

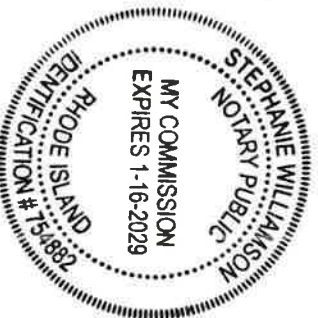


QUARTERLY STATEMENT

AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code	NAIC Company Code	Employer's ID Number	
(Current)	(Prior)		
Organized under the Laws of	State of Domicile or Port of Entry		RI
Country of Domicile	United States of America		
Incorporated/Organized	06/16/1975	Commenced Business	07/01/1975
Statutory Home Office	One Turks Head Place (Street and Number)	Providence, RI, US 02903 (City or Town, State, Country and Zip Code)	
Main Administrative Office	One Turks Head Place (Street and Number)	Providence, RI, US 02903 (City or Town, State, Country and Zip Code)	
Mail Address	One Turks Head Place (Street and Number or P.O. Box)	Providence, RI, US 02903 (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	One Turks Head Place (Street and Number)	410-980-1100 (Area Code) (Telephone Number)	
Internet Website Address	Providence, RI, US 02903 (City or Town, State, Country and Zip Code)	410-980-1100 (Area Code) (Telephone Number)	
Statutory Statement Contact	Susan Mertes (Name)	410-980-1100 (Area Code) (Telephone Number)	
	susan.mertes@brown.com (E-mail Address)	401-369-8241 (FAX Number)	
OFFICERS			
Vice Chair	Don Baldini	Assistant Secretary	Susan Mertes
Chair	Earl Cottam Jr.	Secretary	Adam Robitaille
OTHER			
DIRECTORS OR TRUSTEES			
Adam Robitaille	Don Baldini	Earl Cottam Jr.	
Stacy Paterno	Jennifer Morrison	Barbara M Cavicchio DDS	
Eric Payntor	Michael Walder	Virginia Burke	
Joe Torti			
State of	Rhode Island	SS:	
County of	Kent		
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.			
Susan Mertes Assistant Secretary		Earl Cottam Jr. Chair	
Adam Robitaille Secretary			
Subscribed and sworn to before me this			
day of August, 2025			
Stephanie Williamson			





QUARTERLY STATEMENT

AS OF JUNE 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code

(Current) (Prior)
Rhode Island

NAIC Company Code 13101

Employer's ID Number

51-0140364

Organized under the Laws of

, State of Domicile or Port of Entry

RI

Country of Domicile

United States of America

Incorporated/Organized

06/16/1975

Commenced Business

07/01/1975

Statutory Home Office

One Turks Head Place
(Street and Number)

Providence, RI, US 02903
(City or Town, State, Country and Zip Code)

Main Administrative Office

One Turks Head Place
(Street and Number)

Providence, RI, US 02903
(City or Town, State, Country and Zip Code)

410-980-1100
(Area Code) (Telephone Number)

Mail Address

One Turks Head Place
(Street and Number or P.O. Box)

Providence, RI, US 02903
(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

One Turks Head Place
(Street and Number)

Providence, RI, US 02903
(City or Town, State, Country and Zip Code)

410-980-1100
(Area Code) (Telephone Number)

Internet Website Address

http://rhodeislandjuia.com/

Statutory Statement Contact

Susan Mertes
(Name)
susan.mertes@bbrown.com
(E-mail Address)

410-980-1100
(Area Code) (Telephone Number)
401-369-8241
(FAX Number)

OFFICERS

Vice Chair

Don Baldini
Earl Cottam Jr.

Assistant Secretary

Secretary

Susan Mertes
Adam Robitaille

OTHER

DIRECTORS OR TRUSTEES

Adam Robitaille
Stacy Palerno
Eric Paytor

James Pascallides DPM
Don Baldini
Jennifer Morrison
Michael Walder

Earl Cottam Jr.
Barbara M Caviochio DDS
Virginia Burke
Joe Torti

State of
County of

Rhode Island
Providence

SS:

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Susan Mertes
Assistant Secretary

Earl Cottam Jr.
Chair

Adam Robitaille
Secretary

Subscribed and sworn to before me this

10th day of July 2025

Conrad Gage

a. Is this an original filing?
b. If no,

1. State the amendment number:
2. Date filed
3. Number of pages attached:

Yes [X] No []

CONRAD GAGE
Notary Public-Maryland
Anne Arundel County
My Commission Expires
December 04, 2028

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

ASSETS

	Current Statement Date			4
	1	2	3	December 31
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Prior Year Net Admitted Assets
1. Bonds	88,823,169		88,823,169	88,269,482
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$376,282), cash equivalents (\$ 1,589,536) and short-term investments (\$)	1,965,818		1,965,818	1,238,510
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	87,873,844		87,873,844	84,995,497
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	178,662,831	0	178,662,831	174,503,489
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,227,635		1,227,635	1,172,043
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	(146,203)		(146,203)	(114,571)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	146,203		146,203	229,899
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	192,190
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	1,322	0	1,322	17,210
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	179,891,788	0	179,891,788	176,000,260
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	179,891,788	0	179,891,788	176,000,260
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Miscellaneous Accounts Receivable	1,319		1,319	2,359
2502. Prepaid Losses			0	0
2503. Prepaid premium tax	3		3	14,851
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,322	0	1,322	17,210

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 1,089,679)	17,269,389	17,033,224
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	6,930,881	6,901,082
4. Commissions payable, contingent commissions and other similar charges	3,970	29
5. Other expenses (excluding taxes, licenses and fees)	175,336	185,979
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	16,880	
7.2 Net deferred tax liability	1,962,357	1,626,563
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	2,266,931	2,229,139
10. Advance premium	684,956	732,774
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		0
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	462,044	462,057
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives	0	0
21. Payable for securities	999,960	
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	104,381	6,903
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	30,877,085	29,177,750
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	30,877,085	29,177,750
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	149,014,703	146,822,510
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	149,014,703	146,822,510
38. Totals (Page 2, Line 28, Col. 3)	179,891,788	176,000,260
DETAILS OF WRITE-INS		
2501. Unearned Finance Charge		0
2502. Premium Deficiency Reserve		0
2503. Losses Payable	104,381	6,903
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	104,381	6,903
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 1,049,244)	1,011,452	1,431,473	2,520,476
1.2 Assumed (written \$)			0
1.3 Ceded (written \$)			0
1.4 Net (written \$ 1,049,244)	1,011,452	1,431,473	2,520,476
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 1,089,679):			
2.1 Direct	1,326,806	2,305,124	3,903,170
2.2 Assumed			0
2.3 Ceded			0
2.4 Net	1,326,806	2,305,124	3,903,170
3. Loss adjustment expenses incurred	300,824	591,769	930,373
4. Other underwriting expenses incurred	759,412	748,492	1,511,464
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	2,387,042	3,645,385	6,345,007
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(1,375,590)	(2,213,912)	(3,824,531)
INVESTMENT INCOME			
9. Net investment income earned	3,039,371	2,864,801	5,846,295
10. Net realized capital gains (losses) less capital gains tax of \$ 62,061	233,466	93,925	(16,589)
11. Net investment gain (loss) (Lines 9 + 10)	3,272,837	2,958,726	5,829,706
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0	0	0
13. Finance and service charges not included in premiums	6,601	19,929	36,062
14. Aggregate write-ins for miscellaneous income	(592,200)	(592,220)	(592,220)
15. Total other income (Lines 12 through 14)	(585,599)	(572,291)	(556,158)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,311,648	172,523	1,449,017
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,311,648	172,523	1,449,017
19. Federal and foreign income taxes incurred	147,009	(43,058)	188,515
20. Net income (Line 18 minus Line 19)(to Line 22)	1,164,639	215,581	1,260,502
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	146,822,512	142,907,661	142,907,661
22. Net income (from Line 20)	1,164,639	215,581	1,260,502
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 286,303	1,077,043	1,420,182	2,655,004
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(49,491)	(12,315)	(655)
27. Change in nonadmitted assets			0
28. Change in provision for reinsurance			0
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			0
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	2,192,191	1,623,448	3,914,851
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	149,014,703	144,531,109	146,822,512
DETAILS OF WRITE-INS			
0501. Change in Premium Deficiency Reserve		0	0
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Gain or loss on retroactive reinsurance	(592,200)	(592,220)	(592,220)
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	(592,200)	(592,220)	(592,220)
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,116,754	1,526,930	2,866,436
2. Net investment income	2,904,824	2,682,011	5,707,985
3. Miscellaneous income	(569,726)	(606,099)	(632,882)
4. Total (Lines 1 to 3)	3,451,852	3,602,842	7,941,539
5. Benefit and loss related payments	1,090,641	1,614,655	4,652,301
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,037,139	1,231,315	2,265,045
8. Dividends paid to policyholders	(97,481)	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	300,000	499,595
10. Total (Lines 5 through 9)	2,030,299	3,145,970	7,416,941
11. Net cash from operations (Line 4 minus Line 10)	1,421,553	456,872	524,598
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	5,968,344	8,041,101	14,663,808
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	999,960	(1,064,242)	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,968,304	6,976,859	14,663,808
13. Cost of investments acquired (long-term only):			
13.1 Bonds	7,662,549	7,417,101	15,010,770
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	3,591	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	7,662,549	7,420,692	15,010,770
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(694,245)	(443,833)	(346,962)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	727,308	13,039	177,636
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,238,510	1,060,874	1,060,874
19.2 End of period (Line 18 plus Line 19.1)	1,965,818	1,073,913	1,238,510

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
Company input

	SSAP #	F/S Page	F/S Line #	2025		2024	
NET INCOME							
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$	1,164,639	\$	1,260,502
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:							
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$	1,164,639	\$	1,260,502
SURPLUS							
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$	149,014,703	\$	146,822,510
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:							
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$	149,014,703	\$	146,822,510

B. Use of Estimates in the Preparation of the Financial Statements
Company input

C. Accounting Policy
Company input

D. Going Concern
Company input

NOTE 2 Accounting Changes and Corrections of Errors

Company input

NOTE 3 Business Combinations and Goodwill

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

1	2	3	4	5
Purchased Entity	Acquisition Date	Cost of Acquired Entity	Original Amount of Goodwill	Original Amount of Admitted Goodwill
Total	XXX	\$ -	\$ -	\$ -

1	6	7	8	9
Purchased Entity	Admitted Goodwill as of the Reporting Date	Amount of Goodwill Amortized During the Reporting Period	Book Value of SCA	Admitted Goodwill as a % of SCA BACV, Gross of Admitted Goodwill Col. 6/Col. 8
Total	\$ -	\$ -	\$ -	XXX

B. Statutory Merger
Company input

C. Impairment Loss
Company input

D. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

- (1) Capital & Surplus
- Less:
- (2) Admitted Positive Goodwill
- (3) Admitted EDP Equipment & Operating System Software
- (4) Admitted Net Deferred Taxes
- (5) Adjusted Capital and Surplus (Line 1-2-3-4)
- (6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%])
- (7) Current period reported Admitted Goodwill
- (8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)

Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
	XXX
	XXX
	XXX
	XXX
\$ -	XXX
\$ -	XXX
XXX	
XXX	0.0%

NOTE 4 Discontinued Operations

NOTES TO FINANCIAL STATEMENTS

- A. Discontinued Operation Disposed of or Classified as Held for Sale
(1) List of Discontinued Operations Disposed of or Classified as Held for Sale

Discontinued Operation Identifier	Description of Discontinued Operation
---	---------------------------------------

(2) Company input

(3) Loss Recognized on Discontinued Operations

Discontinued Operation Identifier	Amount for Reporting Period	Cumulative Amount Since Classified as Held for Sale
---	--------------------------------	--

- (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income
a. Carrying Amount of Discontinued Operations

Discontinued Operation Identifier	Carrying Amount Immediately Prior to Classification as Held for Sale	Current Fair Value Less Costs to Sell
---	---	---

b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

	Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
1. Assets				
2. Liabilities				
3. Surplus				
4. Income				

- B. Change in Plan of Sale of Discontinued Operation
Company input
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal
Company input
- D. Equity Interest Retained in the Discontinued Operation After Disposal
Company input

NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
(1) Company input
(2) Company input

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total

Current YearPrior Year

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current							\$ -
(b) 30 - 59 Days Past Due							\$ -
(c) 60 - 89 Days Past Due							\$ -
(d) 90 - 179 Days Past Due							\$ -
(e) 180+ Days Past Due							\$ -
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment							\$ -
(b) Interest Accrued							\$ -
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							\$ -
(b) Interest Accrued							\$ -
4. Interest Reduced							
(a) Recorded Investment							\$ -
(b) Number of Loans							\$ -
(c) Percent Reduced							

NOTES TO FINANCIAL STATEMENTS

5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment						\$	-
b. Prior Year							
1. Recorded Investment (All)							
(a) Current						\$	-
(b) 30 - 59 Days Past Due						\$	-
(c) 60 - 89 Days Past Due						\$	-
(d) 90 - 179 Days Past Due						\$	-
(e) 180+ Days Past Due						\$	-
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment						\$	-
(b) Interest Accrued						\$	-
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment						\$	-
(b) Interest Accrued						\$	-
4. Interest Reduced							
(a) Recorded Investment						\$	-
(b) Number of Loans						\$	-
(c) Percent Reduced							
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment						\$	-

(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. With Allowance for Credit Losses							\$ -
2. No Allowance for Credit Losses							\$ -
3. Total (1 + 2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							\$ -
b. Prior Year							
1. With Allowance for Credit Losses							\$ -
2. No Allowance for Credit Losses							\$ -
3. Total (1 + 2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							\$ -

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Average Recorded Investment							\$ -
2. Interest Income Recognized							\$ -
3. Recorded Investments on Nonaccrual Status							\$ -
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							\$ -
b. Prior Year							
1. Average Recorded Investment							\$ -
2. Interest Income Recognized							\$ -
3. Recorded Investments on Nonaccrual Status							\$ -
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							\$ -

(7) Allowance for credit losses:

	Current Year	Prior Year
a) Balance at beginning of period		
b) Additions charged to operations		
c) Direct write-downs charged against the allowances		
d) Recoveries of amounts previously charged off		
e) Balance at end of period (a+b-c-d)	\$ -	\$ -

(8) Mortgage Loans Derecognized as a Result of Foreclosure:

	Current Year
a) Aggregate amount of mortgage loans derecognized	
b) Real estate collateral recognized	
c) Other collateral recognized	
d) Receivables recognized from a government guarantee of the foreclosed mortgage loan	

(9) Company input

B. Debt Restructuring

	Current Year	Prior Year
(1) The total recorded investment in restructured loans, as of year end		
(2) The realized capital losses related to these loans		
(3) Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructurings		

NOTES TO FINANCIAL STATEMENTS

(4) Company input

- C. Reverse Mortgages
- (1) Company input

(2) Company input

(3) Reverse Mortgages: Enter the reserve amount that is netted against the asset

(4) Reverse Mortgages: Investment income or (loss) recognized in the period as a result of the re-estimated cash flows
- D. Asset-Backed Securities
- (1) Company input

- (2) OTTI recognized 1st Quarter
- a. Intent to sell

b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

c. Total 1st Quarter (a+b)

OTTI recognized 2nd Quarter

d. Intent to sell

e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

f. Total 2nd Quarter (d+e)

OTTI recognized 3rd Quarter

g. Intent to sell

h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

i. Total 3rd Quarter (g+h)

OTTI recognized 4th Quarter

j. Intent to sell

k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

l. Total 4th Quarter (j+k)

m. Annual Aggregate Total (c+f+i+l)

1 Amortized Cost Basis Before Other-than- Temporary Impairment	2 Other-than- Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
		\$ -
		\$ -
\$ -	\$ -	\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
	\$ -	

(3)

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than- Temporary Impairment	Amortized Cost After Other-Than- Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
Total	XXX	XXX	\$ -	XXX	XXX	XXX

- (4)
- a) The aggregate amount of unrealized losses:

1. Less than 12 Months

2. 12 Months or Longer

b)The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months

2. 12 Months or Longer

(5) Company input

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
- (1) Company input

(2) Company input

(3) Collateral Received

a. Aggregate Amount Collateral Received

	Fair Value
1. Securities Lending	
(a) Open	
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater Than 90 Days	
(f) Subtotal (a+b+c+d+e)	\$ -
(g) Securities Received	
(h) Total Collateral Received (f+g)	\$ -
2. Dollar Repurchase Agreement	
(a) Open	
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater Than 90 Days	
(f) Subtotal (a+b+c+d+e)	\$ -
(g) Securities Received	
(h) Total Collateral Received (f+g)	\$ -
b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	
c. Company input	

NOTES TO FINANCIAL STATEMENTS

(4) Company input

- (5) Collateral Reinvestment
a. Aggregate Amount Collateral Reinvested

	Amortized Cost	Fair Value
1. Securities Lending		
(a) Open		
(b) 30 Days or Less		
(c) 31 to 60 Days		
(d) 61 to 90 Days		
(e) 91 to 120 Days		
(f) 121 to 180 Days		
(g) 181 to 365 Days		
(h) 1 to 2 years		
(i) 2 to 3 years		
(j) Greater than 3 years		
(k) Subtotal (Sum of a through j)	\$ -	\$ -
(l) Securities Received		
(m) Total Collateral Reinvested (k+l)	\$ -	\$ -
2. Dollar Repurchase Agreement		
(a) Open		
(b) 30 Days or Less		
(c) 31 to 60 Days		
(d) 61 to 90 Days		
(e) 91 to 120 Days		
(f) 121 to 180 Days		
(g) 181 to 365 Days		
(h) 1 to 2 years		
(i) 2 to 3 years		
(j) Greater than 3 years		
(k) Subtotal (Sum of a through j)	\$ -	\$ -
(l) Securities Received		
(m) Total Collateral Reinvested (k+l)	\$ -	\$ -

b. Company input

(6) Company input

(7) Collateral for securities lending transactions that extend beyond one year from the reporting date.

Description of Collateral	Amount
Total Collateral Extending beyond one year of the reporting date	\$ -

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

(1) Company input

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

- a. Bilateral (YES/NO)
b. Tri-Party (YES/NO)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(3) Original (Flow) & Residual Maturity

- a. Maximum Amount
- Open – No Maturity
 - Overnight
 - 2 Days to 1 Week
 - > 1 Week to 1 Month
 - > 1 Month to 3 Months
 - > 3 Months to 1 Year
 - > 1 Year

- b. Ending Balance
- Open – No Maturity
 - Overnight
 - 2 Days to 1 Week
 - > 1 Week to 1 Month
 - > 1 Month to 3 Months
 - > 3 Months to 1 Year
 - > 1 Year

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(4) Company input

(5) Securities "Sold" Under Repo – Secured Borrowing

- a. Maximum Amount
- BACV
 - Nonadmitted - Subset of BACV
 - Fair Value
- b. Ending Balance
- BACV
 - Nonadmitted - Subset of BACV
 - Fair Value

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX XXX	XXX XXX	XXX XXX	
XXX XXX	XXX XXX	XXX XXX	

NOTES TO FINANCIAL STATEMENTS

- b. 30 Days or Less
c. 31 to 90 Days
d. > 90 Days

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(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

- a. 30 Days or Less
b. 31 to 60 Days
c. 61 to 90 Days
d. 91 to 120 Days
e. 121 to 180 Days
f. 181 to 365 Days
g. 1 to 2 years
h. 2 to 3 years
i. > than 3 years

AMORTIZED COST	FAIR VALUE

(11) Liability to Return Collateral – Secured Borrowing (Total)

- a. Maximum Amount
1. Cash (Collateral – All)
2. Securities Collateral (FV)

b. Ending Balance
1. Cash (Collateral – All)
2. Securities Collateral (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

(1) Company input

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

- a. Bilateral (YES/NO)
b. Tri-Party (YES/NO)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(3) Original (Flow) & Residual Maturity

- a. Maximum Amount
1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

b. Ending Balance
1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(4) Company input

(5) Fair Value of Securities Acquired Under Repo – Secured Borrowing

- a. Maximum Amount
b. Ending Balance

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation

ENDING BALANCE

- a. ICO - FV
b. ABS - FV
c. Preferred Stock - FV
d. Common Stock
e. Mortgage Loans - FV
f. Real Estate - FV
g. Derivatives - FV
h. Other Invested Assets - FV
i. Total Assets - FV (Sum of a through h)

1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
\$ -	\$ -	\$ -	\$ -

ENDING BALANCE

- a. ICO - FV

5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED

NOTES TO FINANCIAL STATEMENTS

- b. ABS - FV
- c. Preferred Stock - FV
- d. Common Stock
- e. Mortgage Loans - FV
- f. Real Estate - FV
- g. Derivatives - FV
- h. Other Invested Assets - FV
- i. Total Assets - FV (Sum of a through h)

\$ -	\$ -	\$ -	\$ -

(7) Collateral Provided – Secured Borrowing

- a. Maximum Amount
 - 1. Cash
 - 2. Securities (FV)
 - 3. Securities (BACV)
 - 4. Nonadmitted Subset (BACV)
- b. Ending Balance
 - 1. Cash
 - 2. Securities (FV)
 - 3. Securities (BACV)
 - 4. Nonadmitted Subset (BACV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX XXX	XXX XXX	XXX XXX	XXX XXX

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

- a. Overnight and Continuous
- b. 30 Days or Less
- c. 31 to 90 Days
- d. > 90 Days

AMORTIZED COST	FAIR VALUE

(9) Recognized Receivable for Return of Collateral – Secured Borrowing

- a. Maximum Amount
 - 1. Cash
 - 2. Securities (FV)
- b. Ending Balance
 - 1. Cash
 - 2. Securities (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

- a. Maximum Amount
 - 1. Repo Securities Sold/Acquired with Cash Collateral
 - 2. Repo Securities Sold/Acquired with Securities Collateral (FV)
- b. Ending Balance
 - 1. Repo Securities Sold/Acquired with Cash Collateral
 - 2. Repo Securities Sold/Acquired with Securities Collateral (FV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

H. Repurchase Agreements Transactions Accounted for as a Sale
(1) Company input

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

- a. Bilateral (YES/NO)
- b. Tri-Party (YES/NO)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(3) Original (Flow) & Residual Maturity

- a. Maximum Amount
 - 1. Open – No Maturity
 - 2. Overnight
 - 3. 2 Days to 1 Week
 - 4. > 1 Week to 1 Month
 - 5. > 1 Month to 3 Months
 - 6. > 3 Months to 1 Year
 - 7. > 1 Year
- b. Ending Balance
 - 1. Open – No Maturity
 - 2. Overnight
 - 3. 2 Days to 1 Week
 - 4. > 1 Week to 1 Month
 - 5. > 1 Month to 3 Months
 - 6. > 3 Months to 1 Year
 - 7. > 1 Year

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(4) Company input

(5) Securities "Sold" Under Repo – Sale

NOTES TO FINANCIAL STATEMENTS

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				
b. Ending Balance				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted - Subset of BACV	XXX	XXX	XXX	
3. Fair Value				

(6) Securities Sold Under Repo – Sale by NAIC Designation

ENDING BALANCE	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. ICO - BACV				
b. ICO - FV				
c. ABS - BACV				
d. ABS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV	\$ -	\$ -	\$ -	\$ -
q. Total Assets - FV	\$ -	\$ -	\$ -	\$ -

ENDING BALANCE	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NON- ADMITTED
a. ICO - BACV				
b. ICO - FV				
c. ABS - BACV				
d. ABS - FV				
e. Preferred Stock - BACV				
f. Preferred Stock - FV				
g. Common Stock				
h. Mortgage Loans - BACV				
i. Mortgage Loans - FV				
j. Real Estate - BACV				
k. Real Estate - FV				
l. Derivatives - BACV				
m. Derivatives - FV				
n. Other Invested Assets - BACV				
o. Other Invested Assets - FV				
p. Total Assets - BACV	\$ -	\$ -	\$ -	\$ -
q. Total Assets - FV	\$ -	\$ -	\$ -	\$ -

(7) Proceeds Received – Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
3. Nonadmitted				
b. Ending Balance				
1. Cash				
2. Securities (FV)				
3. Nonadmitted				

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

ENDING BALANCE	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. ICO - FV				
b. ABS - FV				
c. Preferred Stock - FV				
d. Common Stock				
e. Mortgage Loans - FV				
f. Real Estate - FV				
g. Derivatives - FV				
h. Other Invested Assets - FV				
i. Total Collateral Assets - FV (Sum of a through h)	\$ -	\$ -	\$ -	\$ -
ENDING BALANCE	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NON- ADMITTED
a. ICO - FV				
b. ABS - FV				
c. Preferred Stock - FV				

NOTES TO FINANCIAL STATEMENTS

d. Common Stock
e. Mortgage Loans - FV
f. Real Estate - FV
g. Derivatives - FV
h. Other Invested Assets - FV
i. Total Collateral Assets - FV (Sum of a through h)

\$	-	\$	-
\$	-	\$	-
\$	-	\$	-

(9) Recognized Forward Resale Commitment

a. Maximum Amount
b. Ending Balance

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

(1) Company input

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

a. Bilateral (YES/NO)
b. Tri-Party (YES/NO)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(3) Original (Flow) & Residual Maturity

a. Maximum Amount
1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

b. Ending Balance
1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

(4) Company input

(5) Securities Acquired Under Repo – Sale

a. Maximum Amount
1. BACV
2. Nonadmitted - Subset of BACV
3. Fair Value

b. Ending Balance
1. BACV
2. Nonadmitted - Subset of BACV
3. Fair Value

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX XXX	XXX XXX	XXX XXX	
XXX XXX	XXX XXX	XXX XXX	

(6) Securities Acquired Under Repo – Sale by NAIC Designation

ENDING BALANCE

a. ICO - BACV
b. ICO - FV
c. ABS - BACV
d. ABS - FV
e. Preferred Stock - BACV
f. Preferred Stock - FV
g. Common Stock
h. Mortgage Loans - BACV
i. Mortgage Loans - FV
j. Real Estate - BACV
k. Real Estate - FV
l. Derivatives - BACV
m. Derivatives - FV
n. Other Invested Assets - BACV
o. Other Invested Assets - FV
p. Total Assets - BACV
q. Total Assets - FV

1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
\$	-	\$	-
\$	-	\$	-

ENDING BALANCE

a. ICO - BACV
b. ICO - FV
c. ABS - BACV
d. ABS - FV
e. Preferred Stock - BACV

5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NON- ADMITTED

NOTES TO FINANCIAL STATEMENTS

f. Preferred Stock - FV
g. Common Stock
h. Mortgage Loans - BACV
i. Mortgage Loans - FV
j. Real Estate - BACV
k. Real Estate - FV
l. Derivatives - BACV
m. Derivatives - FV
n. Other Invested Assets - BACV
o. Other Invested Assets - FV
p. Total Assets - BACV
q. Total Assets - FV

\$	-	\$	-	\$
\$	-	\$	-	\$

(7) Proceeds Provided - Sale

a. Maximum Amount
1. Cash
2. Securities (FV)
3. Securities (BACV)
4. Nonadmitted Subset (BACV)

b. Ending Balance
1. Cash
2. Securities (FV)
3. Securities (BACV)
4. Nonadmitted Subset (BACV)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
XXX XXX	XXX XXX	XXX XXX	XXX XXX

(8) Recognized Forward Resale Commitment

a. Maximum Amount
b. Ending Balance

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER

J. Real Estate

- (1) Company input

(2) Company input

(3) Company input

(4) Company input

(5) Company input

K. Investments in Tax Credit Structures (tax credit investments)

- (1) Company input

(2) Company input

(3) Company input

(4) Company input

(5) Company input

(6) Company input

(7) Company input

(8) Company input

(9) Company input

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)
a. Subject to contractual obligation for which liability is not shown					\$ -	\$ -	
b. Collateral held under security lending agreements					\$ -	\$ -	
c. Subject to repurchase agreements					\$ -	\$ -	
d. Subject to reverse repurchase agreements					\$ -	\$ -	
e. Subject to dollar repurchase agreements					\$ -	\$ -	
f. Subject to dollar reverse repurchase agreements					\$ -	\$ -	
g. Placed under option contracts					\$ -	\$ -	
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					\$ -	\$ -	
i. FHLB capital stock					\$ -	\$ -	
j. On deposit with states					\$ -	\$ -	
k. On deposit with other regulatory bodies					\$ -	\$ -	
l. Pledged collateral to FHLB (including assets backing funding agreements)					\$ -	\$ -	

NOTES TO FINANCIAL STATEMENTS

m. Pledged as collateral not captured in other categories						\$ -		\$ -
n. Other restricted assets						\$ -		\$ -
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- (a) Subset of Column 1
(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements		\$ -	0.000%	0.000%
c. Subject to repurchase agreements		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements		\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements		\$ -	0.000%	0.000%
g. Placed under option contracts		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	0.000%	0.000%
i. FHLB capital stock		\$ -	0.000%	0.000%
j. On deposit with states		\$ -	0.000%	0.000%
k. On deposit with other regulatory bodies		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories		\$ -	0.000%	0.000%
n. Other restricted assets		\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ -	0.000%	0.000%

- (c) Column 5 divided by Asset Page, Column 1, Line 28
(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

	Gross (Admitted & Nonadmitted) Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account (S/A) Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Total (c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%

- (a) Subset of column 1
(b) Subset of column 3
(c) Total Line for Columns 1 through 7 should equal 5L(1)m Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)m Columns 9 through 11 respectively.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

	Gross (Admitted & Nonadmitted) Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account (S/A) Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Total (c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%

- (a) Subset of column 1
(b) Subset of column 3
(c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted)*	% of BACV to Total Admitted Assets **
General Account:				
a. Cash, Cash Equivalents and Short-Term Investments			0.000%	0.000%
b. Schedule D, Part 1, Section 1			0.000%	0.000%
c. Schedule D, Part 1, Section 2			0.000%	0.000%
d. Schedule D, Part 2, Section 1			0.000%	0.000%
e. Schedule D, Part 2, Section 2			0.000%	0.000%
f. Schedule B			0.000%	0.000%
g. Schedule A			0.000%	0.000%

NOTES TO FINANCIAL STATEMENTS

h. Schedule BA, Part 1			0.000%	0.000%
i. Schedule DL, Part 1			0.000%	0.000%
j. Other			0.000%	0.000%
k. Total Collateral Assets (a+b+c+d+e+f+g+h+i+j)	\$ -	\$ -	0.000%	0.000%
Protected Cell:				
l. Cash, Cash Equivalents and Short-Term Investments			0.000%	0.000%
m. Schedule D, Part 1, Section 1			0.000%	0.000%
n. Schedule D, Part 1, Section 2			0.000%	0.000%
o. Schedule D, Part 2, Section 1			0.000%	0.000%
p. Schedule D, Part 2, Section 2			0.000%	0.000%
q. Schedule B			0.000%	0.000%
r. Schedule A			0.000%	0.000%
s. Schedule BA, Part 1			0.000%	0.000%
t. Schedule DL, Part 1			0.000%	0.000%
u. Other			0.000%	0.000%
v. Total Collateral Assets (l+m+n+o+p+q+r+s+t+u)	\$ -	\$ -	0.000%	0.000%

* k = Column 1 divided by Asset Page, Line 26 (Column 1)
v = Column 1 divided by Asset Page, Line 27 (Column 1)
** k = Column 1 divided by Asset Page, Line 26 (Column 3)
v = Column 1 divided by Asset Page, Line 27 (Column 3)

	1 Amount	2 % of Liability to Total Liabilities *
w. Recognized Obligation to Return Collateral Asset (General Account)		0.000%
x. Recognized Obligation to Return Collateral Asset (Separate Account)		0.000%
* w = Column 1 divided by Liability Page, Line 26 (Column 1)		
x = Column 1 divided by Liability Page, Line 27 (Column 1)		

M. Working Capital Finance Investments

1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

	Gross Asset CY	Non-admitted Asset CY	Net Admitted Asset CY
a. WCFI Designation 1			\$ -
b. WCFI Designation 2			\$ -
c. WCFI Designation 3			\$ -
d. WCFI Designation 4			\$ -
e. WCFI Designation 5			\$ -
f. WCFI Designation 6			\$ -
g. Total (a+b+c+d+e+f)	\$ -	\$ -	\$ -

2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	Book/Adjusted Carrying Value
a. Up to 180 Days	
b. 181 to 365 Days	
c. Total (a+b)	\$ -

3. Company input

N. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets			

* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(2) Liabilities			

* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

O. 5GI Securities

Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) ICO - AC						
(2) ICO - FV						
(3) ABS - AC						
(4) ABS - FV						
(5) Preferred Stock - AC						
(6) Preferred Stock - FV						
(7) Total (1+2+3+4+5+6)	0	0	\$ -	\$ -	\$ -	\$ -

AC - Amortized Cost FV - Fair Value

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

	Proceeds Received	Current Fair Value of Securities Sold Short	Unrealized Gain or (Loss)	Expected Settlement (# of Days)	Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days	Fair Value of Short Sales Expected to be Settled by Secured Borrowing
a. ICO						

NOTES TO FINANCIAL STATEMENTS

b. ABS						
c. Preferred Stock						
d. Common Stock						
e. Totals (a+b+c+d)	\$	-	\$	-	\$	-

(2) Settled Short Sale Transactions

	Proceeds Received	Current Fair Value of Securities Sold Short	Realized Gain or (Loss) on Transaction	Fair Value of Short Sales that Exceeded 3 Settlement Days	Fair Value of Short Sales Settled by Secured Borrowing
a. ICO					
b. ABS					
c. Preferred Stock					
d. Common Stock					
e. Totals (a+b+c+d)	\$ -	\$ -	\$ -	\$ -	\$ -

Q. Prepayment Penalty and Acceleration Fees

- General Account
- Protected Cell
1. Number of CUSIPs
2. Aggregate Amount of Investment Income

R. Reporting Entity's Share of Cash Pool by Asset Type

	Asset Type	Percent Share
(1) Cash		
(2) Cash Equivalents		
(3) Short-Term Investments		
(4) Total (Must equal 100%)		

S. Aggregate Collateral Loans by Qualifying Investment Collateral

Collateral Type	Aggregate Collateral Loan*	Admitted	Nonadmitted
(1) Cash, Cash Equivalent & ST Investments			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(2) Issuer Credit Obligations			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(3) Asset-Backed Securities			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(4) Preferred Stocks			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(5) Common Stocks			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(6) Real Estate			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(7) Mortgage Loans			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(8) Joint Ventures, Partnerships, LLC			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(9) Other Qualifying Investments			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(10) Collateral Does not Qualify as an Investment			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(11) Total	\$ -	\$ -	\$ -

* Aggregate Collateral Loan Total Line should equal Schedule BA, Part 1, Column 12, Book Adjusted Carrying Value

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

- A. Company input
- B. Company input

NOTE 7 Investment Income

- A. Company input
- B. Company input
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 1,227,635
2. Nonadmitted	
3. Admitted	\$ 1,227,635

D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
-----------------------------	--------

NOTES TO FINANCIAL STATEMENTS

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance		<u>Amount</u>
Derivative Instruments		
Derivatives under SSAP No. 86—Derivatives		
(1) Company input		
(2) Company input		
(3) Company input		
(4) Company input		
(5) Company input		
(6) Company input		
(7) Company input		
(8)		
a.		
	Fiscal Year	Derivative Premium Payments Due
1. 2025		
2. 2026		
3. 2027		
4. 2028		
5. Thereafter		
6. Total Future Settled Premiums (Sum of 1 through 5)		\$

b.

	Undiscounted Future Premium Commitments	Derivative Fair Value With Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
1. Prior Year			
2. Current Year			

(9)

Type of Excluded Component	Current Fair Value	Recognized Unrealized Gain (Loss)	Fair Value Reflected in BACV	Aggregate Amount Owed at Maturity	Current Year Amortization	Remaining Amortization
a. Time Value				XXX	XXX	XXX
b. Volatility Value				XXX	XXX	XXX
c. Cross Current Basis Spread			XXX	XXX	XXX	XXX
d. Forward Points			XXX			

B. Derivatives under SSAP No. 108—Derivative Hedging Variable Annuity Guarantees

(1) Company input

(2) Recognition of gains/losses and deferred assets and liabilities

a. Scheduled Amortization

Scheduled Amortization		
Amortization Year	Deferred Assets	Deferred Liabilities
1. 2025		
2. 2026		
3. 2027		
4. 2028		
5. 2029		
6. 2030		
7. 2031		
8. 2032		
9. 2033		
10. 2034		
11. Total (Sum of 1 through 10)	\$ -	\$ -

b. Total Deferred Balance *

* Should agree to Column 19 of Schedule DB, Part E

c. Reconciliation of Amortization:

1. Prior Year Total Deferred Balance	\$	-
2. Current Year Amortization		
3. Current Year Deferred Recognition		
4. Ending Deferred Balance [1 - (2 + 3)]	\$	-

d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86

1. Total Derivative Fair Value Change	
2. Change in Fair Value Reflected as a Natural Offset to VM21 Liability under SSAP No. 108	
3. Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108	
4. Other Changes	
5. Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)]	\$ -

e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108

1. Total Derivative Fair Value Change	
2. Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108	
3. Other Changes	
4. Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)]	\$ -

NOTES TO FINANCIAL STATEMENTS

(3) Hedging Strategies Identified as No Longer Highly Effective
a. Company input

b. Details of Hedging Strategies Identified as No Longer Highly Effective

Unique Identifier	Date Domiciliary State Notified	Amortization (# of Years) 5 or Less	Recognized Deferred Assets	Recognized Deferred Liabilities

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2025				
2. 2026				
3. 2027				
4. 2028				
5. 2029				

6. Total Adjusted Amortization

d. Company input

(4) Hedging Strategies Terminated
a. Company input

b. Details of Hedging Strategies Terminated

Unique Identifier	Date Domiciliary State Notified	Amortization (# of Years) 5 or Less	Recognized Deferred Assets	Recognized Deferred Liabilities

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2025				
2. 2026				
3. 2027				
4. 2028				
5. 2029				

6. Total Adjusted Amortization

d. Company input

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets			\$ -	\$ 555,497		\$ 555,497	\$ (555,497)	\$ -	\$ (555,497)
(b) Statutory Valuation Allowance Adjustment			\$ -			\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ -	\$ -	\$ 555,497	\$ -	\$ 555,497	\$ (555,497)	\$ -	\$ (555,497)
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ 555,497	\$ -	\$ 555,497	\$ (555,497)	\$ -	\$ (555,497)
(f) Deferred Tax Liabilities			\$ -	\$ 136,797	\$ 2,045,263	\$ 2,182,060	\$ (136,797)	\$ (2,045,263)	\$ (2,182,060)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ 418,700	\$ (2,045,263)	\$ (1,626,563)	\$ (418,700)	\$ 2,045,263	\$ 1,626,563

2.

	As of End of Current Period			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -	\$ 279,992		\$ 279,992	\$ (279,992)	\$ -	\$ (279,992)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -	\$ 88,315		\$ 88,315	\$ (88,315)	\$ -	\$ (88,315)
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -			\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX		XXX	XXX		XXX	XXX	\$ -
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.			\$ -	\$ 187,190		\$ 187,190	\$ (187,190)	\$ -	\$ (187,190)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ 555,497	\$ -	\$ 555,497	\$ (555,497)	\$ -	\$ (555,497)

NOTES TO FINANCIAL STATEMENTS

3.

	2025	2024
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.		1107.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.		\$ 146,822,510

4.

	As of End of Current Period		12/31/2024		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col. 1 - 3) Ordinary	(Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)						
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)						
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			0.000%	0.000%	0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance?

B. Company input

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2024	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal		\$ 212,220	\$ (212,220)
(b) Foreign		\$ -	\$ -
(c) Subtotal (1a+1b)	\$ -	\$ 212,220	\$ (212,220)
(d) Federal income tax on net capital gains		\$ (4,410)	\$ 4,410
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other		\$ (23,705)	\$ 23,705
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ -	\$ 184,105	\$ (184,105)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses		\$ 431,096	\$ (431,096)
(2) Unearned premium reserve		\$ 124,401	\$ (124,401)
(3) Policyholder reserves			\$ -
(4) Investments			\$ -
(5) Deferred acquisition costs			\$ -
(6) Policyholder dividends accrual			\$ -
(7) Fixed assets			\$ -
(8) Compensation and benefits accrual			\$ -
(9) Pension accrual			\$ -
(10) Receivables - nonadmitted			\$ -
(11) Net operating loss carry-forward			\$ -
(12) Tax credit carry-forward			\$ -
(13) Other			\$ -
(99) Subtotal (sum of 2a1 through 2a13)	\$ -	\$ 555,497	\$ (555,497)
(b) Statutory valuation allowance adjustment			\$ -
(c) Nonadmitted			\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ 555,497	\$ (555,497)
(e) Capital:			
(1) Investments			\$ -
(2) Net capital loss carry-forward			\$ -
(3) Real estate			\$ -
(4) Other			\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment			\$ -
(g) Nonadmitted			\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ 555,497	\$ (555,497)
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments		\$ 136,797	\$ (136,797)
(2) Fixed assets			\$ -
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -
(5) Other			\$ -
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ -	\$ 136,797	\$ (136,797)

NOTES TO FINANCIAL STATEMENTS

(b) Capital:			
(1) Investments		\$ 2,045,263	\$ (2,045,263)
(2) Real estate			\$ -
(3) Other			\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ -	\$ 2,045,263	\$ (2,045,263)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ -	\$ 2,182,060	\$ (2,182,060)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ (1,626,563)	\$ 1,626,563

- D. Company input
- E. Company input
- F. Company input
- G. Company input
- H. Repatriation Transition Tax (RTT)
Company input
- I. Alternative Minimum Tax (AMT) Credit
Company input

	Amount
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	
b. Deferred tax asset (DTA)	
(2) Beginning Balance of AMT Credit Carryforward	
(3) Amounts Recovered	
(4) Adjustments	
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	\$ -
(6) Reduction for Sequestration	
(7) Nonadmitted by Reporting Entity	
(8) Reporting Entity Ending Balance (8=5-6-7)	\$ -

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Company input
- B. Company input
- C. Transactions with related party who are not reported on Schedule Y

(1) Detail of Material Related Party Transactions

Ref #	Date of Transaction	Name of Related Party	Nature of Relationship	Type of Transaction	Written Agree-ment (Yes/No)	Due Date	Reporting Period Date Amount Due From (To)

Options for Type of Transaction:

- Loan
- Exchange of Assets or Liabilities (e.g., buys, sells and secured borrowing transactions)
- Management Services
- Cost-Sharing Agreement
- Other Transactions Involving Services
- Guarantee (e.g., guarantees to related parties, on behalf of, and when beneficiary is related party)
- Other

(2) Detail of Material Related Party Transactions Involving Services

Ref #	Name of Related Party	Overview Description	Amount Charged	Amount Based on Allocation of Costs or Market Rates	Amount Charged Modified or Waived (Yes/No)
Total			\$ -	\$ -	

(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

a. Description of Transaction

Ref #	Name of Related Party	Overview Description	Have Terms Changed from Preceding Period? (Yes/No)

b. Assets Received

Ref #	Name of Related Party	Description of Assets Received	Statement Value of Assets Received
Total			\$ -

NOTES TO FINANCIAL STATEMENTS

c. Assets Transferred

Ref #	Name of Related Party	Description of Assets Transferred	Statement Value of Assets Transferred
Total			\$ -

(4) Detail of Amounts Owed To/From a Related Party

Ref #	Name of Related Party	Aggregate Reporting Period Amount Due From	Aggregate Reporting Period (Amount Due To)	Amount Offset in Financial Statement (if qualifying)	Net Amount Recoverable/ (Payable) by Related Party	Admitted Recoverable
Total	XXX	\$ -	\$ -	\$ -	\$ -	\$ -

D. Company input

E. Company input

F. Company input

G. Company input

H. Company input

I. Company input

J. Company input

K. Company input

L. Company input

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	\$ -	\$ -	\$ -
c. SSAP No. 97 8b(iii) Entities				
Total SSAP No. 97 8b(iii) Entities	XXX	\$ -	\$ -	\$ -
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ -	\$ -	\$ -
f. Aggregate Total (a+ e)	XXX	\$ -	\$ -	\$ -

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing *	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Yes/No	NAIC Disallowed Entities Valuation Method, Resubmission Required Yes/No	Code **
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						

NOTES TO FINANCIAL STATEMENTS

Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ -	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ -	XXX	XXX	XXX

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing
** I - Immaterial or M - Material

N. Investment in Insurance SCAs

(1) Company input

(2) The monetary effect on net income and surplus as a result of using an accounting practice that differed from NAIC Statutory Accounting Practices and Procedures (NAIC SAP), the amount of the investment in the insurance SCA per audited statutory equity and amount of the investment if the insurance SCA had completed statutory financial statements in accordance with the AP&P Manual.

SCA Entity (Investments in Insurance SCA Entities)	Monetary Effect on NAIC SAP		Amount of Investment	
	Net Income Increase/ (Decrease)	Surplus Increase/ (Decrease)	Per Audited Statutory Equity	If the Insurance SCA Had Completed Statutory Financial Statements *

* Per AP&P Manual (without permitted or prescribed practices)

(3) Company input

O. SCA or SSAP 48 Entity Loss Tracking

1	2	3	4	5	6
	Reporting Entity's Share of Net Income (Loss)	Accumulated Share of Net Income (Losses)	Reporting Entity's Share of Equity, Including Negative Equity	Guaranteed Obligation / Commit- ment for Financial Support (Yes/No)	Amount of the Recognized Guarantee Under SSAP No. 5
Entity					

NOTE 11 Debt

A. Company input

B. FHLB (Federal Home Loan Bank) Agreements

(1) Company input

(2) FHLB Capital Stock
a. Aggregate Totals

	1	2	3
	Total 2+3	General Account	Protected Cell Accounts
1. Current Year			
(a) Membership Stock - Class A	\$ -		
(b) Membership Stock - Class B	\$ -		
(c) Activity Stock	\$ -		
(d) Excess Stock	\$ -		
(e) Aggregate Total (a+b+c+d)	\$ -	\$ -	\$ -
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer		XXX	XXX
2. Prior Year-end			
(a) Membership Stock - Class A	\$ -		
(b) Membership Stock - Class B	\$ -		
(c) Activity Stock	\$ -		
(d) Excess Stock	\$ -		
(e) Aggregate Total (a+b+c+d)	\$ -	\$ -	\$ -
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer		XXX	XXX

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)
11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

	1	2	Eligible for Redemption			
	Current Year Total (2+3+4+5+6)	Not Eligible for Redemption	3 Less Than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
Membership Stock						
1. Class A	\$ -					
2. Class B	\$ -					

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

NOTES TO FINANCIAL STATEMENTS

	1	2	3
	Fair Value	Carrying Value	Aggregate Total Borrowing
1. Current Year Total General and Protected Cell Account Total Collateral Pledged (Lines 2+3)	\$ -	\$ -	\$ -
2. Current Year General Account Total Collateral Pledged			
3. Current Year Protected Cell Account Total Collateral Pledged			
4. Prior Year-end Total General and Protected Cell Account Total Collateral Pledged	\$ -	\$ -	\$ -
11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)			
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)			
11B(3)a3 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b3 (Columns 1, 2 and 3 respectively)			
11B(3)a4 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b4 (Columns 1, 2 and 3 respectively)			

b. Maximum Amount Pledged During Reporting Period

	1	2	3
	Fair Value	Carrying Value	Amount Borrowed at Time of Maximum Collateral
1. Current Year Total General and Protected Cell Account Maximum Collateral Pledged (Lines 2+3)	\$ -	\$ -	\$ -
2. Current Year General Account Maximum Collateral Pledged			
3. Current Year Protected Cell Account Maximum Collateral Pledged			
4. Prior Year-end Total General and Protected Cell Account Maximum Collateral Pledged	\$ -	\$ -	\$ -

(4) Borrowing from FHLB

a. Amount as of Reporting Date

	1	2	3	4
	Total 2+3	General Account	Protected Cell Account	Funding Agreements Reserves Established
1. Current Year				
(a) Debt	\$ -			XXX
(b) Funding Agreements	\$ -			
(c) Other	\$ -			XXX
(d) Aggregate Total (a+b+c)	\$ -	\$ -	\$ -	
2. Prior Year end				
(a) Debt	\$ -			XXX
(b) Funding Agreements	\$ -			
(c) Other	\$ -			XXX
(d) Aggregate Total (a+b+c)	\$ -	\$ -	\$ -	

b. Maximum Amount During Reporting Period (Current Year)

	1	2	3
	Total 2+3	General Account	Protected Cell Account
1. Debt	\$ -		
2. Funding Agreements	\$ -		
3. Other	\$ -		
4. Aggregate Total (1+2+3)	\$ -	\$ -	\$ -

11B(4)b4 (Columns 1, 2 and 3) should be equal to or greater than 11B(4)a1(d) (Columns 1, 2 and 3 respectively)

c. FHLB - Prepayment Obligations

Does the company have prepayment obligations under the following arrangements (YES/NO)?

1. Debt
2. Funding Agreements
3. Other

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan
Company input

(1) Change in benefit obligation
a. Pension Benefits

	Overfunded		Underfunded	
	2025	2024	2025	2024
1. Benefit obligation at beginning of year				
2. Service cost				
3. Interest cost				
4. Contribution by plan participants				
5. Actuarial gain/loss				
6. Foreign currency exchange rate changes				
7. Benefits paid				
8. Plan amendments				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits				

NOTES TO FINANCIAL STATEMENTS

10. Benefit obligation at end of year	\$	-	\$	-	\$	-	\$	-
b. Postretirement Benefits								
	Overfunded		Underfunded					
	2025	2024	2025	2024				
1. Benefit obligation at beginning of year								
2. Service cost								
3. Interest cost								
4. Contribution by plan participants								
5. Actuarial gain/loss								
6. Foreign currency exchange rate changes								
7. Benefits paid								
8. Plan amendments								
9. Business combinations, divestitures, curtailments, settlements and special termination benefits								
10. Benefit obligation at end of year	\$	-	\$	-	\$	-	\$	-
c. Special or Contractual Benefits Per SSAP No. 11								
	Overfunded		Underfunded					
	2025	2024	2025	2024				
1. Benefit obligation at beginning of year								
2. Service cost								
3. Interest cost								
4. Contribution by plan participants								
5. Actuarial gain/loss								
6. Foreign currency exchange rate changes								
7. Benefits paid								
8. Plan amendments								
9. Business combinations, divestitures, curtailments, settlements and special termination benefits								
10. Benefit obligation at end of year	\$	-	\$	-	\$	-	\$	-
(2) Change in plan assets								
a. Fair value of plan assets at beginning of year								
b. Actual return on plan assets								
c. Foreign currency exchange rate changes								
d. Reporting entity contribution								
e. Plan participants' contributions								
f. Benefits paid								
g. Business combinations, divestitures and settlements								
h. Fair value of plan assets at end of year	\$	-	\$	-	\$	-	\$	-
(3) Funded status								
	Pension Benefits		Postretirement Benefits					
	2025	2024	2025	2024				
a. Components:								
1. Prepaid benefit costs								
2. Overfunded plan assets								
3. Accrued benefit costs								
4. Liability for pension benefits								
b. Assets and liabilities recognized:								
1. Assets (nonadmitted)								
2. Liabilities recognized								
c. Unrecognized liabilities								
	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11			
	2025	2024	2025	2024	2025	2024	2025	2024
(4) Components of net periodic benefit cost								
a. Service cost								
b. Interest cost								
c. Expected return on plan assets								
d. Transition asset or obligation								
e. Gains and losses								
f. Prior service cost or credit								
g. Gain or loss recognized due to a settlement or curtailment								
h. Total net periodic benefit cost	\$	-	\$	-	\$	-	\$	-
(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost								
	Pension Benefits		Postretirement Benefits					
	2025	2024	2025	2024				
a. Items not yet recognized as a component of net periodic cost - prior year								
b. Net transition asset or obligation recognized								
c. Net prior service cost or credit arising during the period								
d. Net prior service cost or credit recognized								
e. Net gain and loss arising during the period								
f. Net gain and loss recognized								
g. Items not yet recognized as a component of net periodic cost - current year	\$	-	\$	-	\$	-	\$	-
(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost								

NOTES TO FINANCIAL STATEMENTS

	Pension Benefits		Postretirement Benefits	
	2025	2024	2025	2024
a. Net transition asset or obligation				
b. Net prior service cost or credit				
c. Net recognized gains and losses				
(7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period:				
a. Weighted average discount rate			2025	2024
b. Expected long-term rate of return on plan assets				
c. Rate of compensation increase				
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)				
Weighted average assumptions used to determine projected benefit obligations as of end of current period:				
e. Weighted average discount rate			2025	2024
f. Rate of compensation increase				
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)				
(8) Company input				
(9) Company input				
(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:				
				Amount
a. 2026				
b. 2027				
c. 2028				
d. 2029				
e. 2030				
f. 2031 through 20xx				
(11) Company input				
(12) Company input				
(13) Company input				
(14) Company input				
(15) Company input				
(16) Company input				
(17) Company input				
B. Company input				
C. The fair value of each class of plan assets				
(1) Fair Value Measurements of Plan Assets at Reporting Date				
Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
Total Plan Assets	\$ -	\$ -	\$ -	\$ -
(2) Company input				
D. Company input				
E. Defined Contribution Plan				
Company input				
F. Multiemployer Plans				
Company input				
G. Consolidated/Holding Company Plans				
Company input				
H. Postemployment Benefits and Compensated Absences				
Company input				
I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)				
Company input				

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. Company input
- B. Company input
- C. Company input
- D. Company input
- E. Company input
- F. Company input
- G. Company input
- H. Company input
- I. Company input
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is
- K. The Company issued the following surplus debentures or similar obligations:

NOTES TO FINANCIAL STATEMENTS

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year*	Unapproved Interest And/Or Principal
Total	XXX	XXX	\$ -	XXX	\$ -	\$ -	\$ -

* Total should agree with Page 3, Line 33.

1	9	10	11	12	13	14
Item Number	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity
Total	\$ -	\$ -	XXX	\$ -	\$ -	XXX

1	15	16	17	18	19
Item Number	Are Surplus Note Payments Contractually Linked? (Y/N)	Surplus Note Payments Subject to Administrative Offsetting Provisions? (Y/N)	Were Surplus Note Proceeds Used to Purchase an Asset Directly From the Holder of the Surplus Note? (Y/N)	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance
Total	XXX	XXX	XXX	XXX	XXX

1	20	21	22
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
Total	\$ -	\$ -	XXX

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus

M. Company input

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments
Company input

(1) Total contingent liabilities:

(2)

(1)	(2)	(3)	(4)	(5)
Nature and circumstances of guarantee and key attributes, including date and duration of agreement	Liability recognition of guarantee. (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No. 5.)	Ultimate financial statement impact if action under the guarantee is required	Maximum potential amount of future payments (undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted.	Current status of payment or performance risk of guarantee. Also provide additional discussion as warranted

NOTES TO FINANCIAL STATEMENTS

Total	\$	-	XXX	\$	-	XXX

(3)

Amount

- a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.)
- b. Current Liability Recognized in F/S:

1. Noncontingent Liabilities

2. Contingent Liabilities
- c. Ultimate Financial Statement Impact if action under the guarantee is required:

1. Investments in SCA

2. Joint Venture

3. Dividends to Stockholders (capital contribution)

4. Expense

5. Other

6. Total (1+2+3+4+5) (Should equal (3)a.)
- \$
-

B. Assessments

(1)

Company input

- (2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end
- \$
-

b. Decreases current period:

c. Increases current period:

- d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end
- \$
-

(3)

a. Discount Rate Applied

b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years

C. Gain Contingencies

Company input

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

Direct

- (1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits
- (2) Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period
- (3) Indicate whether claim count information is disclosed per claim or per claimant

E. Product Warranties

(1) Company input

(2) Reconciliation of aggregate product warranty liability

- a. Product warranty liability beginning balance
- \$
-
- b. Reductions for payments made under the warranty
- c. Liability accrual for product warranties issued during the current period
- d. Change in liability accrual for product warranties issued in previous periods
- e. Product warranty liability ending balance
- \$
-

F. Joint and Several Liabilities

Company input

G. All Other Contingencies

Company input

NOTE 15 Leases

A. Lessee Operating Lease:

NOTES TO FINANCIAL STATEMENTS

(1) Company input

(2) a. At January 1, 2025, the minimum aggregate rental commitments are as follows:

	Operating Leases
1. 2025	
2. 2026	
3. 2027	
4. 2028	
5. 2029	
6. Thereafter	
7. Total (sum of 1 through 6)	\$ -

(3) Company input

B. Lessor Leases

(1) Company input

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of the end of current period are as follows:

	Operating Leases
1. 2025	
2. 2026	
3. 2027	
4. 2028	
5. 2029	
6. Thereafter	
7. Total (sum of 1 through 6)	\$ -

d. Company input

(2) Leveraged Leases

Company input

b. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases as of the end of current period and December 31, 2024 were as shown below:

	2025	2024
1. Income from leveraged leases before income tax including investment tax credit		
2. Less current income tax		
3. Net income from leveraged leases (1 - 2)	\$ -	\$ -

c. The components of the investment in leveraged leases as of the end of current period and December 31, 2024 were as shown below:

	2025	2024
1. Lease contracts receivable (net of principal and interest on non-recourse financing)		
2. Estimated residual value of leased assets		
3. Unearned and deferred income		
4. Investment in leveraged leases		
5. Deferred income taxes related to leveraged leases		
6. Net investment in leveraged leases	\$ -	\$ -

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

(1) The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk.

	ASSETS		LIABILITIES	
	2025	2024	2025	2024
a. Swaps				
b. Futures				
c. Options				
d. Total (a+b+c)	\$ -	\$ -	\$ -	\$ -

(2) Company input

(3) Company input

(4) Company input

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales
Company input

B. Transfer and Servicing of Financial Assets
Company input

1	2	3	4	5	6	7	8
				Amount that continues to be recognized in the statement of financial position (Col. 2 minus 4)	BACV of acquired interests in transferred assets	Reporting Schedule of Acquired Interests	Percentage of interests of a reporting entity's transferred assets acquired by affiliated entities
Original Reporting Schedule of the Transferred Assets	BACV at Time of Transfer	Amount Derecognized from Sale Transaction					
Identification of Transaction							

C. Wash Sales

(1) Company input

NOTES TO FINANCIAL STATEMENTS

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current quarter and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
-------------	------------------	------------------------	-------------------------------	--------------------------------	-------------

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans:
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2025:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses			\$ -
b. Total net other income or expenses (including interest paid to or received from plans)			\$ -
c. Net gain or (loss) from operations (a+b)	\$ -	\$ -	\$ -
d. Total claim payment volume			\$ -

B. ASC Plans:
The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2025:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred			\$ -
b. Gross administrative fees accrued			\$ -
c. Other income or expenses (including interest paid to or received from plans)			\$ -
d. Gross expenses incurred (claims and administrative) (a+b+c)	\$ -	\$ -	\$ -
e. Total net gain or loss from operations			\$ -

C. Medicare or Similarly Structured Cost Based Reimbursement Contract
Company input

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of Managing General Agent or Third Party Administrator	FEIN NUMBER	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/ Produced By
Brown & Brown	95-3679538	Yes	Liability	U	\$ 1,049,244
Total	XXX	XXX	XXX	XXX	\$ 1,049,244

C - Claims Payment
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Total assets at fair value/NAV	\$ -	\$ -	\$ -	\$ -	\$ -

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Description	Ending Balance as of Prior Quarter End	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
a. Assets										
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

Description	Ending Balance as of Prior Quarter End	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for Current Quarter End
b. Liabilities										
Total Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(3) Company input

(4) Company input

(5) Company input

B. Company input

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 84,661,185	\$ 88,823,169		\$ 84,661,185			
Cash, cash equivalents and	\$ 1,965,818	\$ 1,965,818	\$ 1,965,818				
Other Invested Assets	\$ 85,295,508	\$ 87,873,844	\$ 26,582,267	\$ 58,713,242			

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation

E. Company input

NOTE 21 Other Items

A. Unusual or Infrequent Items
Company input

B. Troubled Debt Restructuring: Debtors
Company input

C. Other Disclosures
Company input

D. Business Interruption Insurance Recoveries
Company input

E. State Transferable and Non-transferable Tax Credits

(1) Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total

Description of Transferable and Non-transferable Tax Credits	Jurisdiction	Carrying Value	Unused Amount
Total		\$ -	\$ -

(2) Total unused tax credits by jurisdiction, disaggregated by transferable/certificated and non-transferable

	Jurisdiction *	Transferable / Certificated	Nontransferable	Total
a. State				
a. Total	XXX	\$ -	\$ -	\$ -
b. Federal	XXX			\$ -
c. Total (a+b)	XXX	\$ -	\$ -	\$ -

* Only applicable to State section of table

(3) Company input

(4) Company input

(5) State and Federal Tax Credits Admitted and Nonadmitted disaggregated by Transferable/Certificated and Non-transferable

	Total Admitted	Total Nonadmitted
a. State		
1. Transferable		
2. Non-transferable		
b. Federal		
1. Transferable		
2. Non-transferable		

F. Subprime Mortgage Related Risk Exposure
(1) Company input

(2) Direct exposure through investments in subprime mortgage loans.

NOTES TO FINANCIAL STATEMENTS

	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other-Than- Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure					
b. Mortgages in good standing					
c. Mortgages with restructured terms					
d. Total (a+b+c)	\$ -	\$ -	\$ -	\$ -	XXX

(3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than- Temporary Impairment Losses Recognized
a. Asset-backed securities				
b. Collateralized loan obligations				
c. Equity investment in SCAs *				
d. Other assets				
e. Total (a+b+c+d)				

* These investments comprise of the companies invested assets.

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period
a. Mortgage Guaranty Coverage				
b. Financial Guaranty Coverage				

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period
c. Other Lines (specify):				
d. Total (Sum of a through c)	\$ -	\$ -	\$ -	\$ -

G. Insurance-Linked Securities (ILS) Contracts

	Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
Management of Risk Related To:		
(1) Directly-Written Insurance Risks		
a. ILS Contracts as Issuer		
b. ILS Contracts as Ceding Insurer		
c. ILS Contracts as Counterparty		
(2) Assumed Insurance Risks		
a. ILS Contracts as Issuer		
b. ILS Contracts as Ceding Insurer		
c. ILS Contracts as Counterparty		

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

- (1) Amount of admitted balance that could be realized from an investment vehicle
- (2) Percentage Bonds
- (3) Percentage Stocks
- (4) Percentage Mortgage Loans
- (5) Percentage Real Estate
- (6) Percentage Cash and Short-Term Investments
- (7) Percentage Derivatives
- (8) Percentage Other Invested Assets

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:
Company input

Type II – Nonrecognized Subsequent Events:
Company input

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Not Members of a Group

ID Number	Reinsurer Name	Unsecured Amount
	detail row 1	\$ -
	detail row 2	\$ -

Individual Reinsurers Who Are Members of a Group

Group Code	ID Number	Reinsurer Name	Unsecured Amount
		detail row 1	\$ -
		detail row 2	\$ -

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

NOTES TO FINANCIAL STATEMENTS

Group Code	ID Number	Reinsurer Name	Unsecured Amount
		detail row 1	XXX
		detail row 2	XXX
Total			\$ -
		detail row 1	XXX
		detail row 2	XXX
Total			\$ -
		detail row 1	XXX
		detail row 2	XXX
Total			\$ -

B. Reinsurance Recoverable in Dispute

Name of Reinsurer	Total Amount in Dispute (Including IBNR)	Notification	Arbitration	Litigation
-------------------	--	--------------	-------------	------------

C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates					\$ -	\$ -
b. All Other					\$ -	\$ -
c. Total (a+b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Direct Unearned Premium Reserve						

(2)

	Direct	Assumed	Ceded	Net
a. Contingent Commission				\$ -
b. Sliding Scale Adjustments				\$ -
c. Other Profit Commission Arrangements				\$ -
d. TOTAL (a+b+c)	\$ -	\$ -	\$ -	\$ -

(3)

Protected Cell Name	Covered Exposure	Ultimate Exposure Amt.	Fair Value of Assets as of Statement Date	Initial Contract Date of Securitization Instrument	Maturity Date of Securitized Instrument
TOTAL	XXX	\$ -	\$ -	XXX	XXX

D. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balances due from the companies listed below, the amount of:

Which is reflected as:

- a. Losses incurred
- b. Loss adjustment expenses incurred
- c. Premiums earned
- d. Other

e.	Company	Amount
----	---------	--------

E. Commutation of Reinsurance Reflected in Income and Expenses.

The company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

- (1) Losses incurred
- (2) Loss adjustment expenses incurred
- (3) Premiums earned
- (4) Other

(5)	Company	Amount
-----	---------	--------

F. Retroactive Reinsurance

(1)

As:	Reported Company	
	Assumed	Ceded
a. Reserves Transferred:		
1. Initial Reserves		
2. Adjustments - Prior Year (s)		
3. Adjustments - Current Year		
4. Current Total (1+2+3)	\$ -	\$ -
b. Consideration Paid or Received:		
1. Initial Consideration		
2. Adjustments - Prior Year (s)		

NOTES TO FINANCIAL STATEMENTS

3. Adjustments - Current Year		
4. Current Total (1+2+3)	\$	-
c. Paid Losses Reimbursed or Recovered:		
1. Prior Year (s)		
2. Current Year		
3. Current Total (1+2)	\$	-
d. Special Surplus from Retroactive Reinsurance:		
1. Initial Surplus Gain or Loss		
2. Adjustments - Prior Year (s)		
3. Adjustments - Current Year		
4. Current Year Restricted Surplus		
5. Cumulative Total Transferred to Unassigned Funds (1+2+3+4)	\$	-

e. All cedents and reinsurers involved in all transactions included in summary totals above:

Company	Assumed Amount	Ceded Amount
Total	\$	-

* Total amounts must agree with totals in a.4 above. Include the NAIC Company Code or Alien Insurer Identification Number for each insurer listed.

f. Total Paid Loss/LAE amounts recoverable (for authorized, reciprocal jurisdiction, unauthorized and certified reinsurers), any amounts more than 90 days overdue (for authorized, reciprocal jurisdiction, unauthorized and certified reinsurers), and for amounts recoverable the collateral held (for unauthorized and certified reinsurers) as respects amounts recoverable from unauthorized and certified reinsurers:

1. Authorized Reinsurers

Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue
Total	\$	-

2. Unauthorized Reinsurers

Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue	Collateral Held
Total	\$	-	\$

3. Certified Reinsurers

Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue	Collateral Held
Total	\$	-	\$

4. Reciprocal Jurisdiction Reinsurers

Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue
Total	\$	-

G. Reinsurance Accounted for as a Deposit

Description	Interest Income	Cash Recoveries	Deposit Balance
-------------	-----------------	-----------------	-----------------

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements
Company input

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Collateral Percentage Requirement		Net Obligation Subject to Collateral	Collateral Required (but not received)
				Before	After		

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Date of Action	Jurisdiction of Action	Collateral Percentage Requirement		Net Obligation Subject to Collateral	Collateral Required (but not yet Funded)
		Before	After		

NOTES TO FINANCIAL STATEMENTS

--	--	--	--	--	--

- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation
- (1) Company input
- (2) The amount of unexhausted limit as of the reporting date.

Name of Reinsurer	Amount of Unexhausted Limit
-------------------	-----------------------------

- K. Reinsurance Credit
- Company input

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Company input
- B. Company input
- C. Company input
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Medical loss ratio rebates paid					\$ -
(9) Medical loss ratio rebates unpaid					\$ -
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

- E.
- (1) For Ten Percent (10%) Method of Determining Nonadmitted Retrospective Premium
- a. Total accrued retro premium
- b. Unsecured amount
- c. Less: Nonadmitted amount (10%) \$ -
- d. Less: Nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted
- e. Admitted amount (a) - (c) - (d) \$ -

- (2) For Quality Rating Method of Determining Nonadmitted Retrospective Premium

	(1)	(2)	(3)	(4)
	Insured's Current Quality Rating	Total Amount	Unsecured Balances	Nonadmitted Amount (2) x %
a.	1			Admitted Amount (1) - (3)
b.	2			
c.	3			
d.	4			
e.	5			
f.	6			
g.				
h.				
- (g)		\$ -	\$ -	\$ -

- F. Risk Sharing Provisions of the Affordable Care Act
- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Amount
a. Permanent ACA Risk Adjustment Program
Assets
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)
Liabilities
2. Risk adjustment user fees payable for ACA Risk Adjustment
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)
Operations (Revenue & Expense)
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

- (3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

NOTES TO FINANCIAL STATEMENTS

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)					\$ -	\$ -			A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Explanations of Adjustments

A.

B.

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Company input

NOTE 26 Intercompany Pooling Arrangements

Company input

NOTE 27 Structured Settlements

	Loss Reserves Eliminated by Annuities	Unrecorded Loss Contingencies
27A. Structured Settlements		
27B.	Licensed in Company's State of Domicile Yes/No	Statement Value (i.e., Present Value) of Annuities
	Life Insurance Company And Location	

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
Date					

B. Risk-Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other

NOTE 29 Participating Policies

Company input

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?

NOTE 31 High Deductibles

Company input

A. Reserve Credit Recorded on Unpaid Claims and Amount Billed and Recoverable on Paid Claims for High Deductibles

(1) Counter Party Exposure Recorded on Unpaid Claims and Billed Recoverables on Paid Claims

Annual Statement Line of Business (ASL)	3	4	5	6
---	---	---	---	---

NOTES TO FINANCIAL STATEMENTS

1	2				Total High Deductibles and Billed Recoverables (Col 4 + Col 5)
ASL #	ASL Description	Gross (of High Deductible) Loss Reserves	Reserve Credit for High Deductibles	Billed Recoverables on Paid Claims	
Total		\$ -	\$ -	\$ -	\$ -

- (2) Unsecured Amounts of High Deductibles
- a. Total high deductibles and billed recoverables on paid claims (Should equal total line for Column 6 for A(1) above)

b. Collateral on balance sheet (Must be equal to or greater than zero)

c. Collateral off balance sheet (Must be equal to or greater than zero)
- d. Total unsecured deductibles and billed recoverables on paid claims d=a-(b+c) (Must be equal to or greater than zero)

e. Percentage unsecured
- \$ -

0.0%

- (3) High Deductible Recoverables Amounts on Paid Claims
- a. Amount of overdue nonadmitted (either due to aging or collateral)

b. Total over 90 days overdue admitted

c. Total overdue (a+b)
- \$ -

(4) The Deductible Amounts for the Highest Ten Unsecured High Deductible Policies

Counterparty Ranking	Top Ten Unsecured High Deductibles Amounts
----------------------	--

- Counterparty 1
- Counterparty 2
- Counterparty 3
- Counterparty 4
- Counterparty 5
- Counterparty 6
- Counterparty 7
- Counterparty 8
- Counterparty 9
- Counterparty 10

B. Unsecured High Deductible Recoverables for Individual Obligors Part of a Group Under the Same Management or Control Which Are Greater Than 1% of Capital and Surplus. For this purpose, a group of entities under common control shall be regarded as a single customer.

(1) Total Group Unsecured Aggregate Recoverable

Group Name	Total Unsecured Aggregate Recoverable
------------	---------------------------------------

(2) Obligors and Related Members in the Group

Group Name	Obligors and Related Group Members
------------	------------------------------------

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

A. Tabular Discount

	Tabular Discount Included in Schedule P, Part 1*	
	(1) Case	(2) IBNR
1. Homeowners/Farmowners		
2. Private Passenger Auto Liability/Medical		
3. Commercial Auto/Truck Liability/Medical		
4. Workers' Compensation		
5. Commercial Multiple Peril		
6. Medical Professional Liability - occurrence		
7. Medical Professional Liability - claims-made		
8. Special Liability		
9. Other Liability - occurrence		
10. Other Liability - claims-made		
11. Special Property		
12. Auto Physical Damage		
13. Fidelity, Surety		
14. Other (including Credit, Accident & Health)		
15. International		
16. Reinsurance Nonproportional Assumed Property		
17. Reinsurance Nonproportional Assumed Liability		
18. Reinsurance Nonproportional Assumed Financial Lines		
19. Products Liability - occurrence		
20. Products Liability - claims-made		
21. Financial Guaranty/Mortgage Guaranty		
22. Warranty		
23. Total (Sum of Lines 1 through 22)	\$ -	\$ -

* Must exclude medical loss reserves and all loss adjustment expense reserves.

B. Nontabular Discount

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)	(4)
	Case	IBNR	Defense & Cost Containment Expense	Adjusting & Other Expense
1. Homeowners/Farmowners				
2. Private Passenger Auto Liability/Medical				
3. Commercial Auto/Truck Liability/Medical				
4. Workers' Compensation				
5. Commercial Multiple Peril				
6. Medical Professional Liability - occurrence				
7. Medical Professional Liability - claims-made				
8. Special Liability				
9. Other Liability - occurrence				
10. Other Liability - claims-made				
11. Special Property				
12. Auto Physical Damage				
13. Fidelity, Surety				
14. Other (including Credit, Accident & Health)				
15. International				
16. Reinsurance Nonproportional Assumed Property				
17. Reinsurance Nonproportional Assumed Liability				
18. Reinsurance Nonproportional Assumed Financial Lines				
19. Products Liability - occurrence				
20. Products Liability - claims-made				
21. Financial Guaranty/Mortgage Guaranty				
22. Warranty				
23. Total (Sum of Lines 1 through 22)	\$ -	\$ -	\$ -	\$ -

** Should include medical loss reserves and all loss adjustment expense reserves, whether reported as tabular or nontabular in Schedule P.

C. Company input

NOTE 33 Asbestos/Environmental Reserves

A. Company input

(1) Direct

	2021	2022	2023	2024	2025
a. Beginning reserves:					\$ -
b. Incurred losses and loss adjustment expense:					
c. Calendar year payments for losses and loss adjustment expenses:					
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

(2) Assumed Reinsurance

	2021	2022	2023	2024	2025
a. Beginning reserves:					\$ -
b. Incurred losses and loss adjustment expense:					
c. Calendar year payments for losses and loss adjustment expenses:					
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

(3) Net of Ceded Reinsurance

	2021	2022	2023	2024	2025
a. Beginning reserves:					\$ -
b. Incurred losses and loss adjustment expense:					
c. Calendar year payments for losses and loss adjustment expenses:					
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

B. State the amount of the ending reserves for Bulk + IBNR included in A (Loss & LAE):

- (1) Direct Basis:
(2) Assumed Reinsurance Basis:
(3) Net of Ceded Reinsurance Basis:

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR):

- (1) Direct Basis:
(2) Assumed Reinsurance Basis:
(3) Net of Ceded Reinsurance Basis:

D. Company input

(1) Direct

	2021	2022	2023	2024	2025
a. Beginning reserves:					\$ -
b. Incurred losses and loss adjustment expense:					
c. Calendar year payments for losses and loss adjustment expenses:					
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

(2) Assumed Reinsurance

	2021	2022	2023	2024	2025
a. Beginning reserves:					\$ -
b. Incurred losses and loss adjustment expense:					
c. Calendar year payments for losses and loss adjustment expenses:					
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

(3) Net of Ceded Reinsurance

	2021	2022	2023	2024	2025
a. Beginning reserves:					\$ -
b. Incurred losses and loss adjustment expense:					
c. Calendar year payments for losses and loss adjustment expenses:					
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

E. State the amount of the ending reserves for Bulk + IBNR included in D (Loss & LAE):

- (1) Direct Basis:
- (2) Assumed Reinsurance Basis:
- (3) Net of Ceded Reinsurance Basis:

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk + IBNR):

- (1) Direct Basis:
- (2) Assumed Reinsurance Basis:
- (3) Net of Ceded Reinsurance Basis:

NOTE 34 Subscriber Savings Accounts

Company input

NOTE 35 Multiple Peril Crop Insurance

Company input

NOTE 36 Financial Guaranty Insurance

A.

(1) Financial guarantee insurance contracts where premiums are received as installment payments over the period of the contract, rather than at inception:

a. Company input

b. Schedule of premiums (undiscounted) expected to be collected under all installment contracts:

- 1. (a) 1st Quarter 2026
- (b) 2nd Quarter 2026
- (c) 3rd Quarter 2026
- (d) 4th Quarter 2026
- (e) Year 2027
- (f) Year 2028
- (g) Year 2029
- (h) Year 2030
- 2. (a) 2031 through 2035
- (b) 2036 through 2040
- (c) 2041 through 2045
- (d) 2046 through 2050
- (e) 2051 through 2055
- (f) 2056 through 2060
- (g) 2061 through 2065
- (h) 2066 through 2070
- (i) 2071 through 2075
- (j) 2076 through 2080
- (k) 2081 through 2085
- (l) 2086 through 2090
- (m) 2091 through 2095
- (n) 2096 through 2100
- (o) 2101 through 2105
- (p) 2106 through 2110
- (q) 2111 through 2115
- (r) 2116 through 2120
- (s) 2121 through 2125
- (t) 2126 through 2130
- (u) 2131 through 2135
- (v) 2136 through 2140
- (w) 2141 through 2145
- (x) 2146 through 2150
- (y) 2151 through 2155

c. Roll forward of the expected future premiums (undiscounted), including:

- 1. Expected future premiums - Beginning of Year
- 2. Less - Premium payments received for existing installment contracts
- 3. Add - Expected premium payments for new installment contracts
- 4. Adjustments to the expected future premium payments
- 5. Expected future premiums - End of Year (1-2+3+4)

\$ -

NOTES TO FINANCIAL STATEMENTS

(2) Non-installment contracts:

- a. Company input
- b. Schedule of the future expected earned premium revenue on non-installment contracts as of the latest date of the statement of financial position:

1. (a) 1st Quarter 2026
(b) 2nd Quarter 2026
(c) 3rd Quarter 2026
(d) 4th Quarter 2026
(e) Year 2027
(f) Year 2028
(g) Year 2029
(h) Year 2030

2. (a) 2031 through 2035
(b) 2036 through 2040
(c) 2041 through 2045
(d) 2046 through 2050
(e) 2051 through 2055
(f) 2056 through 2060
(g) 2061 through 2065
(h) 2066 through 2070
(i) 2071 through 2075
(j) 2076 through 2080
(k) 2081 through 2085
(l) 2086 through 2090
(m) 2091 through 2095
(n) 2096 through 2100
(o) 2101 through 2105
(p) 2106 through 2110
(q) 2111 through 2115
(r) 2116 through 2120
(s) 2121 through 2125
(t) 2126 through 2130
(u) 2131 through 2135
(v) 2136 through 2140
(w) 2141 through 2145
(x) 2146 through 2150
(y) 2151 through 2155

(3) Claim liability

a. Company input		
b. Significant components of the change in the claim liability for the period	Components	Amount
(1) Accretion of the discount		
(2) Changes in timing		
(3) New reserves for defaults of insured contracts		
(4) Change in deficiency reserves		
(5) Change in incurred but not reported claims		
(6) Total (1+2+3+4+5)		\$ -

(4) Company input

B. Schedule of insured financial obligations at the end of the period

	Surveillance Categories				
	A	B	C	D	Total
1. Number of policies					0
2. Remaining weighted-average contract period (in years)					
Insured contractual payments outstanding:					
3a.Insured contractual payments outstanding: Principal					\$ -
3b. Interest					\$ -
3c. Total (3a+3b)	\$ -	\$ -	\$ -	\$ -	\$ -
4. Gross claim liability					\$ -
Less:					
5a.Gross potential recoveries					\$ -
5b. Discount, net					\$ -
6. Net claim liability (4-5a-5b)	\$ -	\$ -	\$ -	\$ -	\$ -
7. Unearned premium reserve					\$ -
8. Reinsurance recoverables					\$ -

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒]
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☐] No [☒]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☐]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☐] No [☒]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [☒] No [☐] N/A [☐]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2024
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2019
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

07/21/2021
- 6.4

By what department or departments?
State of Rhode Island Department of Business Regulation, Insurance Division
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☒] No [☐] N/A [☐]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒] No [☐] N/A [☐]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
.....
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$0	\$
14.26 All Other	\$0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.
.....

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.3

Total payable for securities lending reported on the liability page.

\$0

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
The Washington Trust Company	23 Broad Street, Westerly, RI 02891

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Conning, Inc.	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107423	Conning, Inc.	549300Z0G14KK37BDV40	SEC	DS.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.
.....

Yes [] No [X] N/A []
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.
.....

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5.

Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date \$.....
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]
- 7.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No [X]

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N					
2. Alaska	AK	N					
3. Arizona	AZ	N					
4. Arkansas	AR	N					
5. California	CA	N					
6. Colorado	CO	N					
7. Connecticut	CT	N					
8. Delaware	DE	N					
9. District of Columbia	DC	N					
10. Florida	FL	N					
11. Georgia	GA	N					
12. Hawaii	HI	N					
13. Idaho	ID	N					
14. Illinois	IL	N					
15. Indiana	IN	N					
16. Iowa	IA	N					
17. Kansas	KS	N					
18. Kentucky	KY	N					
19. Louisiana	LA	N					
20. Maine	ME	N					
21. Maryland	MD	N					
22. Massachusetts	MA	N					
23. Michigan	MI	N					
24. Minnesota	MN	N					
25. Mississippi	MS	N					
26. Missouri	MO	N					
27. Montana	MT	N					
28. Nebraska	NE	N					
29. Nevada	NV	N					
30. New Hampshire	NH	N					
31. New Jersey	NJ	N					
32. New Mexico	NM	N					
33. New York	NY	N					
34. North Carolina	NC	N					
35. North Dakota	ND	N					
36. Ohio	OH	N					
37. Oklahoma	OK	N					
38. Oregon	OR	N					
39. Pennsylvania	PA	N					
40. Rhode Island	RI	L	1,049,244	1,414,262	1,090,640	1,614,654	17,269,390
41. South Carolina	SC	N					
42. South Dakota	SD	N					
43. Tennessee	TN	N					
44. Texas	TX	N					
45. Utah	UT	N					
46. Vermont	VT	N					
47. Virginia	VA	N					
48. Washington	WA	N					
49. West Virginia	WV	N					
50. Wisconsin	WI	N					
51. Wyoming	WY	N					
52. American Samoa	AS	N					
53. Guam	GU	N					
54. Puerto Rico	PR	N					
55. U.S. Virgin Islands	VI	N					
56. Northern Mariana Islands	MP	N					
57. Canada	CAN	N					
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	XXX	1,049,244	1,414,262	1,090,640	1,614,654	17,269,390	10,634,576
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile..... 0

6. N - None of the above - Not allowed to write business in the state... 56

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y
PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	0.0
2.1	Allied Lines			0.0	0.0
2.2	Multiple peril crop			0.0	0.0
2.3	Federal flood			0.0	0.0
2.4	Private crop			0.0	0.0
2.5	Private flood			0.0	0.0
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.1	Commercial multiple peril (non-liability portion)			0.0	0.0
5.2	Commercial multiple peril (liability portion)			0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.1	Inland marine			0.0	0.0
9.2	Pet insurance			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability - occurrence	580,580	1,113,268	191.8	189.3
11.2	Medical professional liability - claims-made	239,913	284,950	118.8	208.9
12.	Earthquake			0.0	0.0
13.1	Comprehensive (hospital and medical) individual			0.0	0.0
13.2	Comprehensive (hospital and medical) group			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.1	Vision only			0.0	0.0
15.2	Dental only			0.0	0.0
15.3	Disability income			0.0	0.0
15.4	Medicare supplement			0.0	0.0
15.5	Medicaid Title XIX			0.0	0.0
15.6	Medicare Title XVIII			0.0	0.0
15.7	Long-term care			0.0	0.0
15.8	Federal employees health benefits plan			0.0	0.0
15.9	Other health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability - occurrence	190,959	(71,412)	(37.4)	(13.6)
17.2	Other liability - claims-made			0.0	0.0
17.3	Excess workers' compensation			0.0	0.0
18.1	Products liability - occurrence			0.0	0.0
18.2	Products liability - claims-made			0.0	0.0
19.1	Private passenger auto no-fault (personal injury protection)			0.0	0.0
19.2	Other private passenger auto liability			0.0	0.0
19.3	Commercial auto no-fault (personal injury protection)			0.0	0.0
19.4	Other commercial auto liability			0.0	0.0
21.1	Private passenger auto physical damage			0.0	0.0
21.2	Commercial auto physical damage			0.0	0.0
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety			0.0	0.0
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	Totals	1,011,452	1,326,806	131.2	161.0
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0		
2.1	Allied Lines	0		
2.2	Multiple peril crop	0		
2.3	Federal flood	0		
2.4	Private crop	0		
2.5	Private flood	0		
3.	Farmowners multiple peril	0		
4.	Homeowners multiple peril	0		
5.1	Commercial multiple peril (non-liability portion)	0		
5.2	Commercial multiple peril (liability portion)	0		
6.	Mortgage guaranty	0		
8.	Ocean marine	0		
9.1	Inland marine	0		
9.2	Pet insurance	0		
10.	Financial guaranty	0		
11.1	Medical professional liability - occurrence	113,668	488,519	491,825
11.2	Medical professional liability - claims-made	139,930	329,235	764,410
12.	Earthquake	0		
13.1	Comprehensive (hospital and medical) individual	0		
13.2	Comprehensive (hospital and medical) group	0		
14.	Credit accident and health	0		
15.1	Vision only	0		
15.2	Dental only	0		
15.3	Disability income	0		
15.4	Medicare supplement	0		
15.5	Medicaid Title XIX	0		
15.6	Medicare Title XVIII	0		
15.7	Long-term care	0		
15.8	Federal employees health benefits plan	0		
15.9	Other health	0		
16.	Workers' compensation	0		
17.1	Other liability - occurrence	25,048	231,490	158,027
17.2	Other liability - claims-made	0		
17.3	Excess workers' compensation	0		
18.1	Products liability - occurrence	0		
18.2	Products liability - claims-made	0		
19.1	Private passenger auto no-fault (personal injury protection)	0		
19.2	Other private passenger auto liability	0		
19.3	Commercial auto no-fault (personal injury protection)	0		
19.4	Other commercial auto liability	0		
21.1	Private passenger auto physical damage	0		
21.2	Commercial auto physical damage	0		
22.	Aircraft (all perils)	0		
23.	Fidelity	0		
24.	Surety	0		
26.	Burglary and theft	0		
27.	Boiler and machinery	0		
28.	Credit	0		
29.	International	0		
30.	Warranty	0		
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	Totals	278,646	1,049,244	1,414,262
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2025 Loss and LAE Payments on Claims Reported as of Prior Year-End	2025 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2025 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)	
1. 2022 + Prior	7,471	6,366	13,837	548	11	559	8,248	744	4,514	13,506	1,325	(1,097)	228	
2. 2023	407	3,628	4,035	29		29	1,125		3,256	4,381	747	(372)	375	
3. Subtotals 2023 + Prior	7,878	9,994	17,872	577	11	588	9,373	744	7,770	17,887	2,072	(1,469)	603	
4. 2024	1,955	4,107	6,062	770		770	630	40	3,907	4,577	(555)	(160)	(715)	
5. Subtotals 2024 + Prior	9,833	14,101	23,934	1,347	11	1,358	10,003	784	11,677	22,464	1,517	(1,629)	(112)	
6. 2025	XXX	XXX	XXX	XXX	4	4	XXX	321	1,415	1,736	XXX	XXX	XXX	
7. Totals	9,833	14,101	23,934	1,347	15	1,362	10,003	1,105	13,092	24,200	1,517	(1,629)	(112)	
8. Prior Year-End Surplus As Regards Policyholders	146,823											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
												1. 15.4	2. (11.6)	3. (0.5)
												Col. 13, Line 7 As a % of Col. 1 Line 8 4. (0.1)		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

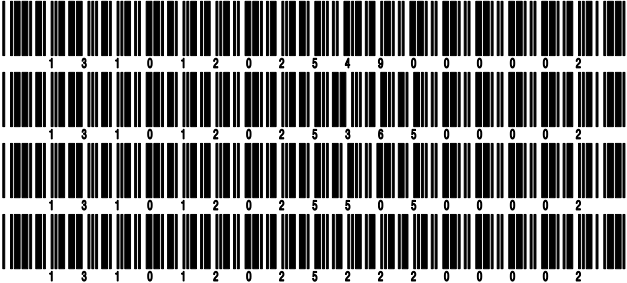
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	NO
--	----

Explanations:

- 1.
- 3.
- 4.
- 5.

Bar Codes:

- 1. Trusteed Surplus Statement [Document Identifier 490]
- 3. Medicare Part D Coverage Supplement [Document Identifier 365]
- 4. Director and Officer Supplement [Document Identifier 505]
- 5. Communication of Internal Control Related Matters Noted in Audit (2nd Quarter Only) [Document Identifier 222]



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	84,995,497	78,901,210
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other	1,550,648	2,700,295
4. Accrual of discount	(35,647)	33,230
5. Unrealized valuation increase/(decrease)	1,363,346	3,360,762
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, depreciation and proportional amortization		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	87,873,844	84,995,497
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	87,873,844	84,995,497

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	88,269,482	90,595,834
2. Cost of bonds and stocks acquired	6,475,473	12,708,217
3. Accrual of discount	122,035	255,217
4. Unrealized valuation increase/(decrease)	0	
5. Total gain (loss) on disposals	6,908	(418,743)
6. Deduct consideration for bonds and stocks disposed of	5,968,344	14,682,664
7. Deduct amortization of premium	82,385	207,235
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	18,856
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	88,823,169	88,269,482
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	88,823,169	88,269,482

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	33,171,526	534,390	1,639,815	(15,725)	33,171,526	32,050,376	0	35,949,164
2. NAIC 2 (a)	19,970,531	500,000	0	6,597	19,970,531	20,477,128	0	18,966,305
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	53,142,057	1,034,390	1,639,815	(9,128)	53,142,057	52,527,504	0	54,915,469
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	34,844,251	1,994,961	575,098	31,550	34,844,251	36,295,664	0	33,354,012
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	34,844,251	1,994,961	575,098	31,550	34,844,251	36,295,664	0	33,354,012
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	87,986,308	3,029,351	2,214,913	22,422	87,986,308	88,823,168	0	88,269,481

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	845,713	564,164
2. Cost of cash equivalents acquired	1,585,878	845,713
3. Accrual of discount	3,658	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	845,713	564,164
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,589,536	845,713
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,589,536	845,713

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
009158-AZ-9	ATR PRODUCTS AND CHEMICALS INC.	06/02/2025	WELLS FARGO SECURITIES LLC		534,390	750,000	1,013	1.F FE
251526-DA-4	DEUTSCHE BANK AG NEW YORK BRANCH	05/06/2025	DEUTSCHE BANK		500,000	500,000	0	2.B FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					1,034,390	1,250,000	1,013	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					1,034,390	1,250,000	1,013	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					1,034,390	1,250,000	1,013	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					1,034,390	1,250,000	1,013	XXX
3137HJ-SQ-1	FH 5502D DY SEQ FIX	04/08/2025	SANTANDER US CAPITAL MARKETS L		995,000	1,000,000	1,528	1.A
31418F-GY-7	FNCL MA5614 5.500 02/01/55	03/27/2025	GOLDMAN SACHS		0	0	0	1.A
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					995,000	1,000,000	1,528	XXX
00039N-AA-2	AASET 2025-2A A	06/13/2025	GOLDMAN SACHS		999,961	1,000,000	0	1.F FE
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					999,961	1,000,000	0	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					1,994,961	2,000,000	1,528	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3					1,994,961	2,000,000	1,528	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					1,994,961	2,000,000	1,528	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					3,029,351	3,250,000	2,541	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 - Totals					3,029,351	XXX	2,541	XXX

SCHEDULE D - PART 4

CUSIP Ident- ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	19	20	21 NAIC Design- ation, NAIC Design- ation Modifier and SVO Admini- strative Symbol
									10	11	12	13	14								
									Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value								
035240-AL-4 20030N-BN-0	ANHEUSER-BUSCH INBEV WORLDWIDE INC. COMCAST CORPORATION	05/30/2025 06/05/2025	CALLED AT 100 CALLED AT 100 JANE STREET EXECUTION SERVICES		1,000,000 200,000	1,000,000 200,000	970,840 206,804	988,497 200,311	0 0	1,358 (311)	0 0	1,358 (311)	0 0	989,855 200,000	0 0	10,145 0	10,145 0	25,222 5,438	04/13/2028 08/15/2025	1.G FE 1.G FE	
931142-ED-1	WALMART INC.	04/16/2025			449,091	450,000	448,704	449,899	0	60	0	60	0	449,959	0	(868)	(868)	4,926	06/26/2025	1.C FE	
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					1,649,091	1,650,000	1,626,348	1,638,707	0	1,107	0	1,107	0	1,639,814	0	9,277	9,277	35,586	XXX	XXX	
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					1,649,091	1,650,000	1,626,348	1,638,707	0	1,107	0	1,107	0	1,639,814	0	9,277	9,277	35,586	XXX	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					1,649,091	1,650,000	1,626,348	1,638,707	0	1,107	0	1,107	0	1,639,814	0	9,277	9,277	35,586	XXX	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					1,649,091	1,650,000	1,626,348	1,638,707	0	1,107	0	1,107	0	1,639,814	0	9,277	9,277	35,586	XXX	XXX	
36179Y-FN-9	G2SF MA9173 6.500 09/20/53	06/01/2025	PAY DOWN		29,987	29,987	30,247	30,226	0	(239)	0	(239)	0	29,987	0	0	0	816	09/20/2053	1.A	
36208C-7L-5	GNSF 447399 7.500 07/15/27	06/01/2025	PAY DOWN		184	184	187	184	0	0	0	0	0	184	0	0	0	6	07/15/2027	1.A	
1019999999. Subtotal - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC)					30,171	30,171	30,434	30,410	0	(239)	0	(239)	0	30,171	0	0	0	822	XXX	XXX	
83162C-X2-4	U.S. SMALL BUSINESS ADMINISTRATION 2024-	05/01/2025	PAY DOWN		10,158	10,158	10,158	10,158	0	0	0	0	0	10,158	0	0	0	281	05/01/2049	1.A	
1029999999. Subtotal - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities - Guaranteed (Exempt from RBC)					10,158	10,158	10,158	10,158	0	0	0	0	0	10,158	0	0	0	281	XXX	XXX	
31294M-DW-8	FPGI E02817 3.000 01/01/26	06/01/2025	PAY DOWN		713	713	694	711	0	2	0	2	0	713	0	0	0	9	01/01/2026	1.A	
31281E-3F-6	FPGI G15998 2.500 01/01/32	06/01/2025	PAY DOWN		2,395	2,395	2,400	2,398	0	(2)	0	(2)	0	2,395	0	0	0	25	01/01/2032	1.A	
31281M-VZ-3	FPGI G18631 2.500 02/01/32	06/01/2025	PAY DOWN		3,249	3,249	3,257	3,252	0	(4)	0	(4)	0	3,249	0	0	0	34	02/01/2032	1.A	
31281M-WJ-8	FPGI G18648 3.500 06/01/32	06/01/2025	PAY DOWN		3,496	3,496	3,657	3,620	0	(124)	0	(124)	0	3,496	0	0	0	52	06/01/2032	1.A	
31281M-WIS-8	FPGI G18656 3.500 08/01/32	06/01/2025	PAY DOWN		4,200	4,200	4,300	4,274	0	(73)	0</										

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident-ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn-ized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Desig-nation, NAIC Desig-nation Modifier and SVO Admini-strative Symbol
..3138E0-SF-7	FNCL AJ7717 3.000 12/01/26	06/01/2025	PAY DOWN .....	.....	1,177	1,177	1,213	1,182	0	(6)	0	(6)	0	1,177	0	0	0	15	12/01/2026	1.A
..3138MK-2E-5	FNCL AQ4372 2.500 11/01/27	06/01/2025	PAY DOWN .....	.....	1,120	1,120	1,119	1,120	0	1	0	1	0	1,120	0	0	0	12	11/01/2027	1.A
..3138W0-L6-4	FNCL AR3048 2.500 01/01/28	06/01/2025	PAY DOWN .....	.....	1,916	1,916	1,901	1,912	0	4	0	4	0	1,916	0	0	0	21	01/01/2028	1.A
..3138WY-FK-8	FNCL AT9169 2.500 07/01/28	06/01/2025	PAY DOWN .....	.....	3,968	3,968	3,945	3,960	0	8	0	8	0	3,968	0	0	0	39	07/01/2028	1.A
..3140J7-T5-4	FNCL BM3271 3.000 12/01/32	06/01/2025	PAY DOWN .....	.....	4,740	4,740	4,819	4,790	0	(49)	0	(49)	0	4,740	0	0	0	58	12/01/2032	1.A
..314007-2P-1	FNCL CA0781 3.000 11/01/32	06/01/2025	PAY DOWN .....	.....	5,821	5,821	5,938	5,895	0	(74)	0	(74)	0	5,821	0	0	0	73	11/01/2032	1.A
..31371H-B6-4	FNCL 252161 6.000 12/01/28	06/01/2025	PAY DOWN .....	.....	379	379	375	378	0	2	0	2	0	379	0	0	0	10	12/01/2028	1.A
..31371M-C6-0	FNCL 255771 6.000 07/01/35	06/01/2025	PAY DOWN .....	.....	465	465	474	473	0	(7)	0	(7)	0	465	0	0	0	12	07/01/2035	1.A
..31400Y-3Q-7	FNCL 702007 5.000 05/01/33	06/01/2025	PAY DOWN .....	.....	114	114	117	116	0	(2)	0	(2)	0	114	0	0	0	2	05/01/2033	1.A
..31406U-HH-4	FNCL 820232 5.500 06/01/35	06/01/2025	PAY DOWN .....	.....	233	233	237	237	0	(3)	0	(3)	0	233	0	0	0	5	06/01/2035	1.A
..31409Y-UL-9	FNCL 882687 6.000 06/01/36	06/01/2025	PAY DOWN .....	.....	198	198	197	197	0	1	0	1	0	198	0	0	0	5	06/01/2036	1.A
..31410U-KA-9	FNCL 897689 5.500 06/01/37	06/01/2025	PAY DOWN .....	.....	429	429	419	421	0	8	0	8	0	429	0	0	0	10	06/01/2037	1.A
..31413R-2P-0	FNCL 953582 6.000 12/01/37	06/01/2025	PAY DOWN .....	.....	119	119	125	124	0	(6)	0	(6)	0	119	0	0	0	3	12/01/2037	1.A
..31416J-ZM-6	FNCL AA1647 5.000 02/01/39	06/01/2025	PAY DOWN .....	.....	138	138	143	142	0	(4)	0	(4)	0	138	0	0	0	3	02/01/2039	1.A
..31416M-5A-8	FNCL AA4440 5.000 03/01/39	06/01/2025	PAY DOWN .....	.....	55	55	57	56	0	(2)	0	(2)	0	55	0	0	0	1	03/01/2039	1.A
..31417C-UL-0	FNCL AB5666 3.500 07/01/42	06/01/2025	PAY DOWN .....	.....	558	558	569	568	0	(10)	0	(10)	0	558	0	0	0	7	07/01/2042	1.A
..31417C-KM-6	FNCL AB5699 3.500 07/01/42	06/01/2025	PAY DOWN .....	.....	1,787	1,787	1,781	1,781	0	6	0	6	0	1,787	0	0	0	26	07/01/2042	1.A
..31417C-VS-1	FNCL AB6024 3.500 08/01/42	06/01/2025	PAY DOWN .....	.....	427	427	447	446	0	(18)	0	(18)	0	427	0	0	0	6	08/01/2042	1.A
..31417D-TR-4	FNCL AB6859 3.500 11/01/42	06/01/2025	PAY DOWN .....	.....	552	552	574	572	0	(20)	0	(20)	0	552	0	0	0	8	11/01/2042	1.A
..31417E-MZ-1	FNCL AB7575 3.000 01/01/43	06/01/2025	PAY DOWN .....	.....	964	964	960	961	0	3	0	3	0	964	0	0	0	11	01/01/2043	1.A
..31417E-N9-8	FNCL AB7615 3.500 01/01/43	06/01/2025	PAY DOWN .....	.....	1,152	1,152	1,203	1,195	0	(43)	0	(43)	0	1,152	0	0	0	17	01/01/2043	1.A
..31417F-3E-6	FNCL AB8896 3.000 04/01/43	06/01/2025	PAY DOWN .....	.....	1,280	1,280	1,244	1,249	0	31	0	31	0	1,280	0	0	0	15	04/01/2043	1.A
..31417G-5A-0	FNCL AB9840 3.500 07/01/43	06/01/2025	PAY DOWN .....	.....	1,048	1,048	1,098	1,096	0	(48)	0	(48)	0	1,048	0	0	0	16	07/01/2043	1.A
..31417H-B5-2	FNCL AB9959 4.000 07/01/43	06/01/2025	PAY DOWN .....	.....	342	342	357	355	0	(13)	0	(13)	0	342	0	0	0	6	07/01/2043	1.A
..31419J-SV-1	FNCL AE7731 4.500 11/01/40	06/01/2025	PAY DOWN .....	.....	1,048	1,048	1,117	1,112	0	(65)	0	(65)	0	1,048	0	0	0	20	11/01/2040	1.A
..3138AN-CW-1	FNCL AI1814 4.000 08/01/41	06/01/2025	PAY DOWN .....	.....	1,750	1,750	1,835	1,820	0	(69)	0	(69)	0	1,750	0	0	0	29	08/01/2041	1.A
..3138AN-YU-1	FNCL AI1822 4.500 08/01/41	06/01/2025	PAY DOWN .....	.....	212	212	225	225	0	(12)	0	(12)	0	212	0	0	0	4	08/01/2041	1.A
..3138AV-TB-1	FNCL AJ4145 4.000 11/01/41	06/01/2025	PAY DOWN .....	.....	361	361	377	375	0	(14)	0	(14)	0	361	0	0	0	6	11/01/2041	1.A
..3138AW-RQ-8	FNCL AJ4994 4.500 11/01/41	06/01/2025	PAY DOWN .....	.....	993	993	1,069	1,064	0	(70)	0	(70)	0	993	0	0	0	19	11/01/2041	1.A
..3138EG-HX-5	FNCL AL0245 4.000 04/01/41	06/01/2025	PAY DOWN .....	.....	1,206	1,206	1,242	1,239	0	(33)	0	(33)	0	1,206	0	0	0	20	04/01/2041	1.A
..3138EH-US-9	FNCL AL1492 4.000 03/01/42	06/01/2025	PAY DOWN .....	.....	898	898	939	936	0	(38)	0	(38)	0	898	0	0	0	15	03/01/2042	1.A
..3138EJ-RA-8	FNCL AL2280 4.500 09/01/42	06/01/2025	PAY DOWN .....	.....	791	791	842	840	0	(49)	0	(49)	0	791	0	0	0	16	09/01/2042	1.A
..3138EJ-3Y-2	FNCL AL2614 3.500 11/01/42	06/01/2025	PAY DOWN .....	.....	271	271	280	279	0	(9)	0	(9)	0	271	0	0	0	4	11/01/2042	1.A
..3138EK-FB-6	FNCL AL2861 3.500 12/01/42	06/01/2025	PAY DOWN .....	.....	1,592	1,592	1,636	1,631	0	(38)	0	(38)	0	1,592	0	0	0	24	12/01/2042	1.A
..3138EK-HJ-7	FNCL AL2932 4.000 07/01/42	06/01/2025	PAY DOWN .....	.....	265	265	278	278	0	(13)	0	(13)	0	265	0	0	0	4	07/01/2042	1.A
..3138EK-VII-9	FNCL AL3424 4.000 01/01/43	06/01/2025	PAY DOWN .....	.....	1,041	1,041	1,093	1,089	0	(48)	0	(48)	0	1,041	0	0	0	18	01/01/2043	1.A
..3138ET-2J-4	FNCL AL8876 3.000 10/01/44	06/01/2025	PAY DOWN .....	.....	1,369	1,369	1,424	1,421	0	(53)	0	(53)	0	1,369	0	0	0	17	10/01/2044	1.A
..3138LR-AE-2	FNCL AO0904 4.000 04/01/42	06/01/2025	PAY DOWN .....	.....	2,072	2,072	2,129	2,121	0	(50)	0	(50)	0	2,072	0	0	0	35	04/01/2042	1.A
..3138LU-SX-4	FNCL AO4133 3.500 06/01/42	06/01/2025	PAY DOWN .....	.....	2,788	2,788	2,786	2,786	0	3	0	3	0	2,788	0	0	0	40	06/01/2042	1.A
..3138W4-CR-0	FNCL AP6379 3.000 02/01/43	06/01/2025	PAY DOWN .....	.....	2,161	2,161	2,237	2,214	0	(53)	0	(53)	0	2,161	0	0	0	27	02/01/2043	1.A
..3138W6-SU-1	FNCL AP8630 3.000 04/01/43	06/01/2025	PAY DOWN .....	.....	814	814	838	837	0	(23)	0	(23)	0	814	0	0	0	10	04/01/2043	1.A
..3138W9-HM-3	FNCL AS0244 4.000 08/01/43	06/01/2025	PAY DOWN .....	.....	92	92	96	96	0	(3)	0	(3)	0	92	0	0	0	2	08/01/2043	1.A
..3138W9-KR-0	FNCL AS0303 3.000 08/01/43	06/01/2025	PAY DOWN .....	.....	1,311	1,311	1,307	1,308	0	4	0	4	0	1,311	0	0	0	17	08/01/2043	1.A
..3138W9-MT-4	FNCL AS0369 4.500 09/01/43	06/01/2025	PAY DOWN .....	.....	1,085	1,085	1,162	1,159	0	(75)	0	(75)	0	1,085	0	0	0	17	09/01/2043	1.A
..3138WA-FR-3	FNCL AS1075 3.000 11/01/43	06/01/2025	PAY DOWN .....	.....	642	642	659	659	0	(17)	0	(17)	0	642	0	0	0	8	11/01/2043	1.A
..3138WA-MT-0	FNCL AS1557 4.000 01/01/44	06/01/2025	PAY DOWN .....	.....	1,999	1,999	2,124	2,123	0	(124)	0	(124)	0	1,999	0	0	0	32	01/01/2044	1.A
..3138WB-UK-9	FNCL AS2385 4.000 05/01/44	06/01/2025	PAY DOWN .....	.....	1,986	1,986	2,097	2,095	0	(108)	0	(108)	0	1,986	0	0	0	33	05/01/2044	1.A
..3138WE-ZJ-1	FNCL AS5244 3.500 06/01/45	06/01/2025	PAY DOWN .....	.....	1,147	1,147	1,188	1,186	0	(39)	0	(39)	0	1,147	0	0	0	16	06/01/2045	1.A
..3138WG-DN-1	FNCL AS6408 3.500 01/01/46	06/01/2025	PAY DOWN .....	.....	828	828	876	876	0	(47)	0	(47)	0	828	0	0	0	12	01/01/2046	1.A
..3138WJ-PC-6	FNCL AS8518 3.000 12/01/46	06/01/2025	PAY DOWN .....	.....	2,199	2,199	2,188	2,188	0	11	0	11	0	2,199	0	0	0	26	12/01/2046	1.A
..3138WM-KY-6	FNCL AT0310 3.500 03/01/43	06/01/2025	PAY DOWN .....	.....	3,577	3,577	3,810	3,760	0	(183)	0	(183)	0	3,577	0	0	0	47	03/01/2043	1.A
..3138WZ-TZ-5	FNCL AU0567 3.500 08/01/43	06/01/2025	PAY DOWN .....	.....	578	578	573	573	0	5	0	5	0	578	0	0	0	8	08/01/2043	1.A
..3138X0-Y2-8	FNCL AU1628 3.000 07/01/43	06/01/2025	PAY DOWN .....	.....	1,237	1,237	1,213	1,216	0	21	0	21	0	1,237	0	0	0	15	07/01/2043	1.A
..3138X1-3A-2	FNCL AU2592 3.500 08/01/43	06/01/2025	PAY DOWN .....	.....	919	919	952	950	0	(31)	0	(31)	0	919	0	0	0	13	08/01/2043	1.A

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident-ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn-ized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Desig-nation, NAIC Desig-nation Modifier and SVO Admini-strative Symbol
..3138X3-XM-9	FNCL AU4283 3.500 09/01/43	06/01/2025	PAY DOWN		1,654	1,654	1,660	1,659	0	(5)	0	(5)	0	1,654	0	0	0	24	09/01/2043	1.A
..3138Y6-3S-1	FNCL AX5308 3.500 01/01/42	06/01/2025	PAY DOWN		464	464	487	486	0	(22)	0	(22)	0	464	0	0	0	7	01/01/2042	1.A
..3138YH-U6-5	FNCL AY4204 3.500 05/01/45	06/01/2025	PAY DOWN		1,274	1,274	1,315	1,315	0	(41)	0	(41)	0	1,274	0	0	0	18	05/01/2045	1.A
..3140FP-C9-8	FNCL BE3695 3.500 06/01/47	06/01/2025	PAY DOWN		2,875	2,875	2,860	2,860	0	15	0	15	0	2,875	0	0	0	41	06/01/2047	1.A
..3140HB-FK-9	FNCL BJ9169 4.000 05/01/48	06/01/2025	PAY DOWN		1,924	1,924	1,960	1,960	0	(37)	0	(37)	0	1,924	0	0	0	33	05/01/2048	1.A
..3140HB-GZ-5	FNCL BJ9215 4.000 06/01/48	06/01/2025	PAY DOWN		357	357	363	363	0	(6)	0	(6)	0	357	0	0	0	6	06/01/2048	1.A
..3140JB-HZ-9	FNCL BM3847 4.000 05/01/48	06/01/2025	PAY DOWN		2,288	2,288	2,343	2,343	0	(54)	0	(54)	0	2,288	0	0	0	35	05/01/2048	1.A
..3140JG-LQ-6	FNCL BN0334 4.000 12/01/48	06/01/2025	PAY DOWN		4,531	4,531	4,713	4,713	0	(181)	0	(181)	0	4,531	0	0	0	68	12/01/2048	1.A
..3140K5-MD-6	FNCL B09355 3.000 03/01/50	06/01/2025	PAY DOWN		2,941	2,941	3,096	3,096	0	(154)	0	(154)	0	2,941	0	0	0	41	03/01/2050	1.A
..3140KL-LG-5	FNCL BQ1226 2.000 09/01/50	06/01/2025	PAY DOWN		5,281	5,281	5,464	5,426	0	(145)	0	(145)	0	5,281	0	0	0	43	09/01/2050	1.A
..3140L6-WM-2	FNCL BR7851 2.500 05/01/51	06/01/2025	PAY DOWN		11,769	11,769	12,203	12,132	0	(363)	0	(363)	0	11,769	0	0	0	114	05/01/2051	1.A
..3140M1-CG-7	FNCL BU0070 2.500 10/01/51	06/01/2025	PAY DOWN		11,010	11,010	9,702	9,789	0	1,222	0	1,222	0	11,010	0	0	0	99	10/01/2051	1.A
..3140MH-SH-3	FNCL BV4119 2.500 03/01/52	06/01/2025	PAY DOWN		6,043	6,043	5,220	5,276	0	767	0	767	0	6,043	0	0	0	66	03/01/2052	1.A
..3140OF-A2-5	FNCL CA7224 2.000 10/01/50	06/01/2025	PAY DOWN		1,185	1,185	1,229	1,220	0	(36)	0	(36)	0	1,185	0	0	0	10	10/01/2050	1.A
..3140OG-D4-6	FNCL CA8222 1.500 12/01/50	06/01/2025	PAY DOWN		5,291	5,291	5,335	5,326	0	(35)	0	(35)	0	5,291	0	0	0	32	12/01/2050	1.A
..3140OK-SA-7	FNCL CB0512 2.500 05/01/51	06/01/2025	PAY DOWN		4,809	4,809	5,017	4,987	0	(178)	0	(178)	0	4,809	0	0	0	51	05/01/2051	1.A
..3140ON-B4-3	FNCL CB2758 3.000 02/01/52	06/01/2025	PAY DOWN		8,686	8,686	7,677	7,753	0	934	0	934	0	8,686	0	0	0	114	02/01/2052	1.A
..3140OQ-D3-6	FNCL CB4621 5.000 09/01/52	06/01/2025	PAY DOWN		6,405	6,405	6,405	6,405	0	0	0	0	0	6,405	0	0	0	137	09/01/2052	1.A
..3140OU-U6-1	FNCL CB8704 6.000 06/01/54	06/01/2025	PAY DOWN		29,814	29,814	30,221	0	0	(406)	0	(406)	0	29,814	0	0	0	617	06/01/2054	1.A
..3140X4-Y8-3	FNCL FM1634 3.500 06/01/49	06/01/2025	PAY DOWN		5,741	5,741	5,921	5,921	0	(180)	0	(180)	0	5,741	0	0	0	95	06/01/2049	1.A
..3140X6-2N-0	FNCL FM3480 2.500 06/01/50	06/01/2025	PAY DOWN		6,262	6,262	6,533	6,501	0	(239)	0	(239)	0	6,262	0	0	0	61	06/01/2050	1.A
..3140XA-Z4-7	FNCL FM7062 2.500 01/01/51	06/01/2025	PAY DOWN		6,727	6,727	6,991	6,975	0	(247)	0	(247)	0	6,727	0	0	0	72	01/01/2051	1.A
..3140XB-C7-3	FNCL FM7293 2.500 05/01/51	06/01/2025	PAY DOWN		3,433	3,433	3,568	3,549	0	(116)	0	(116)	0	3,433	0	0	0	33	05/01/2051	1.A
..3140XC-NE-4	FNCL FM8488 2.500 07/01/51	06/01/2025	PAY DOWN		8,929	8,929	9,148	9,126	0	(197)	0	(197)	0	8,929	0	0	0	95	07/01/2051	1.A
..3140XD-CJ-3	FNCL FM9072 2.000 10/01/51	06/01/2025	PAY DOWN		2,001	2,001	1,989	1,991	0	10	0	10	0	2,001	0	0	0	17	10/01/2051	1.A
..3140XF-GD-7	FNCL FS0195 2.500 01/01/52	06/01/2025	PAY DOWN		5,275	5,275	5,312	5,308	0	(33)	0	(33)	0	5,275	0	0	0	59	01/01/2052	1.A
..3140XJ-MC-4	FNCL FS3054 5.500 10/01/52	06/01/2025	PAY DOWN		6,031	6,031	5,963	5,969	0	63	0	63	0	6,031	0	0	0	157	10/01/2052	1.A
..3140XJ-QP-1	FNCL FS3161 3.000 05/01/52	06/01/2025	PAY DOWN		13,609	13,609	12,132	12,249	0	1,361	0	1,361	0	13,609	0	0	0	176	05/01/2052	1.A
..3140XL-WZ-7	FNCL FS5163 5.000 04/01/53	06/01/2025	PAY DOWN		28,782	28,782	27,666	27,709	0	1,073	0	1,073	0	28,782	0	0	0	628	04/01/2053	1.A
..3141BC-QB-3	FNCL MA3149 4.000 10/01/47	06/01/2025	PAY DOWN		890	890	924	924	0	(34)	0	(34)	0	890	0	0	0	14	10/01/2047	1.A
..3141BD-QB-8	FNCL MA4078 2.500 07/01/50	06/01/2025	PAY DOWN		16,411	16,411	13,970	14,111	0	2,300	0	2,300	0	16,411	0	0	0	172	07/01/2050	1.A
..3141BF-GY-7	FNCL MA5614 5.500 02/01/55	06/01/2025	PAY DOWN		22,457	22,457	22,339	0	118	0	118	0	22,457	0	0	0	199	02/01/2055	1.A	
..3133AD-SX-5	FNCL QB6834 2.500 12/01/50	06/01/2025	PAY DOWN		2,296	2,296	2,380	2,370	0	(75)	0	(75)	0	2,296	0	0	0	22	12/01/2050	1.A
..3133KJ-ZF-8	FNCL RA3474 3.000 09/01/50	06/01/2025	PAY DOWN		19,739	19,739	17,392	17,553	0	2,187	0	2,187	0	19,739	0	0	0	262	09/01/2050	1.A
..3133KK-7C-7	FNCL RA4491 1.500 02/01/51	06/01/2025	PAY DOWN		6,921	6,921	6,974	6,964	0	(43)	0	(43)	0	6,921	0	0	0	42	02/01/2051	1.A
..3132DW-A6-0	FNCL SD8129 2.500 02/01/51	06/01/2025	PAY DOWN		15,702	15,702	13,490	13,618	0	2,083	0	2,083	0	15,702	0	0	0	166	02/01/2051	1.A
..3132DW-CT-8	FNCL SD8182 2.000 12/01/51	06/01/2025	PAY DOWN		4,137	4,137	4,150	4,148	0	(12)	0	(12)	0	4,137	0	0	0	35	12/01/2051	1.A
..3132DW-C3-5	FNCL SD8190 3.000 01/01/52	06/01/2025	PAY DOWN		9,646	9,646	9,888	9,861	0	(215)	0	(215)	0	9,646	0	0	0	121	01/01/2052	1.A
..3138WJ-QE-1	FNCT AS8552 3.000 12/01/36	06/01/2025	PAY DOWN		3,794	3,794	3,881	3,859	0	(65)	0	(65)	0	3,794	0	0	0	46	12/01/2036	1.A
..31371K-A4-3	FNK2 253927 6.500 07/01/31	06/01/2025	PAY DOWN		.91	.91	.90	.91	0	0	0	0	0	.91	0	0	0	2	07/01/2031	1.A
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					406,373	406,373	399,556	347,082	0	6,743	0	6,743	0	406,373	0	0	0	5,636	XXX	XXX
..3137FM-CR-1	FH K093 A2 FIX	06/01/2025	PAY DOWN		7,269	7,269	7,487	7,367	0	(99)	0	(99)	0	7,269	0	0	0	93	05/25/2029	1.A
1049999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Commercial Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					7,269	7,269	7,487	7,367	0	(99)	0	(99)	0	7,269	0	0	0	93	XXX	XXX
..03464H-AA-3	AQMT 225 A1 FIX	06/01/2025	PAY DOWN		11,743	11,743	11,451	11,540	0	203	0	203	0	11,743	0	0	0	215	05/25/2067	1.A FE
..33852B-AN-5	FSMT 192 B1 VARI	06/01/2025	PAY DOWN		5,143	5,143	4,492	4,576	0	567	0	567	0	5,143	0	0	0	86	12/25/2049	1.A
..36168M-AA-1	GCAT 22NQM3 A1 SR FIX	06/01/2025	PAY DOWN		17,589	17,589	17,361	17,432	0	156	0	156	0	17,589	0	0	0	303	04/25/2067	1.A
..36170H-AA-8	GCAT 22NQM4 A1 SR FIX	06/01/2025	PAY DOWN		3,995	3,995	3,995	3,995	0	0	0	0	0	3,995	0	0	0	88	08/25/2067	1.A
..36261M-AB-5	GSMBS 21PJ1 A2 FIX	06/01/2025	PAY DOWN		6,271	6,271	6,532	6,517	0	(246)	0	(246)	0	6,271	0	0	0	69	06/25/2051	1.A
..36263N-AB-1	GSMBS 22PJ1 A2 FIX	06/01/2025	PAY DOWN		5,227	5,227	5,135	5,144	0	83	0	83	0	5,227	0	0	0	56	05/28/2052	1.A

STATEMENT AS OF JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
..46648R-AY-7	JPMT 181 B1 SUB SEQ VARI	06/01/2025	PAY DOWN		4,125	4,125	3,599	3,659	0	466	0	466	0	4,125	0	0	0	61	06/25/2048	1.A
..46654A-AC-3	JPMT 2110 A3 FIX	06/01/2025	PAY DOWN		7,648	7,648	7,792	7,780	0	(133)	0	(133)	0	7,648	0	0	0	78	12/25/2051	1.A
..46592T-AC-7	JPMT 218 A3 FIX	06/01/2025	PAY DOWN		7,684	7,684	7,784	7,775	0	(90)	0	(90)	0	7,684	0	0	0	82	12/25/2051	1.A
..64831U-AA-2	NRMLT 22NQM4 A1 SR FIX	06/01/2025	PAY DOWN		5,618	5,618	5,599	5,601	0	18	0	18	0	5,618	0	0	0	106	06/25/2062	1.A
..75409T-AA-3	RATE 21J3 A1 FIX	06/01/2025	PAY DOWN		9,896	9,896	9,997	9,984	0	(88)	0	(88)	0	9,896	0	0	0	106	10/25/2051	1.A
..91743P-EA-9	UTAH HOUSING CORPORATION	06/21/2025	PAY DOWN		5,170	5,170	5,376	5,353	0	(182)	0	(182)	0	5,170	0	0	0	64	02/21/2052	1.B FE
1059999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					90,109	90,109	89,113	89,356	0	754	0	754	0	90,109	0	0	0	1,314	XXX	XXX
..618937-AA-4	MSAIC 2024-1A A	06/20/2025	PAY DOWN		16,189	16,189	16,146	16,150	0	39	0	39	0	16,189	0	0	0	365	09/20/2049	1.D FE
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					16,189	16,189	16,146	16,150	0	39	0	39	0	16,189	0	0	0	365	XXX	XXX
..12530M-AA-3	OF HIPPOLYTA ISSUER LLC SERIES 2020-1	05/15/2025	PAY DOWN		0	0	0	0	0	0	0	0	0	0	0	0	0	0	07/15/2060	1.E FE
..82667C-AC-9	SRL 2024-1A A	06/17/2025	PAY DOWN		535	535	535	535	0	0	0	0	0	535	0	0	0	13	05/17/2054	1.C FE
..872480-AA-6	TIF FUNDING 11 LLC	06/20/2025	PAY DOWN		10,000	10,000	8,667	9,123	0	877	0	877	0	10,000	0	0	0	87	08/20/2045	1.F FE
..97064Y-AA-2	WILLIS ENGINE STRUCTURED TRUST VII SERIE	06/15/2025	PAY DOWN		4,291	4,291	4,242	4,269	0	23	0	23	0	4,291	0	0	0	143	10/15/2048	1.F FE
1519999999. Subtotal - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Practical Expedient - Lease-Backed Securities - Practical Expedient (Unaffiliated)					14,826	14,826	13,444	13,927	0	900	0	900	0	14,826	0	0	0	243	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					575,095	575,095	566,338	514,450	0	8,098	0	8,098	0	575,095	0	0	0	8,754	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					575,095	575,095	566,338	514,450	0	8,098	0	8,098	0	575,095	0	0	0	8,754	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					575,095	575,095	566,338	514,450	0	8,098	0	8,098	0	575,095	0	0	0	8,754	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					2,224,186	2,225,095	2,192,686	2,153,157	0	9,205	0	9,205	0	2,214,909	0	9,277	9,277	44,340	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals					2,224,186	XXX	2,192,686	2,153,157	0	9,205	0	9,205	0	2,214,909	0	9,277	9,277	44,340	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]

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	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama .....AL								
2. Alaska .....AK								
3. Arizona .....AZ								
4. Arkansas .....AR								
5. California .....CA								
6. Colorado .....CO								
7. Connecticut .....CT								
8. Delaware .....DE								
9. District of Columbia .....DC								
10. Florida .....FL								
11. Georgia .....GA								
12. Hawaii .....HI								
13. Idaho .....ID								
14. Illinois .....IL								
15. Indiana .....IN								
16. Iowa .....IA								
17. Kansas .....KS								
18. Kentucky .....KY								
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD								
22. Massachusetts .....MA								
23. Michigan .....MI								
24. Minnesota .....MN								
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT								
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM								
33. New York .....NY								
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH								
37. Oklahoma .....OK								
38. Oregon .....OR								
39. Pennsylvania .....PA								
40. Rhode Island .....RI	570,135	541,604	225,640	3	444,724	5,557,789	12	3,726,611
41. South Carolina .....SC								
42. South Dakota .....SD								
43. Tennessee .....TN								
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA								
48. Washington .....WA								
49. West Virginia .....WV								
50. Wisconsin .....WI								
51. Wyoming .....WY								
52. American Samoa .....AS								
53. Guam .....GU								
54. Puerto Rico .....PR								
55. U.S. Virgin Islands .....VI								
56. Northern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate Other Aliens .....OT	0	0	0	0	0	0	0	0
59. Totals	570,135	541,604	225,640	3	444,724	5,557,789	12	3,726,611
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2025 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

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	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama .....AL								
2. Alaska .....AK								
3. Arizona .....AZ								
4. Arkansas .....AR								
5. California .....CA								
6. Colorado .....CO								
7. Connecticut .....CT								
8. Delaware .....DE								
9. District of Columbia .....DC								
10. Florida .....FL								
11. Georgia .....GA								
12. Hawaii .....HI								
13. Idaho .....ID								
14. Illinois .....IL								
15. Indiana .....IN								
16. Iowa .....IA								
17. Kansas .....KS								
18. Kentucky .....KY								
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD								
22. Massachusetts .....MA								
23. Michigan .....MI								
24. Minnesota .....MN								
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT								
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM								
33. New York .....NY								
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH								
37. Oklahoma .....OK								
38. Oregon .....OR								
39. Pennsylvania .....PA								
40. Rhode Island .....RI	247,619	278,888	845,000	3	953,494	4,320,000	19	3,417,000
41. South Carolina .....SC								
42. South Dakota .....SD								
43. Tennessee .....TN								
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA								
48. Washington .....WA								
49. West Virginia .....WV								
50. Wisconsin .....WI								
51. Wyoming .....WY								
52. American Samoa .....AS								
53. Guam .....GU								
54. Puerto Rico .....PR								
55. U.S. Virgin Islands .....VI								
56. Nothern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate Other Aliens .....OT	0	0	0	0	0	0	0	0
59. Totals	247,619	278,888	845,000	3	953,494	4,320,000	19	3,417,000
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0