section 2

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1 **NONE**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2 **NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2 **NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B **NONE**

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts **N O N E**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts NONE

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts **N O N E**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts **NONE**

SCHEDULE P INTERROGATORIES

1.	Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not		DR) provisions in Medical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (als endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "ye questions:	or at no additional cost?	
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, else dollars)?	where in this statement (in	\$ 1,346,678
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		Yes [X] No []
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		Yes [] No [X]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure or Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	the Underwriting and	s [] No [X] N/A [
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the followin Schedule P:		
		DDR Reserve Schedule P, Part 1F, Medi Column 24: Total Net Losse	cal Professional Liability
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made
	Prior		
	2014		
	2015		
	2016		
	2017		
	2018		
	2019		
	2021		
	2022		
	Totals	0	0
3.	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment experience effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions. The Adjusting and Other expense payments and reserves should be allocated to the years in which the loss number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense of should be allocated in the same percentage used for the counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsured other expense incurred by reinsurers, or in those situations where suitable claim count information is not a expense should be allocated by a reasonable method determined by the company and described in Intercereported in this Statement?	expenses (now reported as " in this statement?	
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future net of such discounts on Page 10?		
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular relating to discount calculations must be available for examination upon request. Discounting is allowed only if expressly permitted by the state insurance department to which this Annual S being filed.	discounting. Work papers	
5.	What were the net premiums in force at the end of the year for:		
	(in thousands of dollars) 5.1 Fide	lity	0
	5.2 Sure	ety	0
6. 7.1	Claim count information is reported per claim or per claimant (Indicate which)	ent loss and expense reserves, es that have occurred that must be	
7.2	(An extended statement may be attached.)		

Schedule T - Part 2 - Interstate Compact NONE

Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

Schedule Y - Part 1A - Explanations **NONE**

Schedule Y - Part 2

NONE

Schedule Y - Part 3

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	SEE EXPLANATION
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

icu ioi	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	YES
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	
	electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
_0.	electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	110
_0.	with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state	110
	of domicile and the NAIC by March 1?	NO
	APRIL FILING	110
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 17	NO NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	INU
32.	NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO NO
	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	INU
34.	NAIC by April 1?	NO
25	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	
35.		NO NO
36.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
07	AUGUST FILING	OFF EVEL MATION
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
•	Explanations:	
8.	N/A	
11.		
12.		
13.		
15.		
16.		
18.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
20.		

37. Does not meet the annual premium threshold of \$500,000,000 required for filing. SIS Stockholder Information Supplement [Document Identifier 420]

29. 30. 31. 32.

33. 34. 35.

11.

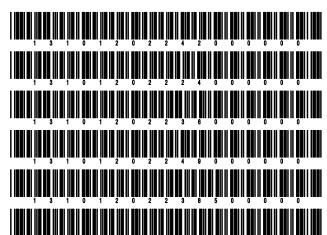
Financial Guaranty Insurance Exhibit [Document Identifier 240]

Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

15. Trusteed Surplus Statement [Document Identifier 490]

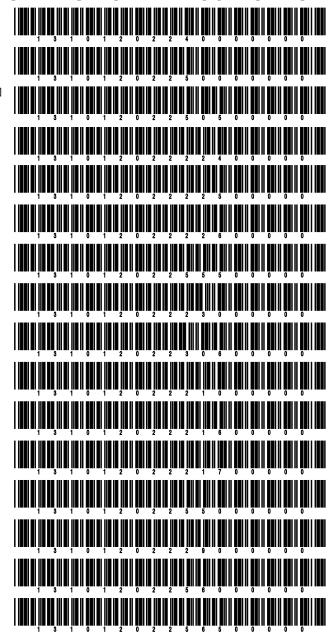
Premiums Attributed to Protected Cells Exhibit [Document Identifier 385] 16.

Medicare Part D Coverage Supplement [Document Identifier 365]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- 22. Bail Bond Supplement [Document Identifier 500]
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226]
- Reinsurance Counterparty Reporting Exception Asbestos and Pollution Contracts [Document Identifier 555]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- 34. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit Parts 1 and 2 [Document Identifier 290]
- 35. Private Flood Insurance Supplement [Document Identifier 560]
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



OVERFLOW PAGE FOR WRITE-INS

Addition	Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 24									
		1	2	3	4					
		-	_		-					
		Loss Adjustment	Other Underwriting	Investment						
					T. (.)					
		Expenses	Expenses	Expenses	Total					
2404.	Charitable Contributions		6,790		6,790					
2405.	Interest/LOC Expense		1.827		1.827					
2497.	Summary of remaining write-ins for Line 24 from overflow page	0	8.617	0	8.617					
	, ,		-,		-,					



REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2022 To Be Filed by March 1 (A) Financial Impact

	· · · · · · · · · · · · · · · · · · ·	1	2	3
				Restated Without
			Interrogatory 9	Interrogatory 9
		As Reported	Reinsurance Effect	Reinsurance
A01.	Assets	164,171,737		164, 171, 737
A02.	Liabilities	27,469,912		27,469,912
A03.	Surplus as regards to policyholders	136,701,825		136,701,825
A04.	Income before taxes	2,347,251		2,347,251

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

D.	If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated
	differently for GAAP and SAP.



Designate the type of health care providers reported on this page: Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T **EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES**

	ALLO		1	2		sses Paid 5		Direct Losses Unpaid		8
			·	1	3	4	1	6	7	Direct
			Disc et	Discort		Niconala	Discost		Nivershau	Losses
			Direct Premiums	Direct Premiums		Number of	Direct Losses	Amount	Number of	Incurred But Not
	States, etc.	, i	Written	Earned	Amount	Claims	Incurred	Reported	Claims	Reported
	Alabama	·AL								
		AK								
		·AZ		·····						
	Arkansas			[
	California Colorado			[
-	Connecticut			 						
	Delaware			 						
	District of Columbia			 						
1	Florida			 						
		GA		<u> </u>						
	Hawaii	_		L						
13.	Idaho	ID		L						
14.	Illinois	IL		ļ						
15.	Indiana	IN		ļ						
16.	lowa	IA								
17.	Kansas	KS		ļ						
	Kentucky			 						
	Louisiana			ļ·····						
	Maine			·····						
	Maryland			r						
	Massachusetts			ļ						
	Michigan			·····						
	Minnesota									
	Mississippi									
	Missouri									
		MT								
	Nebraska			 						
	New Hampshire			 						
	New Jersey			 						
	New Mexico			 						
	New York			 						
	North Carolina			 						
	North Dakota			 						
		OH								
		OK		<u> </u>						
38.	Oregon	-		L						
39.	Pennsylvania									
40.	Rhode Island	·RI	1,706,956	1,531,528	1,046,044	2	1, 123, 296	7,219,416	22	5,223,924
41.	South Carolina	sc								
42.	South Dakota	SD								
43.	Tennessee	TN								
44.	Texas	TX								
	Utah									
	Vermont									
	Virginia									
	Washington									
	West Virginia									
	Wisconsin									
	Wyoming American Samoa									
		-		•••••						
	Guam									
	U.S. Virgin Islands									
	Northern Mariana Islands									
	Canada									
	Aggregate other alien		0	0	0	0		0	0	0
	Total		1,706,956	1,531,528	1,046,044	2		7,219,416	22	5,223,924
	DETAILS OF WRITE-INS		,,	, ,	.,,	1	1, 125,200	,,,		.,0,0_1
58001.										
58002.										
58003.										
	Summary of remaining write-ins for Li	ine		···········					_	_
1	58 from overflow page		0	0	0	0	0	0	0	0
58000	Totals (Lines 58001 thru 58003 plus			1						



Designate the type of health care providers reported on this page: Hospitals

SUPPLEMENT "A" TO SCHEDULE T EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

		1	2	Direct Losses Paid				ses Unpaid	8
				3	4		6	7	Direct Losses
		Direct Premiums	Direct Premiums		Number of	Direct Losses	Amount	Number of	Incurred But Not
	States, etc.	Written	Earned	Amount	Claims	Incurred	Reported	Claims	Reported
1.	AlabamaAL								
2.	AlaskaAK								
3.	Arizona								
4.	Arkansas								
5. 6.	CaliforniaCA								
7.									
8.	Connecticut								
9.	DelawareDE District of ColumbiaDC								
10.	FloridaFL								
11.	Georgia GA								
12.	Hawaii HI								
13.	IdahoID								
14.	Illinois								
15.	IndianaIN								
16.	lowaIA								
17.	KansasKS								
18.	Kentucky KY								
	Louisiana LA								
20.	Maine ME								
21.	Maryland MD								
22.	Massachusetts MA								
23.	MichiganMI								
24.	Minnesota MN								
25.	Mississippi MS								
26.	MissouriMO								
27.	Montana MT								
28.	Nebraska NE								
29.	Nevada NV								
30.	New HampshireNH								
31.	New Jersey NJ								
32.	New Mexico NM								
33.	New YorkNY								
34.	North CarolinaNC								
35.	North DakotaND								
36.	Ohio OH								
37.	Oklahoma OK								
38.	OregonOR								
	PennsylvaniaPA								
40.	Rhode IslandRI	780,357	598,939	85,000	1	1,213,729	2,465,000	18	1,851,106
41.	South CarolinaSC								
42.	South DakotaSD								
43.	TennesseeTN								
44.	Texas								
45. 46.	Utah								
46. 47.	VirginiaVA								
48.	WashingtonWA								
49.	West VirginiaWV								
50.	Wisconsin WI								
51.	Wyoming								
52.	American Samoa								
53.	GuamGU								
54.	Puerto RicoPR								
55.	U.S. Virgin IslandsVI								
56.	Northern Mariana IslandsMP								
57.	Canada CAN								
58.	Aggregate other alien OT	0	0	0	0	0	0	0	0
59.	Total	780,357	598,939	85,000	1	1,213,729	2,465,000	18	1,851,106
	DETAILS OF WRITE-INS		· · · · · · · · · · · · · · · · · · ·						
58001.									
58002.									
58003.									
58998.	Summary of remaining write-ins for Line	•	_	_	_	_	_	_	
59000		0	0	0	0	0	0	0	0
DØ999.	Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0
	CCCOO/(Ento CO above)	J	<u> </u>						<u> </u>