

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
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)				9 8
Organized under the Laws of	Rhode Island		ate of Domicile or Port of Entry	a Ri a	5.2.57
Country of Domicile		United States of	America		
Incorporated/Organized	06/16/1975	31	Commenced Business	07/01/1975	004 (E 11 (O)
Statutory Home Office	One Turks Head Place	30		rovidence, RI, US 02903	
1 11 11 11 11	(Street and Number)			wn, State, Country and Zip Code)	
70.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(only of 10	in state, seemly and hip seecy	THE RESERVE OF THE
Main Administrative Office		One Turks Hea			
	Desidence BLUG 00000	(Street and N	umber)	22000	
/City or	Providence, RI, US 02903 Fown, State, Country and Zip Code)		//****	410-980-1100 Code) (Telephone Number)	
(Gity of	rown, state, country and zip code)		(Alea	Code) (Telephone Number)	
Mail Address	One Turks Head Place		P	rovidence, RI, US 02903	
	(Street and Number or P.O. Box)		(City or To	wn, State, Country and Zip Code)	
Primary Location of Books and	Records	One Turks He	ad Plans		
Timely Ecocation of Books and	records	(Street and N			
9	Providence, RI, US 02903	(On cot and 14)	umber j	410-980-1100	749 30 50
(City or	Town, State, Country and Zip Code)		(Area	Code) (Telephone Number)	
toro com any apart of the contract of the cont				2	
Internet Website Address		http://rhodeislan	djua.com/		
Statutory Statement Contact	Susan Merl	95		410-980-1100	
, , , , , , , , , , , , , , , , , , , ,	(Name)			Area Code) (Telephone Number)	
	susan.mertes@bbrown.com			401-369-8241	
	(E-mail Address)			(FAX Number)	
		OFFICE			
Vice Chair			Assistant Secretary		
Chair	Earl Cottam Jr.		Secretary	Adam Robitaille #	
e lea e a	E 2 2	OTHER	2. (a)		
a company of the					
		DIRECTORS OR	TRUSTEES		
Adam D				Earl Cottam Jr.	
Adam Ro		Don Bald Jennifer Mo		Barbara M Cavicchio I Virginia Burke	DDS
Eric Pa		Michael Wa		Joe Torti #	
01-1	Physical Co.				
State of	Rhode Island S	S			
County of	Kent				
The officers of this reporting en-	tity being duly sworn, each depose and	say that they are the d	ascribed officers of said reporti	a calib, and that on the recedion	
all of the herein described assi	els were the absolute property of the s	aid reporting entity, fre	ee and clear from any liens or	claims thereon, except as herein a	stated and that this
statement, logether with related	l exhibits, schedules and explanations t	herein contained, anne	xed or referred to, is a full and	true statement of all the assets and	Hiabilities and of the
condition and attairs of the said	reporting entity as of the reporting period	od stated above, and o	filts income and deductions the	refrom for the period ended, and ha	ave been completed
rules or regulations require di	nnual Statement Instructions and Acco fferences in reporting not related to	unung Practices and P accounting practices a	rocedures manual except to the	a extent that: (1) state law may diff	ler; or, (2) that state
respectively Furthermore, the	scope of this attestation by the describ	ed officers also include	es the related corresponding el	ectronic filing with the NAIC, when	required. That is an
exact copy (except for formatting	g differences due to electronic filing) of	the enclosed statement	nt. The electronic filing may be	requested by various regulators in	lieu of or in addition
to the enclosed statement.		20	1/		
	/	110	-111		
	9	and Cett			
Susan Merte	s	Earl Cottarr	ı Jr.	Adam Robitail	lle
Assistant Secre	lary	Chair		Secretary	
Subscribed and sworn to before	mo this		Is this an original filing?	Yes [X]	No []
day of			b. If no, State the amendment	oumbor.	
4	The state of the s		Date filed		
Slistoni	William		Number of pages attach		





PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island

;	NAIC Group Code		Company Code	13101 Employer's ID Nu	mber51-0140354
Organized under the Lav	(Current) vs of Rh	(Prior) ode Island	. Stat	e of Domicile or Port of Entry	RI
Country of Domicite			United States of A		131
Incorporated/Organized	06/16/19	75		Commenced Business	07/01/1975
Statutory Home Office	One Turks	Haad Blaca		n-	ovidence, Rt. US 02903
		1 Number)	· · · · · · · · · · · · · · · · · · ·		wn, State, Country and Zip Code)
Main Administrative Offic	<u> </u>		One Turks Head	Diego	
			(Street and Nun		· · · · · · · · · · · · · · · · · · ·
	Providence, RI, US 02903		· · · · · · · · · · · · · · · · · · ·		410-980-1100
,c	City or Town, State, Country and 2	up Code)		(Area	Code) (Telephone Number)
Mail Address	One Turks Head		i		ovidence, RI, US 02903
	(Street and Number of	or P.O. Box)		(City or Tov	vn, State, Country and Zip Code)
Primary Location of Bool	s and Records	*****	One Turks Head	Place	
	Providence, RI, US 02903		(Street and Nun	nber)	440,000,4400
(0	City or Town, State, Country and 2		···············	(Area	410-980-1100 Code) (Telephone Number)
Internet Website Addres	5		http://rhodeislandi	•	, , , , , , , , , , , , , , , , , , , ,
				1C1,CA3111	
Statutory Statement Con	tacts	Susan Mertes			410-980-1100
	susan,mertes@bbrown.cor	(Name) n	,	(/	Area Code) (Telephone Number) 401-369-8241
	(E-mail Address)				(FAX Number)
			OFFICERS	2	
Vice Ci	nair <u>Don</u>	Baldini	OI FICER	Assistant Secretary	Susan Mertes #
		ottam Jr.		Secretary	· · · · · · · · · · · · · · · · · · ·
			OTHER		
, mu		DIR	ECTORS OR TI	RUSTEES	
Ac	iam Robitaille		Don Baldir	.i	Earl Cottam Jr.
St	acy Paterno #		Jennifer Morn	son	Barbara M Cavicchio DDS Virginia Burke
	Eric Payntor		Michael Wald	er#	Joe Torti #
State of	Rhode Island	ss			
County of	Providence				
statement, together with condition and affairs of the n accordance with the Norules or regulations requestively. Furthermoters	related exhibits, schedules and e ne said reporting entity as of the r IAIC Annual Statement Instructio with differences in reporting no re, the scope of this attestation b matting differences due to electr	perty of the said re explanations therein eporting period sta ns and Accounting related to accounting the described of	porting entity, free a contained, annexe ted above, and of it practices and Properties and practices and ficers also includes	and clear from any liens or ded or referred to, is a full and to the income and deductions there is income and except to the deductions the related corresponding to the related corresponding of the related corresponding of the related corresponding to the related corresponding	g entity, and that on the reporting period stated above claims thereon, except as herein stated, and that this rue statement of all the assets and liabilities and of the refrom for the period ended, and have been complete extent that: (1) state law may differ; or, (2) that state the best of their information, knowledge and belie actronic filing with the NAIC, when required, that is a requested by various regulators in lieu of or in additional controls.
	Mertes Secretary		Earl Cottam Chair	r.	Adam Robitaille Secretary
Subscribed and swom to	hafara ma thic		•	a. Is this an original filing?	Yes[X].No[]
175	ay of Sanoard	2024		b. If no,1. State the amendment r	
				Date filed Number of pages attack	
176	 .	 		Pugoo uttoo	My Commission Expires Jun 27 20

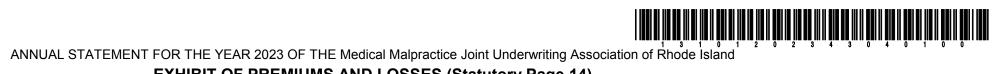


EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 0000 BUSINESS II	N THE STATE C				LUSSES	(= 22222 		RING THE YEAF	R 2023	NAIC Com	npany Code 13	3101
	·	Gross Premiu Policy and Me Less Return Premiums on Po	ums, Including mbership Fees, Premiums and plicies not Taken 2	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												
	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril												
	Commercial Multiple Peril (Non-Liability Portion)												
5.2 6.	Commercial Multiple Peril (Liability Portion)												
8.	Ocean Marine												
9.	Inland Marine												
10.	Financial Guaranty												
	Medical Professional Liability - Occurrence		1,656,960		2,350,650		1,485,952		442,754	348,961	2,304,789		65,65
	Medical Professional Liability - Claims-Made	651,406	779, 176		196,634	95,000	(555, 126)2,771,095	255,358	(15,974)	642,293	17, 191	26,60
12.	Earthquake												
13.1	Comprehensive (hospital and medical) ind (b)												
	Credit A&H (Group and Individual)												
	Vision Only (b)												
	Dental Only (b)												
	Disability Income (b)												
	Medicare Supplement (b)												
	Medicaid Title XIX (b)												
	Medicare Title XVIII (b)												
15.7	Long-Term Care (b) Federal Employees Health Benefits Plan (b)												
15.8	Other Health (b)												
	Workers' Compensation												
	Other Liability - Occurrence		527,426				51,225		12,595	26,955	99,069	15,584	24,11
17.2	Other Liability - Claims-Made												
17.3	Excess Workers' Compensation												
	Products Liability - Occurrence												
	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)												
	Other Commercial Auto Liability												
21.1	Private Passenger Auto Physical Damage												
	Commercial Auto Physical Damage												
	Aircraft (all perils)												
23.	Fidelity												
24. 26.	Surety Burglary and Theft		·····										
27.	Boiler and Machinery												
28.	Credit												
29.	International												
30.	Warranty	ļ											
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
33. 34.	Aggregate Write-Ins for Other Lines of Business	XXX	XXX		XXX	0		XXX		0	XXX	XXX	
34. 35.	Total (a)	2.849.641	2.963.562	n	2,754,569		982.051	17.782.353	710.707	359.942	3.046.151	75.202	116.36
50.	DETAILS OF WRITE-INS	2,0-0,041	2,000,002		2,704,000	017,000	002,001	17,702,000	710,707	000,042	0,070,101	10,202	113,000
3401.	DEFAILS OF WATE INS		ļ					.				.	
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	J	0	J0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	1 0	0	0	1 0	0	0	0	0	1 0	0	0	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000 BUSII	NESS IN THE STATE C		3	4	5	6	7 7	RING THE YEAR	. 2020	10	pany Code 13	12
	Policy and Me Less Return	ums, Including mbership Fees, Premiums and plicies not Taken 2	Dividends Paid or Credited to	4	5	6	/	Direct Defense and Cost	Direct Defense and Cost	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, Licens and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
1 Allied Lines	0	0	0	0	0	0	0	0	0	0	J	
2 Multiple Peril Grop		0	0	0		٥		0	0	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		
4. Private Crop			n						0	٠٠		
5 Private Flood			Λ			Λ	Λ		0	٥	n	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0		0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0	0		0	0	0	0	0	0	
Financial Guaranty		0	0	0		0	0	0	0	0	0	
1 Medical Professional Liability - Occurrence	1,607,704		0	2,350,650		1,485,952		442,754	348,961	2,304,789	42,427	
2 Medical Professional Liability - Claims-Made	651,406	779, 176	0	196,634	95,000	(555, 126))2,771,095	255,358	(15,974)	642,293	17, 191	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	
1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Comprehensive (hospital and medical) group (b)		0	0	0	0	0	0	0	0	0	0	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	
1 Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)		0	0	0	0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)		0	0	0	0	0			0	0	0	
7 Long-Term Care (b)		0	0	0	0	0	0	0	0	٠٠	0	
B Federal Employees Health Benefits Plan (b)		Λ	Λ			٥			٥	٥	n	
9 Other Health (b)		Λ	Λ			٥			٥	٥	n	
Workers' Compensation	0	0			0	n	0	0	0		0	
1 Other Liability - Occurrence		527 . 426	0		0	51.225				99 069	15.584	
2 Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
3 Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	
2 Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability		0	0	0	0	0	0	0	0	0	0	
B Commercial Auto No-Fault (Personal Injury Protection)		0	0	0	0	0	0	0	0	0	0	
4 Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
1 Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	J 0	0	0	0	0	0	0	J0	ļ
Aircraft (all perils)	0	0	<u>0</u>	0	0	<u>0</u>	0	0	0	0	J0	
Fidelity	0	J0	0	J0	0	Jō	ļ0	J0	0	0	J0	·····
Surety Burglary and Theft	0	0	J0	J0	0]0	0	0	0	0	J0	
Burglary and Theft	0	0	J0	J0	0	I	0	0	0	0	I	
Boiler and Machinery Credit				J	0	J		0		0	I	
International							0	0 n	u		n	
Warranty		n	n	n	n	n	n	n			n	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	2,849,641	2,963,562	0	2,754,569		982,051			359,942	3,046,151	75,202	1
DETAILS OF WRITE-INS	_,,,,,,,,	_,,,,,,,,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,000	112,001	,. ==,000	, , , ,		2,2.2,101		1
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	l0	L
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

SCHEDULE F - PART 6

	Restatement of Balance Sheet to Identify Net Cre	dit for Reinsurance		
		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	170,557,917		170,557,917
2.	Premiums and considerations (Line 15)	245,720		245,720
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0		0
5.	Other assets			1,119,223
6.	Net amount recoverable from reinsurers			0
7.	Protected cell assets (Line 27)	0		0
8.	Totals (Line 28)	171,922,860	0	171,922,860
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	24,360,364		24,360,364
10.	Taxes, expenses, and other obligations (Lines 4 through 8)			1,362,910
11.	Unearned premiums (Line 9)	2,754,569		2,754,569
12.	Advance premiums (Line 10)	(8,224)		(8,224)
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			0
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0		0
15.	Funds held by company under reinsurance treaties (Line 13)	0		0
16.	Amounts withheld or retained by company for account of others (Line 14)	525,852		525,852
17.	Provision for reinsurance (Line 16)	0		0
18.	Other liabilities			19,728
19.	Total liabilities excluding protected cell business (Line 26)	29,015,199	0	29,015,199
20.	Protected cell liabilities (Line 27)			0
21.	Surplus as regards policyholders (Line 37)	142,907,661	XXX	142,907,661
22.	Totals (Line 38)	171,922,860	0	171,922,860

NOTE:	Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?	Yes []	No [χ]
	If yes, give full explanation:					

Schedule H - Part 1 - Analysis of Underwriting Operations **NONE**

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

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 2023 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE (\$000 OMITTED)

		Pr	emiums Earn	ed		(+++	Los		kpense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
	/hich				Loss Pa	ayments	Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	48	0	54	0	13	0	0	115	XXX
2.	2014	2,023	0	2,023	1,385	0	183	0	224	0	0	1,792	30
3.	2015	1,815	0	1,815	1,467	0	569	0	356	0	0	2,392	39
4.	2016	1,489	0	1,489	70	0	251	0	219	0	0	540	23
5.	2017	1,046	0	1,046	0	0	361	0	136	0	0	497	13
6.	2018	994	0	994	0	0	217	0	132	0	0	349	12
7.	2019	860	0	860	0	0	124	0	83	0	0	207	7
8.	2020	939	0	939	0	0	102	0	153	0	0	255	13
9.	2021	1,054	0	1,054	0	0	9	0	119	0	0	128	10
10.	2022	1,538	0	1,538	105	0	59	0	197	0	0	361	21
11.	2023	1,657	0	1,657	0	0	6	0	47	0	0	53	6
12.	Totals	XXX	XXX	XXX	3,075	0	1,935	0	1,679	0	0	6,689	XXX

						ı				1				
			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	+ IBNR	Other	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- ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated		Assumed
1.	Prior	3,973	0	328	0	18	0	1	0	530	0	0	4,850	3
2.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	115	0	17	0	10	0	32	0	0	174	1
4.	2016	250	0	53	0	66	0	17	0	52	0	0	438	2
5.	2017	600	0	211	0	97	0	36	0	138	0	0	1,082	6
6.	2018	825	0	370	0	110	0	60	0	208	0	0	1,573	6
7.	2019	600	0	285	0	34	0	132	0	171	0	0	1,222	4
8.	2020	1,025	0	583	0	75	0	152	0	299	0	0	2 , 134	5
9.	2021	250	0	760	0	0	0	212	0	260	0	0	1,482	1
10.	2022	960	0	1,491	0	134	0	492	0	595	0	0	3,672	11
11.	2023	100	0	1,822	0	11	0	631	0	596	0	0	3,160	6
12.	Totals	8,583	0	6,018	0	562	0	1,743	0	2,881	0	0	19,787	45

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums I		Nontabula	r Discount			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	4,301	549
2.	2014	1,792	0	1,792	88.6	0.0	88.6	0	0	0.0	0	0
3.	2015	2,566	0	2,566	141.4	0.0	141.4	0	0	0.0	115	59
4.	2016	978	0	978	65.7	0.0	65.7	0	0	0.0	303	135
5.	2017	1,579	0	1,579	151.0	0.0	151.0	0	0	0.0	811	271
6.	2018	1,922	0	1,922	193.4	0.0	193.4	0	0	0.0	1, 195	378
7.	2019	1,429	0	1,429	166.2	0.0	166.2	0	0	0.0	885	337
8.	2020			2,389	254.4	0.0	254.4	0	0	0.0	1,608	526
9.	2021	1,610	0	1,610	152.8	0.0	152.8	0	0	0.0	1,010	472
10.	2022	4,033	0	4,033	262.2	0.0				0.0	2,451	1,221
11.	2023	3,213	0	3,213	193.9	0.0	193.9	0	0	0.0	1,922	1,238
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	14,601	5,186

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE (\$000 OMITTED)

		Pr	emiums Earn	ed		(+	Los		cpense Payme	ents			12
Ye	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
	/hich				Loss Pa	yments	Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	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.	2014	481	0	481	1,000	0	130	0	147	0	0	1,277	15
3.	2015	583	0	583	700	0	452	0	193	0	0	1,345	22
4.	2016	583	0	583	50	0	350	0	172	0	0	572	18
5.	2017	511	0	511	0	0	22	0	74	0	0	96	8
6.	2018	603	0	603	0	0	125	0	129	0	0	254	14
7.	2019	693	0	693	1,000	0	492	0	113	0	0	1,605	10
8.	2020	725	0	725	95	0	150	0	116	0	0	361	9
9.	2021	536	0	536	0	0	7	0	74	0	0	81	6
10.	2022	592	0	592	0	0	51	0	9	0	0	60	1
11.	2023	779	0	779	0	0	3	0	24	0	0	27	3
12.	Totals	XXX	XXX	XXX	2,845	0	1,782	0	1,051	0	0	5,678	XXX

						1				T				
			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusti	ng 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
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	and Subrog- ation Anticipated	Losses and Expenses Unpaid	Outstand- ing Direct and Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2016	100	0	58	0	22	0	2	0	28	0	0	210	3
5.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2018	75	0	71	0	28	0	5	0	30	0	0	209	2
7.	2019	1,250	0	185	0	194	0	40	0	217	0	0	1,886	4
8.	2020	50	0	107	0	35	0	24	0	41	0	0	257	1
9.	2021	0	0	90	0	20	0	7	0	25	0	0	142	4
10.	2022	250	0	125	0	49	0	37	0	72	0	0	533	1
11.	2023	25	0	385	0	7	0	172	0	136	0	0	725	3
12.	Totals	1,750	0	1,021	0	355	0	287	0	549	0	0	3,962	18

			Total		Loss and L	oss Expense F	Percentage	1		34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums I		Nontabula	r Discount			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.	2014	1,277	0	1,277	265.5	0.0	265.5	0	0	0.0	0	0
3.	2015	1,345	0	1,345	230.7	0.0	230.7	0	0	0.0	0	0
4.	2016	782	0	782	134 . 1	0.0	134 . 1	0	0	0.0	158	52
5.	2017	96	0	96	18.8	0.0	18.8	0	0	0.0	0	0
6.	2018	463	0	463	76.8	0.0	76.8	0	0	0.0	146	63
7.	2019	3,491	0	3,491	503.8	0.0	503.8	0	0	0.0	1,435	451
8.	2020	618	0	618	85.2	0.0	85.2	0	0	0.0	157	100
9.	2021	223	0	223	41.6	0.0	41.6	0	0	0.0	90	52
10.	2022	593	0	593	100.2	0.0	100.2	0	0		375	158
11.	2023	752	0	752	96.5	0.0	96.5	0	0	0.0	410	315
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2,771	1,191

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

						(400	U OMITTED						
		Pr	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
1 -	Vhich				Loss Pa		Containmer	t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and	l									Salvage and		Reported
	es Were	Direct and	0.1.1	N (4 0)	Direct and	0.1.1	Direct and	0.1.1	Direct and	0.1.1		(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2014												XXX
3.	2015												XXX
4.	2016												XXX
5.	2017						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
6.	2018						4 7						XXX
7.	2019												XXX
8.	2020												XXX
9.	2021												XXX
10.	2022												XXX
11.	2023												XXX
- ' ' ' '	2020												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	Unpaid			
		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.	2014													
3.	2015													
4.														
5.						,								
6.														
7.														
8.														
9.														
10.														
11. 12.	2023 Totals													

			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			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017											•
6.	2018											
7.	2019											• • • • • • • • • • • • • • • • • • • •
8.	2020											• • • • • • • • • • • • • • • • • • • •
9.	2021											
10.	2022				•	•						•
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

						(\$00	0 OMITTED))			OIXIXEIX		
		Pr	emiums Earn	ed		•	Los	s and Loss Ex	cpense Paymo	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
-	Vhich				Loss Pa	ayments	Containmer	nt Payments	Payn				Number of
-	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and	Discret and			Discotored		Discret and		Discret and		Salvage and		Reported
	es Were curred	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Received	(4 - 5 + 6 - 7 + 8 - 9)	Direct and Assumed
	curreu	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 0 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2014	318	0	318	58	0	0	0	20	0	0	78	4
3.	2015	353	0	353	54	0	14	0	37	0	0	105	5
4.	2016	266	0	266	0	0	0	0	0	0	0	0	0
5.	2017	219	0	219	0	0	44	0	25	0	0	69	3
6.	2018	222	0	222	11	0	9	0	33	0	0	53	3
7.	2019	258	0	258	0	0	0	0	0	0	0	0	0
8.	2020	219	0	219	0	0	0	0	0	0	0	0	0
9.	2021	427	0	427	4	0	0	0	38	0	0	42	3
10.	2022	389	0	389	0	0	0	0	48	0	0	48	5
11.	2023	527	0	527	0	0	0	0	16	0	0	16	2
12.	Totals	XXX	XXX	XXX	127	0	67	0	217	0	0	411	XXX

т						ı				1				
			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	+ IBNR	Other	Unpaid			
		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
		7133411104	Ocaca	7133411104			Ocaca		Ocucu	7133411104	Ocucu	•	Oripaid	Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2017	75	0	20	0	6	0	6	0	16	0	0	123	1
6.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2019	0	0	1	0	0	0	0	0	0	0	0	1	0
8.	2020	0	0	6	0	0	0	4	0	3	0	0	13	0
9.	2021	0	0	61	0	0	0	22	0	20	0	0	103	0
10.	2022	75	0	50	0	0	0	17	0	24	0	0	166	2
11.	2023	1	0	121	0	0	0	44	0	39	0	0	205	2
12.	Totals	151	0	259	0	6	0	93	0	102	0	0	611	5

			Total		Loss and I	oss Expense F	Porcontago	1		34	Net Balar	nco 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- Company	35	36
		Direct and	0-4-4	Net	Direct and	0-4-4	Net	Lana	Loss	Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2014	78	0	78	24.5	0.0	24.5	0	0	0.0	0	0
3.	2015	105	0	105	29.7	0.0	29.7	0	0	0.0	0	0
4.	2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	2017	192	0	192	87.7	0.0	87.7	0	0	0.0	95	28
6.	2018	53	0	53	23.9	0.0	23.9	0	0	0.0	0	0
7.	2019	1	0	1	0.4	0.0	0.4	0	0	0.0	1	0
8.	2020	13	0	13	5.9	0.0	5.9	0	0	0.0	6	7
9.	2021	145	0	145	34.0	0.0	34.0	0	0	0.0	61	42
10.	2022	214	0	214	55.0	0.0	55.0	0	0	0.0	125	41
11.	2023	221	0	221	41.9	0.0	41.9	0	0	0.0	122	83
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	410	201

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 **N O N E**

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

NONE

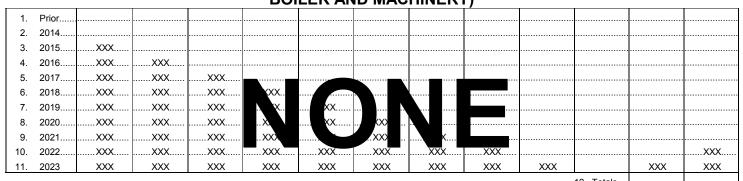
Schedule P - Part 2E - Commercial Multiple Peril

Ye	ars in	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$00	0 OMITTED)	DEVELO	PMENT
Which	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1.	Prior	35,950	31 , 168	25 , 189	19,289	15,780	13,522	10,974	10,798	10,367	10,287	(80)	(511)
2.	2014	5,490	5,916	5,540	4,580	3,692	2,576	1,945	1,704	1,616	1,568	(48)	(136)
3.	2015	XXX	4,509	4,488	4,400	3,847	4,087	4,053	2,648	2,549	2,178	(371)	(470)
4.	2016	XXX	XXX	3,683	3,596	3,025	2,060	1,411	1,071	863	707	(156)	(364)
5.	2017	XXX	XXX	XXX	2,351	2,197	2,268	2,156	1,262	1,402	1,305	(97)	43
6.	2018	XXX	XXX	XXX	XXX	2,112	1,994	2,041	2,128	1,813	1,582	(231)	(546)
7.	2019	XXX	XXX	XXX	XXX	XXX	1,788	1,658	1,540	1,231	1,175	(56)	(365)
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,820	1,612	1,937	325	117
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,909	1,924	1,231	(693)	(678)
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,570	3,241	671	XXX
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,570	XXX	XXX
											12. Totals	(736)	(2,910)

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

	<u> </u>	<u> </u>	. ,		<u> </u>		• • • • • • •	<u> </u>)			_,	···
1.	Prior	8,683	8,770	6,588	5,578	5,129	5,028	4,863	4,863	4,863	4,863	0	0
2.	2014	1,378	1,244	2,122	1,615	1,422	1,258	1 , 130	1 , 130	1 , 130	1,130	0	0
3.	2015	XXX	1,542	1,883	2,052	2,000	2,069	1,889	1,461	1 , 153	1,152	(1)	(309)
4.	2016	XXX	XXX	1,984	1,655	1,435	1, 128	1,042	991	721	582	(139)	(409)
5.	2017	XXX	XXX	XXX	705	546	378	183	110	70	22	(48)	(88)
6.	2018	XXX	XXX	XXX	XXX	1,016	941	660	456	334	304	(30)	(152)
7.	2019	XXX	XXX	XXX	XXX	XXX	1,400	1,273	2,231	3,268	3,161	(107)	930
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	797	522	1,069	461	(608)	(61)
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	640	388	124	(264)	(516)
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	477	512	35	XXX
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	592	XXX	XXX
											12. Totals	(1,162)	(605)

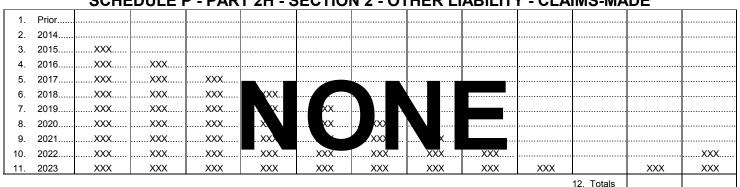
SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



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

1		l		ı		ı		ı	ı	ı		ı	
1.	Prior	601	1,381	1,281	1,511	1,036	954	954	954	954	954	0	0
2.	2014	199	167	126	92	73	64	58	58	58	58	0	0
3.	2015	XXX	343	336	305	257	134	68	68	68	68	0	0
4.	2016	XXX	XXX	140	139	69	27	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	112	101	109	257	155	157	151	(6)	(4)
6.	2018	XXX	XXX	XXX	XXX	117	97	75	89	29	20	(9)	(69)
7.	2019	XXX	XXX	XXX	XXX	XXX	127	95	64	12	1	(11)	(63)
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	104	62	42	10	(32)	(52)
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157	126	87	(39)	(70)
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	142	9	XXX
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	166	XXX	XXX
											12. Totals	(88)	(258)

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

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURREN
--

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	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
	osses											With	Without
	Vere	0044	0045	0040	0047	2040	0040	2020	0004	0000	0000	Loss	Loss
Inc	curred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1.	Prior	000	1,073	2,310	3,523	4,318	5,274	5,410	5,801	5,865	5,967	57	67
2.	2014	19	1,019	1,041	1,097	1,455	1,459	1,469	1,476	1,568	1,568	3	27
3.	2015	XXX	29	100	156	393	553	987	2,019	2,024	2,036	7	31
4.	2016	XXX	XXX	20	65	75	84	105	171	227	321	1	20
5.	2017	XXX	XXX	XXX	1	6	45	108	159	250	361	0	7
6.	2018	XXX	XXX	XXX	XXX	1	1	13	45	123	217	0	6
7.	2019	XXX	XXX	XXX	XXX	XXX	0	6	17	68	124	0	3
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	6	14	66	102	0	8
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	9	9	0	9
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	164	2	8
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	0	0

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

	1.	Prior	000	766	3,523	4,722	4,799	4,863	4,863	4,863	4,863	4,863	32	14
:	2.	2014	3	21	73	102	125	1 , 130	1 , 130	1 , 130	1 , 130	1,130	1	14
;	3.	2015	XXX	42	141	926	962	1,097	1,123	1,149	1 , 152	1,152	2	20
	4.	2016	XXX	XXX	72	226	256	293	324	354	366	400	1	14
	5.	2017	XXX	XXX	XXX	11	22	22	22	22	22	22	0	8
	6.	2018	XXX	XXX	XXX	XXX	36	79	93	96	105	125	0	12
	7.	2019	XXX	XXX	XXX	XXX	XXX	44	143	251	1,357	1,492	1	5
;	8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	29	63	114	245	1	7
	9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	7	0	2
10	0.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	51	0	0
1	1.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0

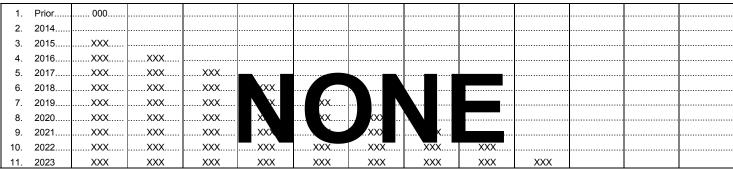
SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

					DOI				' /			
1.	Prior	000									 XXX	XXX
2.	2014										 XXX	XXX
3.	2015	XXX									 XXX	XXX
4.	2016	XXX	XXX								 XXX	XXX
5.	2017	XXX	XXX	XXX							 XXX	XXX
6.	2018	XXX	XXX	XXX	XXX			·····			 XXX	XXX
7.	2019	XXX	XXX	XXX	X X	XX	\				 XXX	XXX
8.	2020	XXX	XXX	XXX	x	XX	\infty				 XXX	XXX
9.	2021	XXX	XXX	XXX	XX		.XXX	X			 XXX	XXX
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1.	Prior	000	439	499	768	924	954	954	954	954	954	4	6
2.	2014	0	58	58	58	58	58	58	58	58	58	1	3
3.	2015	XXX	0	54	61	68	68	68	68				3
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	4	22	23	31	44	0	2
6.	2018	XXX	XXX	XXX	XXX	0	0	0	6	20	20	1	2
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0				0	0
9.	2021	XXX	0	4	4	1	2						
10.	2022	XXX	0	0	0	3							
11.	2023	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

		BULK AND I	BNR RESERVE	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
	ears in	1	2	3	4	5	6	7	8	9	10
	/hich										
	osses Vere										
	curred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	24,504	18,045	12,958	8,406	5,292	3,144	1,252	748	379	329
2.	2014	4,977	4,795	4,235	2,883	2,083	980	349	113	40	0
3.	2015	XXX	4,279	3,768	3,487	2,346	1 , 194	704	514	226	125
4.	2016	XXX	XXX	3,621	3,380	2,832	1,742	1,093	623	115	70
5.	2017	XXX	XXX	XXX	2,340	2,093	1,565	1 , 102	608	224	247
6.	2018	XXX	XXX	XXX	XXX	2,097	1,858	1,254	1,042	661	430
7.	2019	XXX	XXX	XXX	XXX	XXX	1,728	1,593	1,176	838	417
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	1,770	1,374	1,054	735
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,639	1,560	972
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,423	1,983
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,453

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

1.	Prior	3,821	3,964	1,571	660	157	58	0	0	0	0
2.	2014	1,223	800	891	469	285	125	0	0	0	0
3.	2015	XXX	567	795	414	308	190	281	151	1	0
4.	2016	XXX	XXX	1,054	895	608	457	321	198	199	60
5.	2017	XXX	XXX	XXX	659	504	346	161	88	48	0
6.	2018	XXX	XXX	XXX	XXX	746	497	477	293	171	76
7.	2019	XXX	XXX	XXX	XXX	XXX	593	377	335	479	225
				XXX							
9.	2021	XXX	xxx	XXX	XXX	XXX	XXX	XXX	608	368	97
10.				XXX							
11.	2023	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	557

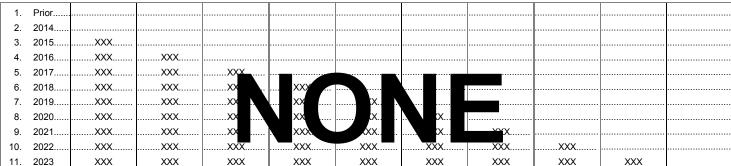
SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



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

1.	Prior	292	362	282	273	24	0	0	0	0	0
2.	2014	99	109	68	34	15	6	0	0	0	0
3.	2015	XXX	143	182	127	78	66	0	0	0	0
4.	2016	XXX	XXX	140	139	69	27	0	0	0	0
5.	2017	XXX	XXX	XXX	83	76	30	32	30	32	26
6.	2018	XXX	XXX	XXX	XXX	94	82	60	18	9	0
7.	2019	XXX	XXX	XXX	XXX	XXX	127	95	64	12	1
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	104	62	42	10
9.	2021	XXX	137	117	83						
10.	2022	XXX	123	67							
11.	2023	XXX	165								

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 **N O N E**

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 **NONE**

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

			CUMULA	ATIVE 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
	miums										
	Earned										
	Losses Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
110.0		2011	20.0	20.0		20.0					2020
1.	Prior	11	3	3	6	3	6	3	2	31	0
2.	2014	0	0	0	0	2	2	2	2	2	3
3.	2015	XXX	0	0	2	2	3	5	5	7	7
4.	2016	XXX	XXX	0	0	0	0	0	0	0	1
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		2
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

					OL.	-C ION 2					
				NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	79	61	48	34	24	15	10	7	5	3
2.	2014	25	12	9	10	6	2	2	1	1	0
3.	2015	XXX	24	18	18	17	13	10	5	1	1
4.	2016	XXX	XXX	13	16	12	5	3	4	4	2
5.	2017	XXX	XXX	XXX	4	2	4	7	5	7	6
6.	2018	XXX	XXX	XXX	XXX	8	7	8	7	6	6
7.	2019	XXX	XXX	XXX	XXX	XXX	5	7	4	4	4
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	6	8	6	5
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	5	1
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	11
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SECTION 3A

						CHON 3					
				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	T YEAR END		
Prei Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	14	7	5	(1)	2	1	1	0	86	
2.	2014	25	28	29	30	30	30	30	30	30	3
3.	2015	XXX	25	29	35	38	38	38	38	38	
4.	2016	XXX	XXX	14	20	21	23	23	24	24	
5.	2017	XXX	XXX	XXX	4	5	8	11	11	13	
6.	2018	XXX	XXX	XXX	XXX	8	10	12	12	12	
7.	2019	XXX	XXX	XXX	XXX	XXX	5	7	7	7	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	6	9	11	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	10	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	
11.	2023	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	

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

			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										
Were	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	6	5	3	4	2	0	0	0	18	0
2.	2014	0	0	0	0	0	1	1	1	1	1
3.	2015	XXX	0	0	0	1	1	1	2	2	2
4.	2016	XXX	XXX	0	1	1	1	1	1	1	1
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

					O L	LOTION Z					
				NUMBER	R OF CLAIMS O	UTSTANDING [DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	28	17	13	7	4	2	0	0	0	0
2.	2014	14	9	8	4	4	1	0		0	0
3.	2015	XXX	22	14	14	11	5	4	1	0	0
4.	2016	XXX	XXX	16	13	11	5	5	4	3	3
5.	2017	XXX	XXX	XXX	8	7	3	1	1	0	0
6.	2018	XXX	XXX	XXX	XXX	13	6	5	3	2	2
7.	2019	XXX	XXX	XXX	XXX	XXX	10	7	7	5	4
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	9	3	3	1
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	4	4
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SECTION 3B

					O.		, 0				
				CUMULATIVE	NUMBER OF (CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pren	n Which niums Earned	1	2	3	4	5	6	7	8	9	10
and L	osses Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	0	(1)	(1)	0	0	0	0	0	30	6
2.	2014	15	15	15	15	15	15	15	15	15	1
3.	2015	XXX	22	22	22	22	22	22	22	22	2
4.	2016	XXX	XXX	17	18	18	18	18	18	18	1
5.	2017	XXX	XXX	XXX	8	9	8	8	8	8	
6.	2018	XXX	XXX	XXX	XXX	13	14	14	14	14	1
7.	2019	XXX	XXX	XXX	XXX	XXX	10	10	10	10	1
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	9	9	9	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

		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	
	miums											
	Earned											
	Losses Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
VVCIC	incurred	2014	2010	2010	2017	2010	2010	2020	2021	ZUZZ	2020	
1.	Prior	0	1	0	0	2	2	0	(1)	0	0	
2.	2014	0	1	1	1	1	1	1	1	1	1	
3.	2015	XXX	0	1	2	2	2	2	2	2	2	
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	1	1	
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	

SECTION 2A

					OL.	CHON 2	_				
				NUMBER	R OF CLAIMS O	UTSTANDING I	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	5	6	6	5	2	0	0	0	0	0
2.	2014	4	0	0	0	0	0	0		0	0
3.	2015	XXX	5	3	1	1	0	0		0	0
4.	2016	XXX	XXX	0	0	0	0	0		0	0
5.	2017	XXX	XXX	XXX	2	1	2	2	1	1	1
6.	2018	XXX	XXX	XXX	XXX	3	2	2	2	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0		0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0		0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 3A

					OL.	CHON 3					
				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	3	5	0	2	0	0	0	(1)	5	6
2.	2014	4	4	4	4	4	4	4	4	4	
3.	2015	XXX	5	5	5	5	5	5	5	5	
4.	2016	XXX	XXX	0	0	0	0	0	0	0	
5.	2017	XXX	XXX	XXX	2	3	4	4	3	3	
6.	2018	XXX	XXX	XXX	XXX	3	3	3	3	3	
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	
11	2023	xxx	xxx	xxx	XXX	xxx	XXX	xxx	xxx	xxx	

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B **N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B **NONE**

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 $\bf N$ $\bf O$ $\bf N$ $\bf E$

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

Ye	ars in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	XXX									
5.	2017	XXX	XXX									
6.	2018	xxx	XXX		xx							
7	2019	XXX	XXX		XX	×						
8	2020	XXX	XXX		XX	×						
a.	2021		XXX		XXX		X					
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11	2023	XXX	XXX	XXX	XXX	XXX	XXX		XXX			
12.	Totals	XXX		XXX	XXX		XXX		XXX			
13.	Earned	^^^	^^^		^^^	^^^	^^^					
13.	Premiums											
	(Sch P-Pt. 1)											xxx

SECTION 2

					•		· -					
Ye	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
V	Vere Earned											Year
	and Losses											Premiums
V	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	XXX									
5.	2017			X								
6.	2018	XXX	XXX	>	VV							
7	2019	XXX	XXX	,	xx	X						
8.	2020		XXX	· · · · · ·	YY	×						
9	2021				XXX		×	2001				
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX				XXX		XXX		
11.			XXX		XXX			XXX				
12.	Totals	*********************************	****	****	****	****	****	****	****	****	XXX	
13.	Earned											
	Premiums (Sch P-Pt. 1)											XXX
	(OUIT -Ft. 1)										l	////

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

Ye	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR EN	ID (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
a	and Losses											Premiums
W	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	834	406	0	
2.	2014	318	318	318	318	318	318	318	636	954	954	
3.	2015	XXX	353	353	353	353	353	353	706	1,059	1,059	
4.	2016	XXX	XXX	266	266	266	266	266	532	798	798	
5.	2017	XXX	XXX	XXX	219	219	219	219	438	657	657	
6.	2018	XXX	XXX	XXX	XXX	222	222	222	444	666	666	
7.	2019	XXX	XXX	XXX	XXX	XXX	258	258	516	774	774	
8.	2020	XXX	XXX	XXX	XXX	XXX	xxx	219	438	657	657	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427	854	854	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	390	
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	527	527
12.	Totals	XXX	XXX	XXX	XXX			XXX	XXX	XXX	XXX	527
13.	Earned					۸۸۸	ХОХ		۸۸۸		۸۸۸	
13.	Premiums											
	(Sch P-Pt. 1)	318	353	266	219	222	258	219	427	389	527	XXX

SECTION 2A

					5	FCHON	I ZA					
Ye	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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	
2.	2014	0	0	0	0	0	0	0	0	0	0	
3.	2015	XXX	0	0	0	0	0	0	0	0	0	
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	
6.	2018	xxx	xxx	XXX		0	0	0	0	0	0	
7.	2019	xxx	xxx	XXX	XXX	xxx	0	0	0	0	0	
8.	2020	xxx	xxx	xxx	XXX	xxx	xxx	0	0	0	0	
9.	2021	xxx	xxx	xxx	xxx	xxx	xxx	XXX	0	0	0	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	n
13.	Earned											
13.	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 **NONE**

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

NONE

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	\$1,368,755
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 on 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 follow in Schedule P:		
		DDR Reserve Schedule P, Part 1F, Medic 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		
	2016		
	2017		
	2018		
.607	2019		
	2020		
	2021		
	2022		
	2023 Totals	0	
3.	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 should be allocated in the same percentage used for the counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsu 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 Interroreported in this Statement?	in this statement?	
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of futu 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 St 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	ty	0
6. 7.1	Claim count information is reported per claim or per claimant (Indicate which)	ent loss and expense reserves,	
7.2	among other things. Are there any especially significant events, coverage, retention or accounting change considered when making such analyses? (An extended statement may be attached.)		Yes [] No [X]

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 questions.

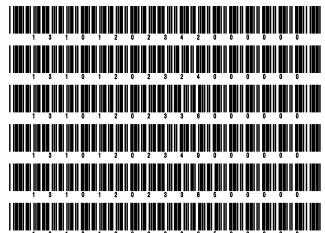
		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based 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.

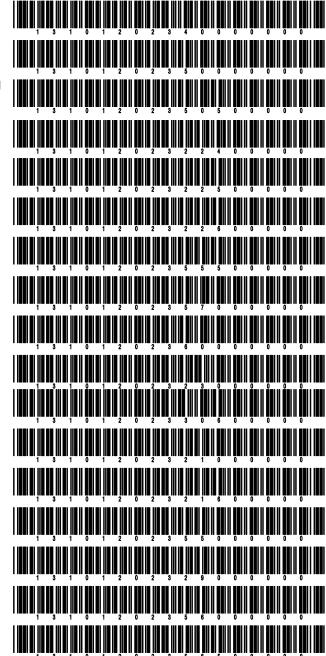
ileu ioi	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile 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 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	
	electronically with the NAIC by March 1?	NO 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	
	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	
	of domicile and the NAIC by March 1?	NO
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	NO
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by	
	March 1?	NO NO
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	NO
	NAIC by April 1?	NO NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicille and the NAIC by April 1?	NO NO
20	AUGUST FILING Will Management's Deport of Internal Control Over Financial Deporting he filed with the state of demicils by August 12	CEE EVOLAMATION
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
8.	Explanations: N/A	
	N/A	
11. 12.		
13.		
15.		
16.		
18.		
21.		
21.		
23.		
23. 24.		
24. 25.		
25. 26.		
26. 27.		
	N/A	
28. 29.		
29. 30.	INO.	
30. 31.		
31. 32.		
32. 33.		
34.		
35.		
36.		

- 37.
 38. Does not meet the annual premium threshold of \$500,000,000 required for filing.
 Bar Codes:
- SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Financial Guaranty Insurance Exhibit [Document Identifier 240]
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 15. Trusteed Surplus Statement [Document Identifier 490]
- 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
- 18. 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. Exhibit of Other Liabilities by Lines of Business [Document Identifier 570]
- 29. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]
- 30. Credit Insurance Experience Exhibit [Document Identifier 230]
- 31. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 32. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]
- Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- 35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -Parts 1 and 2 [Document Identifier 290]
- 36. Private Flood Insurance Supplement [Document Identifier 560]
- 37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 24

Addition	iai white-ins for Underwhiing and investment Exhibit Part 3 Line 24				
		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404.	Investment Expense			152,854	152,854
2497.	Summary of remaining write-ins for Line 24 from overflow page	0	0	152,854	152,854



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

For The Year Ended December 31, 2023 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	171,922,860		171,922,860
A02.	Liabilities	29,015,199		29,015,199
A03.	Surplus as regards to policyholders	142,907,661		142,907,661
A04.	Income before taxes	4,209,989		4,209,989

(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**

		1	2 Direct Losses Paid 5			Direct Losses Unpaid		8	
				3	4		6	7	Direct
	States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Losses Incurred But Not Reported
1.	AlabamaAL	VVIILLEIT	Lamed	Amount	Ciaiiiis	incurred	reported	Ciairis	reported
	AlaskaAK								
	ArizonaAZ								
	ArkansasAR								
5.	CaliforniaCA								
6.	ColoradoCO								
7.	ConnecticutCT								
	DelawareDE								
	District of ColumbiaDC								
	FloridaFL								
	GeorgiaGA								
	HawaiiHI								
	IdahoID								
	Illinois								
	Indiana IN								
	Kansas KS								
	Kentucky KY								
	Louisiana LA								
	Maine ME								
	Maryland MD								
	Massachusetts MA								
	MichiganMI								
24.	Minnesota MN								
25.	Mississippi MS								
26.	MissouriMO								
	Montana MT								
	Nebraska NE								
	NevadaNV								
	New HampshireNH								
	New Jersey NJ New Mexico NM								
	New York								
	North CarolinaNC								
	North DakotaND								
	Ohio OH	•							
	Oklahoma OK								
38.	Oregon OR								
39.	PennsylvaniaPA								
40.	Rhode IslandRI	1,547,343	1,671,611	142,886	2	54,982	7,673,230	14	4,682,206
41.	South CarolinaSC								
42.	South DakotaSD								
	TennesseeTN								
	TexasTX								
	UtahUT								
	VermontVT							····	
	VirginiaVA								
	WashingtonWA West VirginiaWV								
	Wisconsin W/								
	WyomingWY								
	American Samoa								
	GuamGU								
	Puerto Rico PR								
	U.S. Virgin IslandsVI								
	Northern Mariana IslandsMP								
57.	Canada CAN	١							
58.	Aggregate other alien OT	0	0	0	0	0	0	0	0
59.	Total	1,547,343	1,671,611	142,886	2	54,982	7,673,230	14	4,682,206
	DETAILS OF WRITE-INS								
58001.									
58002.									
58003.								ļ	
58998.	Summary of remaining write-ins for Line 58 from overflow page	n	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thru 58003 plus								
	58998)(Line 58 above)	0	0	0	0	0	0	0	0



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 5		5	Direct Losses Unpaid		8		
				3	4		6	7	Direct
		Direct Premiums	Direct Premiums		Number of	Direct Losses	Amount	Number of	Losses Incurred But Not
	States, etc.	Written	Earned	Amount	Claims	Incurred	Reported	Claims	Reported
1.	AlabamaA	L							
	Alaska A								
	ArizonaA								
	ArkansasA	= -							
	California	• •							
	Connecticut	-							
	Connecticut								
	District of Columbia	_							
	FloridaF								
	GeorgiaG	_							
	Hawaii								
13.	IdahoIE								
14.	IllinoisIL								
15.	IndianaIN	١							
16.	lowa	١							
	KansasK	~							
	Kentucky K								
	LouisianaL								
	Maine								
	Managehusette								
	Massachusetts N								
	Minnesota								
	Mississippi								
	Missouri	-							
	Montana	-							
	Nebraska N								
29.	Nevada N	V							
30.	New Hampshire N	н							
31.	New Jersey N	IJ							
32.	New Mexico N	M							
	New York N								
	North Carolina	-							
	North DakotaN	-							
		OH							
	Oklahoma O								
	PennsylvaniaP								
	Rhode IslandR		764,524	175,000	3	875,844	2 660 000	18	2,356,950
	South Carolina						2,000,000		2,000,000
	South Dakota	-							
	Tennessee T								
44.	Texas	x							
45.	UtahU	т							
46.	VermontV	т							
	VirginiaV								
	WashingtonW								
	West Virginia								
	Wisconsin W								
	Wyoming								
	American Samoa A	-							
	Guam G Puerto Rico P	-							
	U.S. Virgin Islands								
	Northern Mariana Islands								
	Canada								
	Aggregate other alien		0	0	0		0	0	0
	Total	711,766	764,524	175,000	3		2,660,000	18	2,356,950
	DETAILS OF WRITE-INS	,	.,	2,220	İ	2,2	, .,		, ,
58001.									
58002.									
58003.									
	Summary of remaining write-ins for Line 58 from overflow page	e0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0