

QUARTERLY STATEMEN

As of March 31, 2019 of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC	Group	Code	0	Ω
MAIC	Oloup	C00e	U.	U

(Current Period) (Prior Period)

NAIC Company Code..... 13101

Employer's ID Number.... 51-0140354

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile US

Incorporated/Organized..... June 16, 1975

One Turks Head Place .. Providence .. RI 02903

(Street and Number)

(City or Town, State, Country and Zip Code)

(Street and Number)

One Turks Head Place .. Providence .. Rl 02903 (City or Town, State, Country and Zip Code)

(City or Town, State, Country and Zip Code)

401-369-8240 (Area Code) (Telephone Number)

Mail Address

Statutory Home Office

Main Administrative Office

One Turks Head Place .. Providence .. Rl 02903 (Street and Number or P. O. Box)

(City or Town, State, Country and Zip Code)

Commenced Business..... July 1, 1975

Primary Location of Books and Records

401-369-8240

(Street and Number)

One Turks Head Place .. Providence .. Rl 02903

(Area Code) (Telephone Number)

Internet Web Site Address Statutory Statement Contact

Jerilynn Leahy

401-369-8245

jleahy@beechercarlson.com (E-Mail Address)

(Area Code) (Telephone Number) (Extension)

401-369-8241

(Fax Number)

OFFICERS

Name

Title

Name

Title

1. Timothy Knapp 3. Jerilynn Leahy

Vice Chair Assistant Secretary 2. Robert Suglia

Chair

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright Timothy Knapp Newell Warde

James Pascalides DPM

Don Baldini

Robert Suglia Lars Bo Kristiansen #

Earl Cottam Jr. Barbara M Cavicchio DDS

Yes [X] No []

State of...

Rhode Island County of.....

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.

(Signature) (Signature) (Signature) Timothy Knapp Robert Suglia Jerilynn Leahy 1. (Printed Name) 2. (Printed Name) 3. (Printed Name) Vice Chair Chair Assistant Secretary (Title)

Subscribed and sworn to before me

day of

a. Is this an original filing?

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

JACQUELINE K. PLANTE NOTARY PUBLIC OF RHODE ISLAND My Commission Expires 3/13/2020



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Jerilynn Leahy

(Name)

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jleahy@beechercarlson.com

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(Signature) (Signature) (Signature) Timothy Knapp Robert Suglia Jerilynn Leahy 2. (Printed Name) 3. (Printed Name) Chair Assistant Secretary (Title) a. Is this an original filing? Yes [X] No [] 1. State the amendment number 2. Date filed 3. Number of pages attached

			Current Statement Date		4
		1	2 Nonadmitted	3 Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	89,471,351		89,471,351	88,938,221
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)			0	
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$427,218), cash equivalents (\$537,349)				
	and short-term investments (\$0)				1,573,645
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets				59,089,912
9.	Receivables for securities	43		43	99
10.	Securities lending reinvested collateral assets			0	
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	151,836,537	0	151,836,537	149,601,877
13.	Title plants less \$0 charged off (for Title insurers only)			0	
14.	Investment income due and accrued	1,224,096		1,224,096	1,343,242
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	20,226		20,226	(67,097)
	15.2 Deferred premiums, agents' balances and installments booked but deferred				, ,
	and not yet due (including \$0 earned but unbilled premiums)	232,742		232,742	126,188
	15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	
17.	Amounts receivable relating to uninsured plans			0	
18.1	Current federal and foreign income tax recoverable and interest thereon			0	
	Net deferred tax asset				72,680
	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
	Total assets excluding Separate Accounts, Segregated Accounts and Protected				
07	Cell Accounts (Lines 12 through 25)				
	Total (Lines 26 and 27)				151 080 446
28.	<u> </u>		0	103,316,017	151,080,446
		F WRITE-INS			
-				0	
1198	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501	Miscellaneous Accounts Receivable	2,416		2,416	2,056
2502	Prepaid Losses			0	
2503	Prepaid premium tax			0	1,500
2598	Summary of remaining write-ins for Line 25 from overflow page	0			0
	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)				3,556
	,				

Statement for March 31, 2019 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 \$555,495)		
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		
4.	Commissions payable, contingent commissions and other similar charges	69,023	67,359
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		74,355
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others	960,527	960,527
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities	47,810	16,523
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	37,098,536	36,556,621
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	37,098,536	36,556,621
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)	116,217,481	114,523,825
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	116,217,481	114,523,825
38.	Totals (Page 2, Line 28, Col. 3)	153,316,017	151,080,446
0.5.5	DETAILS OF WRITE-INS		
	Unearned Finance Charge Premium Deficiency Reserve		
2503.	Losses Payable	47,810	16,523
2598. 2599.	Summary of remaining write-ins for Line 25 from overflow page		
2901.			
2902. 2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. 3201.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0
3202. 3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
3299.	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)	0	l0

	STATEMENT OF INCOM	1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	UNDERWRITING INCOME			
1.	Premiums earned: 1.1 Direct	470 400	427.040	4 040 475
	1.1 Direct			
	1.3 Ceded(written \$0)			
	1.4 Net(written \$656,211)	470,198	437,216	1,819,475
2	DEDUCTIONS: Losses incurred (current accident year \$555,495):			
۷.	2.1 Direct	928.054	441.396	(3.660.619)
	2.2 Assumed			
	2.3 Ceded			
3	2.4 Net		· ·	(3,660,619)
	Other underwriting expenses incurred			1,602,181
5.	Aggregate write-ins for underwriting deductions	0 .		0
	Total underwriting deductions (Lines 2 through 5)			
/. 8	Net income of protected cells	(1.037.476)	(795 761)	4 616 708
0.	INVESTMENT INCOME	(1,007,470)	(700,701)	
9	Net investment income earned	1 260 289	1 111 272	4 883 368
10.	Net realized capital gains (losses) less capital gains tax of \$68,158	256,405 .	(14,794)	1,758,434
11.	Net investment gain (loss) (Lines 9 + 10)	1,516,694	1,096,478	6,641,802
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off			
40	(amount recovered \$0 amount charged off \$0)			
	Finance and service charges not included in premiums			16,691
15.	Total other income (Lines 12 through 14)	4,145	4,510	(519,309)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and			
4-	foreign income taxes (Lines 8 + 11 + 15)			
	Dividends to policyholders			
10.	foreign income taxes (Line 16 minus Line 17)	483,363	305,227	10,739,201
	Federal and foreign income taxes incurred.			
20.	Net income (Line 18 minus Line 19) (to Line 22)	474,476	286,553	8,975,151
	CAPITAL AND SURPLUS ACCOUNT			
	Surplus as regards policyholders, December 31 prior year			
	Net income (from Line 20)	1	·	
	Change in net unrealized capital gains or (losses) less capital gains tax of \$332,960			
25.	Change in net unrealized foreign exchange capital gain (loss)			
	Change in net deferred income tax			
	Change in nonadmitted assets			
	Change in surplus notes			
	Surplus (contributed to) withdrawn from protected cells			
	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			
	33.2 Transferred to capital (Stock Dividend)			
	33.3 Transferred from capital			
	Net remittances from or (to) Home Office			
	Dividends to stockholders			
	Aggregate write-ins for gains and losses in surplus			0
38.	Change in surplus as regards policyholders (Lines 22 through 37)	1,693,656 .	248,807	6,256,793
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	116,217,481	108,515,839	114,523,825
0E04	DETAILS OF WRITE-INS Change in Premium Deficiency Reserve	 	I	
	Change in Premium Deliciency Reserve			
0503.				
	Summary of remaining write-ins for Line 5 from overflow page		0	0
	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)		0	(536,000)
	Gain of loss on retroactive remsurance.			(536,000)
	Summary of remaining write-ins for Line 14 from overflow page			
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)			(536,000)
3798.	Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)		0	0

		1 Current Year	2 Prior Year	3 Prior Year Ended
		to Date	To Date	December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	387,978	418,651	1,980,68
2.	Net investment income	1,480,684	1,707,267	5,318,18
3.	Miscellaneous income	(19,440)	(758,617)	(1,341,21
4.	Total (Lines 1 through 3)	1,849,222	1,367,301	5,957,6
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
3.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
0.	Total (Lines 5 through 9)			
1.	Net cash from operations (Line 4 minus Line 10)			
١.	CASH FROM INVESTMENTS		214,000	
2.	Proceeds from investments sold, matured or repaid:			
۷.		1,706,730	8 001 660	17 390 2
		1,700,730		
	12.3 Mortgage loans			
	12.4 Real estate			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
		56		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,706,786	9,578,854	17,389,2
3.	Cost of investments acquired (long-term only):			
	13.1 Bonds	2,321,444	7,980,924	16,843,50
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	420,240		795,8
	13.7 Total investments acquired (Lines 13.1 to 13.6)	2,741,684	7,980,924	17,639,3
4.	Net increase or (decrease) in contract loans and premium notes			
5.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,034,898)	1,597,930	(250,1
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
6.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders.			
	16.6 Other cash provided (applied)			
7.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	·		63,2
	CONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
_		(600.070)	1 040 600	007.4
8.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(8) (8,078)	1,812,028	207,1
9.	Cash, cash equivalents and short-term investments:	4 570 045	4 000 40=	4 000 4
		1,573,645		
	19.2 End of period (Line 18 plus Line 19.1)	964,567	3,099,095	1,573,64

Note 1 - Summary of Significant Accounting Policies and Going Concern

Accounting Practices

Medical Malpractice Joint Underwriting Association of Rhode Island ("the MMJUA") is a joint underwriting association created by the state of Rhode Island. The MMJUA was originally created in accordance with RI Gen. Law 42-35-3 by the adoption of Regulation 230-RICR-20-10-1 (formerly Insurance Regulation 21) by the Department of Business Regulation (the "Department") effective June 16, 1975. Subsequently, legislation was enacted which authorized the Department to promulgate regulations relating to medical malpractice insurance and validated Regulation 230-RICR-20-10-1. It was the intent of the Department that the MMJUA provides a continuing stable facility for medical malpractice insurance. Under the original plan of operation (approved June 25, 1975) and as amended and approved by the department on November 10, 2003, the MMJUA was created to provide medical malpractice insurance for physicians, hospitals and other health care providers, on a self-supporting basis.

The MMJUA is authorized to issue medical malpractice policies on a "claims made" or "occurrence" basis with limits not to exceed \$1,000,000 for each medical incident under one policy and in the aggregate of \$3,000,000 under one policy in any one year. The MMJUA is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the MMJUA's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the MMJUA is authorized to provide Commercial General Liability coverage to the health care providers with limits of \$1,000,000 per incident and \$2,000,000 aggregate under a one year policy. All policies are on an annual basis and shall be subject to the Group Retrospective Rating Plan and Stabilization Reserve Fund as authorized by Regulation 230-RICR-20-10-1. The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2018
NET INCOME					
(1) Medical Malpractice Joint Underwriting Association of Rhode Island Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 474,476	\$ 8,975,151
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 474,476	\$ 8,975,151
SURPLUS			•		
(5) Medical Malpractice Joint Underwriting Association of Rhode Island Company state basis	V0.07	2007	2007	440.047.404	444 500 005
(Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 116,217,481	\$ 114,523,825
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 116,217,481	\$ 114,523,825

The accompanying financial statements of the MMJUA have been prepared in conformity with accounting practices prescribed or permitted by the Department. Prescribed accounting practices include state laws, regulations and general administrative rules applicable to insurance companies domiciled in the State of Rhode Island; National Association of Insurance Commissioners' ("NAIC") Annual Statement Instructions; the NAIC Accounting Practices and Procedures Manual; the Purposes and Procedures and Securities Valuation Manuals of the NAIC Securities Valuation Office; NAIC official proceedings; and the NAIC Examiner's and Market Conduct Handbooks. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The Department requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the NAIC Accounting Practices and Procedures Manual and subject to Rhode Island Department of Business Regulation Gen. Law 42-35-3.

В. Use of Estimates in the Preparation of the Financial Statement

> The preparation of financial statements in accordance with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds and Amortization Schedule

Bonds generally are stated at amorized cost, except for bonds that are rated by the NAIC as a class 3-6 which generally are reposrted at the lower of amortized cost or fair market value. Amortization is calculated using the scientific yield to worst method.

(3) Basis for Common Stocks

The MMJUA holds no investments in common stocks.

(4) Basis for Preferred Stocks

The MMJUA holds no investments in preferred stocks.

(5) Basis for Mortgage Loans

The MMJUA holds no investments in first lien mortgage loans on real estate.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Investment grade loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The MMJUA has no subsidiaries

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The MMJUA holds no interest in joint ventures or partnerships.

(9) Accounting Policies for Derivatives

The MMJUA does not invest in derivative instruments.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The MMJUA does not have a premium deficiency reserve.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

The reserve for unpaid losses and loss adjustment expenses represents the estimated unpaid ultimate liability for claims reported to the MMJUA plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the MMJUA utilizes the findings of an independent consulting actuary. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case basis valuations and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The MMJUA does not have a capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Not applicable as the MMJUA does not write major medical insurance with prescription drug coverage.

D. Going Concern

None

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

No significant changes

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

The company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).

Not applicable

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

No significant changes

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Not applicable

Note 11 - Debt

Not applicable

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

Not applicable

Note 13 - Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

Not applicable

Note 14 - Liabilities, Contingencies and Assessments

No significant changes

Note 15 - Leases

Not applicable

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

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

Not applicable

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

				Types of	Total Direct Premiums
Name and Address of Managing General Agent or	FEIN	Exclusive		Authority	Written/
Third Party Administrator	Number	Contract	Types of Business Written	Granted	Produced By
				C, CA, R, B, P,	
Beecher Carlson Insurance Services LLC	95-3679538	YES	Medical Malpractive, General Liability	U	656,211
Total	XXX	XXX	XXX	XXX	656.211

Note 20 - Fair Value Measurements

Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjective inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

> Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 - Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

There are no bonds measured at fair market value.

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

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

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

The Company measures items at Level 2 on a recurring basis. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded. The Company has no assets or liabilities measured at fair value in the Level 3 category.

(5) Fair Value Disclosures

Not applicable

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable

C. Fair Value Level

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

	Αg	ggregate Fair						Net Asset Value	Not Practicable
Type of Financial Instrument		Value	Α	dmitted Assets	(Level 1)	(Level 2)	(Level 3)	(NAV)	(Carrying Value)
Bonds	\$	92,579,116	\$	89,471,351	\$ -	\$ 92,579,116	\$	\$	\$
Cash, cash equivalents and									
short-term	\$	964,567	\$	964,567	\$ 964,567	\$ -	\$	\$	\$
investments	\$		\$		\$	\$	\$	\$	\$
Other Invested Assets	\$	62,369,722	\$	61,400,576	\$ 8,189,743	\$ 54,179,979	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not applicable

E. **NAV Practical Expedient Investments**

Not applicable

Note 21 - Other Items

Not applicable

Note 22 - Events Subsequent

Subsequent events have been considered through April 30, 2019 for these statutory financial statements which are to be issued on May 15, 2019. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

No significant changes

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

No significant changes

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Change in Incurred Losses and Loss Adjustment Expenses

There was unfavorable development of \$225,000 attributable to insured events of prior years. The reason for the unfavorable change relates to claims settling for more than originally expected.

B. Information about Significant Changes in Methodologies and Assumptions

> There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

No significant changes

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not applicable

Note 31 - High Deductibles

Not applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 - Asbestos/Environmental Reserves

Not applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

Not applicable

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 [1	No [X]	
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[X]	
2.2	If yes, date of change:		1001	,	no [x]	
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.	1	Yes []	No [X]	
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?		Yes []	No[X]	
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 [X]	
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? If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.		Yes []	No [X]	
4.2	If yes, provide name of 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	N	2 IAIC		3	
	Name of Entity		mpany Gode		ate of micile	
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 [2	X]	N/A []	
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/31/201	15		
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.	12/31/2015				
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).		01/18/201			
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 [X] No []	N/A []	
6.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [X] 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 [X]	
7.2	If yes, give full information:					
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?		Yes []	No [X]	
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 [X]	
8.4	If the 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 Affiliate Name 2 STRE		5 FDI	С	6 SEC	
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?		Yes [X 1	No []	
	(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.					
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).					

PART 1 - COMMON INTERROGATORIES

FINANCIAL

10.1	Does	the reporting entity report any amou	e reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?								
10.2	If yes,	, indicate any amounts receivable fro	om parent included in the Pa	age 2 amount:				\$		0	
				IN	NVESTMENT						
		any of the stocks, bonds, or other a y another person? (Exclude securiti			under option agree	ment, or otherwis	se made available	for	Yes[]	No [X]	
11.2	If yes,	, give full and complete information r	elating thereto:								
12.	Amou	int of real estate and mortgages held	d in other invested assets in	Schedule BA:				\$		0	
13.	Amou	int of real estate and mortgages held	d in short-term investments:					\$		0	
14.1	Does	the reporting entity have any investr	ments in parent, subsidiaries	and affiliates?	•				Yes[]	No [X]	
	14.2	If yes, please complete the following	g:								
						Prior \	1 Year End Book/Ad	usted Curre	2 ent Quarter Book/Adj	usted	
	14.21	Bonds				\$	Carrying Value	0 \$	Carrying Value	0	
	14.22 14.23							0		0	
	14.24							0		0	
	14.25 14.26	0 0	te					0		0	
	14.27		bsidiaries and Affiliates (Su	btotal Lines 14.	.21 to 14.26)	\$		0 \$		0	
	14.28					\$		0 \$		0	
		he reporting entity entered into any h		Yes []	No [X]						
15.2	•	, has a comprehensive description o			Yes[]	No []					
	If no,	attach a description with this statem	ent.								
40	F 0			Con College		(.) . (.)					
		e reporting entity's security lending				nent date:		¢.		•	
		fair value of reinvested collateral ass	·			١٥.		\$		0	
		book adjusted/carrying value of rein	·	ortea on Schea	ule DL, Parts I and	l Z:		\$		0	
		payable for securities lending report	7. 0					\$			
	offices	ding items in Schedule E-Part 3-Spe s, vaults or safety deposit boxes, we	re all stocks, bonds and oth	er securities, ov	wned throughout the	e current year hel	ld pursuant to a				
		dial agreement with a qualified bank tical Functions, Custodial or Safekee					iderations, F. Outs	ourcing	Yes[X]	No []	
		For all agreements that comply with					olete the following:				
		an agreemente anaceempty ma	1					2			
		The Washington Trust Company	Name of Custodian(s)			23 Broad Stree	Cu et, Westerly, RI 028	stodian Address			
	17.2	For all agreements that do not com- location and a complete explanation		the NAIC Final	ncial Condition Exa						
		1 Name			2 Locati			Complete	3 Explanation(s)		
		ivanie	:(3 <i>)</i>		Locati	ion(s)		Complete	Explanation(5)		
	17.3	Have there been any changes, including	uding name changes, in the	custodian(s) id	lentified in 17.1 duri	ing the current qu	arter?		Yes[]	No [X]	
	17.4	If yes, give full and complete inform	ation relating thereto:	T			_				
		1			2		3 Date of		4		
		Old Custoo	lian		New Custodian	l	Change		Reason		
		Investment management – Identify of the reporting entity. For assets the securities"].								on behalf	
		- SSSSINGO J.		1					2		
		Conning, Inc.	Name of	Firm or Individ	lual				Affiliation U		
		17.5097 For those firms/individu	als listed in the table for Qu 6 of the reporting entity's as		any firms/individua	ls unaffiliated with	n the reporting enti	ty (i.e., designated		No []	
		17.5098 For firms/individuals un	affiliated with the reporting of the rep	entity (i.e., desi		isted in the table	for Question 17.5,	does the total asse		No []	
	17.6	For those firms or individuals listed				"U" (unaffiliated)	, provide the inforn	nation for the table			
		1	2		3	3		4	5 Investment		
		Central Registration Depository							Investment Managemen	nt	
		Number 107423	Name of Firm or Inc Conning, Inc.	dividual	Legal Entity I		Regist SEC	ered With	Agreement (IMA)	Filed	
	18 1	Have all the filing requirements of the		s Manual of the			•		Yes [X]	No []	
		If no, list exceptions:	ie rurposes and Procedure	s ıvıarıuaı OT The	e NAIC IIIVESTMENT.	Analysis Office be	sen ioliowed?		res[X]	INO	

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.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

b.

Issuer or obligor is current on all contracted interest and principal payments.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?

Yes[X] No[]

- By self-designating PLGI securities, the reporting entity is certifying the following elements for 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]

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island GENERAL INTERROGATORIES (continued)

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?

Yes [] No [] N/A [X] If yes, attach an explanation.

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?

Yes [] No [X]

If yes, attach an explanation.

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:

1	2	3		Total D	iscount			Discount Taken During Period			
			4	5	6	7	8	9	10	11	
Line of Business	Maximu m Interest	Disc. Rate	Unpaid Losses	Unpaid LAE	IBNR	Total	Unpaid Losses	Unpaid LAE	IBNR	Total	
	0.000	0.000	0	0	0	0	0	0	0	0	
Total	YYY	YYY)	0	0	0	0	0	0	0	

5. Operating Percentages:

	5.1 A&H loss percent			0.000%
	5.2 A&H cost containment percent		0.000%	
	5.3 A&H expense percent excluding cost containment expenses			0.000%
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.	\$		0
6.3	Do you act as an administrator for health savings accounts?		Yes[]	No [X]
6.4	If yes, please provide the amount of funds administered as of the reporting date.	\$		0
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 for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

		Chowing / withow itemocrate Carrent real to ba				
1	2	3	4	5	6	7
						Effective Date
NAIC					Certified	of Certified
Company			Domiciliary	Type of	Reinsurer Rating	Reinsurer
Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Rating

NONE

Current Year to Date - Allocated by States and Territories

Direct Premiums Written Direct Losses Paid (Deducting Salvage)

		1 Active Status	Direct Premiu 2 Current Year	3 Prior Year	Direct Losses Paid (4 Current Year	5 Prior Year	6 Current Year	ses Unpaid 7 Prior Year
	States, Etc.	(a)	to Date	to Date	to Date	to Date	to Date	to Date
	AlabamaAL AlaskaAK	N						
	ArizonaAZ	N						
	ArkansasAR	N						
	CaliforniaCA	N						
ô.	ColoradoCO	N						
	ConnecticutCT	N						
	DelawareDE	N						
	District of ColumbiaDC	N						
	FloridaFL	N						
	GeorgiaGA HawaiiHI	N						
	IdahoID	N						
	IllinoisIL	N						
	IndianaIN	N						
ô.	lowaIA	N						
7.	KansasKS	N						
8.	KentuckyKY	N						
	LouisianaLA	N						
	MaineME	N						
	MarylandMD	N						
	MassachusettsMA	N						
	MichiganMI	N						
	MinnesotaMN	N						
	MississippiMS MissouriMO	N						
		N						
	MontanaMT NebraskaNE	N						
	NevadaNV	N						
	New HampshireNH							
	New JerseyNJ							
	New MexicoNM							
	New YorkNY							
	North CarolinaNC							
	North DakotaND							
6.	OhioOH	N						
		N						
	OregonOR							
	•							
	Rhode IslandRI		656,211	679,123	1,040,132	637,990	24,064,357	28,843,06
	South CarolinaSC							
	South DakotaSD							
	TennesseeTN							
	TexasTX	N						
	UtahUT	N						
	VermontVT VirginiaVA							
	WashingtonWA							
	West VirginiaWV							
	WisconsinWI							
	WyomingWY							
	American SamoaAS							
	GuamGU							
4.	Puerto RicoPR	N						
	US Virgin IslandsVI							
6.	Northern Mariana IslandsMP							
7.	CanadaCAN	N						
	Aggregate Other AlienOT				0	0	0	
9.	Totals	XXX	656,211		1,040,132	637,990	24,064,357	28,843,00
04		V///	1	DETAILS OF W				
		XXX						
		XXX						
	Summary of remaining write-ins							
	for Line 58 from overflow page	XXX	0	0	0	0	0	
	Totals (Lines 58001 thru 58003+	vvv	_		^	_	^	
	Line 58998) (Line 58 above) Active Status Count	XXX	0	0	0	0	0	
,	nsed or Chartered - Licensed insurance		_	1_	R - Registered - Nor	n-domiciled RRGs		
			-					
	ible - Reporting entities eligible or appro (other than their state of domicile - See	ved to write	surplus lines in the state	0		fied or accredited reinsurer. ve - Not allowed to write bus		

Sch. Y - Pt. 1 NONE

Sch. Y Pt. 1A NONE

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island PART 1 - LOSS EXPERIENCE

			Current Year to Date		4
	Lines of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.000 .	
2.	Allied lines			0.000 .	
3.	Farmowners multiple peril			0.000	
4.	Homeowners multiple peril			0.000	
	Commercial multiple peril			0.000	
6.	Mortgage guaranty			0.000	
	Ocean marine			0.000	
9.	Inland marine			0.000	
10.	Financial guaranty				
	Medical professional liability - occurrence		379,680	160.830	161.221
	Medical professional liability - claims-made				93.793
	Earthquake		,	0.000	
	Group accident and health			0.000	
	Credit accident and health			0.000	
	Other accident and health			0.000	
-	Workers' compensation.			0.000	
	Other liability-occurrence		80.291	134.975	(229.097)
	Other liability-claims made				(223.031)
	Excess workers' compensation				
18.1	Products liability-occurrence			0.000	
	Products liability-claims made			0.000	
	19.2 Private passenger auto liability				
	19.4 Commercial auto liability				
	Auto physical damage				
	Aircraft (all perils)			0.000	
	Fidelity			0.000	
	Surety				
	Burglary and theft			0.000	
	5 ,			0.000	
	Boiler and machinery				
	Credit			0.000	
	International			0.000	
30.	Warranty			0.000	
	Reinsurance-nonproportional assumed property				XXX
	Reinsurance-nonproportional assumed liability		XXX	XXX	XXX
	Reinsurance-nonproportional assumed financial lines		XXX	XXX	XXX
	Aggregate write-ins for other lines of business	0	0 .	0.000 .	
35.	Totals	470,198 DETAILS OF WRITE-INS	928,054	197.375	100.956
3401.				0.000	
				0.000	
				0.000	
	Sum. of remaining write-ins for Line 34 from overflow page				XXX
<i>5</i> 499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0		0.000 .	

PART 2 - DIREC	CT PREMIUMS WRITT	ΓΕΝ	
Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied lines			
Farmowners multiple peril			
Homeowners multiple peril			
Commercial multiple peril			
Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability - occurrence		- 1	338,943
11.2 Medical professional liability - claims made		269,577	234,858
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence	94,586	94,586	105,322
17.2 Other liability-claims made			
17.3 Excess workers' compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-nonproportional assumed property	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability		XXX	XXX
33. Reinsurance-nonproportional assumed financial lines		XXX	XXX
34. Aggregate write-ins for other lines of business		0	0
35. Totals	656,211	656,211	679,123
	TAILS OF WRITE-INS		
3401			
3402			
3403			
3498. Sum. of remaining write-ins for Line 34 from overflow page		0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)		0	0

Policyholders

.....114,524

					L(OSS AND LOSS A	ADJUSTMENT E	XPENSE RESEF	RVES SCHEDULE					
		1	2	3	4	5	6	7	8	9	10	11	12	13
								Q.S. Date Known	Q.S. Date Known			Prior Year-End Known	Prior Year-End	Prior Year-End
				Total Prior	2019	2019		Case Loss and	Case Loss and LAE			Case Loss and LAE	IBNR Loss and LAE	Total Loss
		Prior Year-End	Prior Year-End	Year-End	Loss and LAE	Loss and LAE	Total 2019	LAE Reserves on	Reserves on Claims	Q.S. Date	Total Q.S.	Reserves Developed	Reserves Developed	and LAE Reserve
	Years in Which	Known Case	IBNR	Loss and	Payments on Claims	Payments on Claims	Loss and		Reported or Reopened	IBNR	Loss and LAE	(Savings)/Deficiency		Developed
	Losses	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior	Unreported as of	LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
-	Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
1	. 2016 + Prior	10,235	16,184	26,419	1,121		1,121	9,314	25	16,208	25,547	200	49	249
2	. 2017	143	2,974	3,117	1		1	134	350	2,610	3,094	(8)	(14)	(22)
3	. Subtotals													
	2017 + Prior	10,378	19,158	29,536	1,122	0	1,122	9,448	375	18,818	28,641	192	35	227
4	. 2018	271	3.273	3.544	10		10	232		3.300	3.532	(29)	27	(2)
			,									(==/		(=/
-	. Subtotals													
'	2018 + Prior	10.649	22,431	33,080	1 132	0	1 132	9.680	375	22,118	32.173	163	62	225
	2010 11101111111				,		,							
_ 6	. 2019	XXX	XXX	XXX	XXX		0	XXX	160	745	905	XXX	XXX	XXX
014 .	. 2010								100					
=	. Totals	10,649	22,431	33,080	1.132	0	1 132	9,680	535	22,863	33,078	163	62	225
'	. 10(8)5	10,049	22,431	33,000	1,132	0	1,132	9,000	333	∠∠,003	33,070	103	02	220
	5											-		
8	. Prior Year-											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
	End's Surplus											As % of Col. 1,	As % of Col. 2,	As % of Col. 3,
	As Regards	1										Line 7	Line 7	Line 7

Col. 13, Line 7 Line 8 4.0.2 %

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island 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.

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

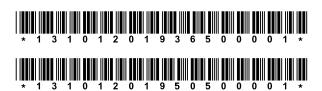
Response

Explanation:

- 1. The data for this supplement is not required to be filed.
- 2.
- The data for this supplement is not required to be filed.
- 4. The data for this supplement is not required to be filed.

Bar Code:





NONE

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE A - VERIFICATION

Real Estate

	Total Estate		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Current year change in encumbrances		
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 end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
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.	Capitalized deferred interest and other		
6.			
7.	Total gain (loss) on disposals Deduct amounts received on disposals		
8.	Deduct exertisation of promium and marked interest points and commitment force		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest Deduct current year's other-than-temporary impairment recognized		
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)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

Other Long-Term invested Assets		
	1	2
		Prior Year Ended
	Year to Date	December 31
Book/adjusted carrying value, December 31 of prior year	59,089,912	59,589,415
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
2.1 Actual cost at time of acquisition. 2.2 Additional investment made after acquisition. 3. Capitalized deferred interest and other	744,723	3,060,865
5. Unrealized valuation increase (decrease)	1,585,525	(3,473,967)
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation	19,584	86,401
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
4. Accrual of discount. 5. Unrealized valuation increase (decrease). 6. Total gain (loss) on disposals	61,400,576	59,089,912
12. Deutet total nonaumited amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	61,400,576	59,089,912

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	88,938,221	89,903,744
2.	Cost of bonds and stocks acquired	2,321,444	16,843,500
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	81	(35,716)
6.	Deduct consideration for bonds and stocks disposed of Deduct amortization of premium	1,706,730	17,418,708
7.	Deduct amortization of premium	89,202	409,536
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		29,493
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	89,471,351	88,938,221
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	89,471,351	88,938,221

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

			ter for all Bonds and Pre	HEITER STOCK BY NATO L			_	-
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
BONDS								
1. NAIC 1 (a)	71,500,580	374,309	956,937	430,024	71,347,976			71,500,580
2. NAIC 2 (a)	17,156,265	1,947,134	749,710	(511,001)	17,842,688			17,156,265
3. NAIC 3 (a)					0			
4. NAIC 4 (a)					0			
5. NAIC 5 (a)					,			,
6. NAIC 6 (a)								
7. Total Bonds	88,938,219	2,321,443	1,706,647	(81,664)	89,471,351	0	0	88,938,219
					0			
					0			
10. NAIC 3					0			
11. NAIC 4					0			
12. NAIC 5					0			
13. NAIC 6					0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	88,938,219		1,706,647	(81,664)	89,471,351	0	0	88,938,219

⁽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.

Sch. DA - Pt. 1 NONE

Sch. DA - Verification NONE

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

QSI03, QSI04, QSI05, QSI06, QSI07

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

Cash Equivalents	1	2
	l '	2 Prior Year Ended
	Year To Date	December 31
	Tour to Bate	Docombol of
Book/adjusted carrying value, December 31 of prior year	27,497	588,164
	4 054 000	40 404 504
Cost of cash equivalents acquired	1,051,003	10,124,524
3. Accrual of discount		3 454
0. 7 601 dai 01 di000 di 1		, 101
Unrealized valuation increase (decrease)		
F. Talelanda (Landa et al. Property)		
5. Total gain (loss) on disposals		
Deduct consideration received on disposals	541.151	10.688.645
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7. Deduct amortization of premium		
Total foreign exchange change in book/ adjusted carrying value		
o. Total foreign exchange change in book adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
· · · · · · · · · · · · · · · · · · ·		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	537,349	27,497
11. Deduct total nonadmitted amounts		
The Bound total normalistic uniformity		
12. Statement value at end of current period (Line 10 minus Line 11)	537,349	27,497

Sch. A Pt. 2 NONE

Sch. A Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

				9 =9					
1	2	3	4	5	6	7	8	9	10
									Designation and
								Ac	dministrative
CUSIP Identification	Description	Familia F	Data Associased	Name of Vandas	North and Channel of Chant	Anti-al Cont	De-Meline		I/Market Indicator
COSIP Identification	Description	Foreign [Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	(a)
Bonds - Industrial and Mi									
31428X BU 9	FEDEX CORP	01	/14/2019	CITIGROUP GLOBAL MARKETS		499,420	500,000		
316773 CX 6	FIFTH THIRD BANCORP	01	/23/2019	MORGAN STANLEY		424,210	425,000	2FE	
37045X CR 5	GENERAL MOTORS FINL CO	01	/14/2019	BARCLAYS AMERICAN		498,930	500,000	2FE	
445658 CF 2	JB HUNT TRANSPRT SVCS	02	2/26/2019	SUNTRUST ROBINSON HUMPHREY		299,982	300,000	2FE	
512807 AU 2	LAM RESEARCH CORP	02	2/25/2019	GOLDMAN SACHS		224,593	225,000	2FE	
532457 BV 9	ELI LILLY & CO.	02	2/20/2019	BANK AMERICA		219,661	220,000	1FE	
693475 AV 7	PNC FINANCIAL SERVICES	01	/17/2019	MORGAN STANLEY		154.648	155.000	1FE	
3899999. Total - Bo	onds - Industrial and Miscellaneous					2,321,444	2,325,000	0	XXX
8399997. Total - Bo	onds - Part 3					2,321,444	2,325,000	0	XXX
8399999. Total - Bo	onds					2,321,444	2,325,000	0	XXX
9999999. Total - Bo	londs, Preferred and Common Stocks					2,321,444	XXX	0	XXX

⁽a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:..............0.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

						Onowing a	an Long Ton	ii Donas an	u Otobito O	OLD, INLDI	EEMED or O	LITOT WIGO I	5101 OOL	D OI Dui	inig Guiroi	it Qualter							
	1			2	3 4	5	6	7	8	9	10		Change in Bo	ook/Adiusted (Carrying Value		16	17	18	19	20	21	22
							-			-		11	12	13	14	15				-			
																							NAIC
					F									Current							Bond		Designation
					0									Year's							Interest /		and Admini-
					r							Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	strative
					ei						Prior Year	Valuation	Year's	Temporary	Total Change		Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	Symbol/
					g Disposal		Number of				Book/Adjusted	Increase	(Amortization)	Impairment	in B./A.C.V.	Change in	Carrying Value at			(Loss) on	Received	Maturity	Market
CUSIF	ldentif	ication		Description	n Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal	on Disposal	Disposal	During Year	Date	Indicator (a)
Bonds	- U.S.	Gover	nment																				
			G2 4188		03/01/2019	MBS PAYMENT		497	497	495	497				0		497			0	5	07/20/2038.	1
			GN 393145		03/01/2019	MBS PAYMENT		814	814	811	814				0		814			0	9	05/15/2024.	1
			GN 447399			MBS PAYMENT		298	298	302	298				0		298			0	4	07/15/2027.	1
			US TREASURY	/ N/R		J.P. MORGAN		9,844	10,000	10,037	10,025				0		10,025		(181)	(181)	15	12/31/2022.	1
					. 01/24/2015.	U.I . WOROAN																	1
05999			al - Bonds - U.S.					11,453	11,609	11,645	11,634	0	0	0	0	0	11,634	0	(181)	(181)	33	XXX	XXX
Bonds				Special Assessment																			
3128	(6 7F	〈 0	FG A46298		03/01/2019.	MBS PAYMENT		178	178	180	178				0		178			0	2	07/01/2035.	1
3128	(V M	N 2	FG A64865		03/01/2019.	MBS PAYMENT		331	331	334	331				0		331			0	3	08/01/2037.	1
3128			FG G03231			MBS PAYMENT		1,859	1,859	1,832	1,859				0		1,859			0	14	08/01/2037.	1
3128			FG G03900			MBS PAYMENT		334	334	332	334				0		334			0	2	02/01/2038.	1
3128			FG G05774			MBS PAYMENT		2,071	2,071	2,200	2,073		(1)		(1)		2,071			0	17	01/01/2040.	1
3128			FG G06024			MBS PAYMENT		936	936	988	936				0		936			0	7	08/01/2040.	1
3128			FG G15998			MBS PAYMENT		4,895	4,895	4,905	4,895				0		4,895			0	20	01/01/2032.	1
3128			FG G15888			MBS PAYMENT		6,059	6,059	6,363	6,065		(7)		(7)		6,059				31	01/01/2029.	1
3128			FG G08505			MBS PAYMENT		11,896	11,896	12,489	11,901		(5)		(5)		11,896			0		09/01/2042.	1
3128			FG G08601		03/01/2019	MBS PAYMENT		2,935	2,935	3,139	2,937		(2)		(2)		2,935			0	21	08/01/2044.	1
3128			FG G08698		03/01/2010	MBS PAYMENT		4,218	4,218	4,404	4,220		(2)		(2)		4,218			0	25	03/01/2046.	1
3128			FG G08699			MBS PAYMENT		4,425	4,425	4,750	4,429		(4)		(4)		4,425				32	03/01/2046.	1
24201	A 1 1/A		FG G08715			MBS PAYMENT		3,238	3,238	3,368	3,239		(1)		(1)		3,238				16	08/01/2046.	1
3128I 3128I 3128I	/IJ ZI		FG G08743			MBS PAYMENT		4,337	4,337	4,565	4,339		(2)		(2)		4,337					01/01/2047.	1
3120	AJ ZN		FG G08747			MBS PAYMENT		6,819	6,819	6,736	6,818		1		1		6,819					02/01/2047.	1
31281	110 ZI 11M V		FG G18631			MBS PAYMENT		7,132	7,132	7,149	7,132		1				7,132			0	30	02/01/2047.	1
31201								14,329	1,132	14,987	14,340		(44)		(11)		14,329			0	80		1
31281			FG G18648			MBS PAYMENT							(11)		٠,					0		06/01/2032.	1
31281			FG G18656			MBS PAYMENT		9,219	9,219	9,438	9,222		(3)		(3)		9,219			0	50	08/01/2032.	1
3128F			FG J11644			MBS PAYMENT		2,692	2,692	2,739	2,693		(1)		(1)		2,692			0	19	02/01/2025.	1
3128			FG J18360			MBS PAYMENT		6,418	6,418	6,637	6,422		(4)		(4)		6,418			0	33	03/01/2027.	1
31280			FH 1G1479		03/01/2019.			135	135	137	135				0		135			0	11	01/01/2037.	1
31292			FG C01527			MBS PAYMENT		1,280	1,280	1,302	1,280				0		1,280			0	11	04/01/2033.	1
3129			FG C03903		03/01/2019.	MBS PAYMENT		1,179	1,179	1,179	1,179				0		1,179			0	/	04/01/2042.	1
3129			FG C03949			MBS PAYMENT		2,527	2,527	2,592	2,528				0		2,527			0	11	05/01/2042.	1
3129			FG A92576			MBS PAYMENT		910	910	935	911				0		910			0	8	07/01/2040.	1
3129			FG A93093			MBS PAYMENT		2,299	2,299	2,419	2,300		(1)		(1)		2,299			0	19	07/01/2040.	1
3129			FG A93990			MBS PAYMENT		1,546	1,546	1,599	1,547		(1)		(1)		1,546			0	11	09/01/2040.	1
31294			FG E02817			MBS PAYMENT		3,914	3,914	3,810	3,912		2		2		3,914			0		01/01/2026.	1
3129			FG B11901			MATURITY		370	370	379	370				0		370			0	2	01/01/2019.	1
3129			FG B12052			MATURITY		119	119	122	119				0		119			0	1	01/01/2019.	1
31296			FG A13117			MBS PAYMENT		1,334	1,334	1,320	1,334				0		1,334			0	11	09/01/2033.	1
31296			FG A16232			MBS PAYMENT		873	873	891	873				0		873			0	8	11/01/2033.	1
31320			FG Q05410			MBS PAYMENT		1,851	1,851	1,851	1,851				0		1,851			0	9	01/01/2042.	1
3132	J2 5H	H 2	FG K90848		03/01/2019.	MBS PAYMENT		5,623	5,623	5,839	5,627		(3)		(3)		5,623			0	30	07/01/2033.	1
3133	A Q	K 7	FG G60458		03/01/2019.	MBS PAYMENT		4,310	4,310	4,536	4,312		(2)		(2)		4,310			0	24	01/01/2044.	1
3133	A U		FG G60587			MBS PAYMENT		1,335	1,335	1,428	1,336		(1)		(1)		1,335			0	9	02/01/2046.	1
31335			FG C90859			MBS PAYMENT		2,588	2,588	2,660	2,590		(2)		(2)		2,588			0	23	10/01/2024.	1
3137			FN 252161			MBS PAYMENT		939	939	928	939				0		939			0	9	12/01/2028.	1
3137			FN 253927		03/01/2019.			90	90	89	90				0		90			0	l1	07/01/2031.	1
31371			FN 255771			MBS PAYMENT		941	941	960	941				0		941				9	07/01/2035.	1
3138			FN AI8184			MBS PAYMENT		1,795	1,795	1,882	1,796		(1)		(1)		1,795			0	12	08/01/2041.	1
3138			FN Al8822			MBS PAYMENT		2,242	2,242	2,376	2,243		(1)		(1)		2,242			n	24	08/01/2041.	1
3138/			FN AJ4145			MBS PAYMENT		2,938	2,938	3,065	2.940		(2)		(2)		2.938			n	24	11/01/2041.	1
	W R		FN AJ4994			MBS PAYMENT		5,225	5,225	5,624	5,230		(6)		(6)		5,225			n	30	11/01/2041.	1
3138			FN AJ7717			MBS PAYMENT		4,818	4,818	4,966	4,821		(3)		(3)		4,818			n	24	12/01/2026.	1
			FN AL0245			MBS PAYMENT		3,262	3,262	3,361	3,263		(1)		(1)		3,262			n		04/01/2041.	1
			FN AL1492			MBS PAYMENT		3,226	3,202	3.375	3,203		/1)		(1)		3,202			o		03/01/2041.	1
01000	U	U 3	I N AL 1432		. 00/01/2019.	INDOI VINEINI			1				(I)		i(I)					U		00/01/2042.	1

QE05

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

				<u> </u>	ill Long-Teni	ii bolius ali	u Siucks S	OLD, KLD	EEMED or O	iliei wise i				il Quarter			,				
1		2	3 4	5	6	7	8	9	10			ook/Adjusted C	Carrying Value	45	16	17	18	19	20	21	22
			F o r ei g Disposal		Number of				Prior Year Book/Adjusted	11 Unrealized Valuation Increase	Current Year's (Amortization)	Current Year's Other-Than- Temporary Impairment	Total Change in B./A.C.V.	Total Foreign Exchange Change in	Book/Adjusted Carrying Value at		Realized Gain (Loss)	Total Gain (Loss) on	Bond Interest / Stock Dividends Received	Stated Contractual Maturity	NAIC Designation and Admini- strative Symbol/ Market
CUSIP Identification		Description	n Date	Name of Purchaser	Shares of Stock		Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal	on Disposal	Disposal	During Year	Date	Indicator (a)
		N AL2614		MBS PAYMENT		2,795	2,795	2,890	2,796		(2)		(2)		2,795			0		11/01/2042.	1
		N AL2280		MBS PAYMENT		5,161	5,161	5,496 6,877	5,166		(5)		(5)		5,161			0		09/01/2042.	1
3138EK FB 3138EK HJ		N AL2861	03/01/2019.	MBS PAYMENT		6,695	6,695	1,570			(3)		(3)		1,493			0		12/01/2042. 07/01/2042.	1
		N AL3424		MBS PAYMENT		3,233	3,233	3,394	3,235		(2)		(2)		3,233			0		01/01/2042.	1
3138ET 2J		N AL8876		MBS PAYMENT		3,750	3,750	3,902	3,751		(1)		(1)		3,750			0		10/01/2044.	1
	2 F	N AO0904		MBS PAYMENT		773	773	794	773				0		773			0		04/01/2042.	1
		N AO4133		MBS PAYMENT		4,733	4,733	4,728	4,733				0		4,733			0		06/01/2042.	1
3138MK 2E		N AQ4372				4,974	4,974	4,969	4,974				0		4,974			0		11/01/2027.	1
3138W0 L6 3138W4 CR		N AR3048 N AR6379		MBS PAYMENT		4,709	4,709	4,672	4,709 9,493		(4)		(4)		4,709			0		01/01/2028. 02/01/2043.	1
3138W6 SU		N AR8630		MBS PAYMENT		4,388	4,388	4,520	4,390		(2)		(2)		4,388			0		04/01/2043.	1
		N AS0244		MBS PAYMENT		6,067	6,067	6,276	6,071		(5)		(5)		6,067			0		08/01/2043.	1
		N AS0303	03/01/2019.	MBS PAYMENT		4,122	4,122	4,109	4,122				0		4,122			0	20	08/01/2043.	1
3138W9 MT		N AS0369		MBS PAYMENT		400	400	429	400				0		400			0		09/01/2043.	1
		N AS1075		MBS PAYMENT		2,980	2,980	3,071	2,980		(1)		(1)		2,980			0		11/01/2043.	1
3138WA WT 3138WB UK		N AS1557 N AS2385		MBS PAYMENT		7,651	7,651	8,127	7,657		(6)		(6)		7,651 810			0		01/01/2044. 05/01/2044.	1
3138WE ZJ		N AS2305		MBS PAYMENT		4,939	4,939	5,115	4.940		(2)		(2)		4.939			0		06/01/2044.	1
3138WG DN		N AS6408		MBS PAYMENT		3,524	3,524	3,726	3,526		(2)		(2)		3,524			0		01/01/2046.	1
3138WG HY		N AS6546		MBS PAYMENT		3,424	3,424	3,534	3,425		(1)		(1)		3,424			0		01/01/2031.	1
3138WJ PC	6 F	N AS8518	03/01/2019.	MBS PAYMENT		3,136	3,136	3,121	3,136				0		3,136			0		12/01/2046.	1
3138WJ QE		N AS8552		MBS PAYMENT		8,695	8,695	8,894	8,697		(2)		(2)		8,695			0		12/01/2036.	1
3138WM KY		N AT0310	03/01/2019.			4,358	4,358	4,642	4,361		(2)		(2)		4,358			0		03/01/2043.	1
3138WX FK 3138WZ TZ		N AT9169		MBS PAYMENT		11,106	11,106	11,041	11,105		1		1		11,106			0		07/01/2028. 08/01/2043.	1
3138X0 Y2		N AU1628		MBS PAYMENT		3,517	3,517	3,562	3,517		1		1		3,517			0 N		07/01/2043.	11
		N AU2592		MBS PAYMENT		4,145	4,145	4,294	4.147		(2)		(2)		4.145			0		08/01/2043.	1
		N AU4283		MBS PAYMENT		3,395	3,395	3,407	3,395				0		3,395			0		09/01/2043.	1
3138Y6 3S		N AX5308		MBS PAYMENT		6,244	6,244	6,553	6,246		(2)		(2)		6,244			0		01/01/2042.	1
		N AY4204		MBS PAYMENT		4,533	4,533	4,682	4,534		(2)		(2)		4,533			0		05/01/2045.	1
31394V LV		NR 2005-123 PG				7,436	7,436	7,214	7,435		1		1		7,436			0		01/25/2036.	1
31400Y 3Q 31404V 4L		N 702007 N 780327		MBS PAYMENT		2,656	2,656	396										0		05/01/2033. 07/01/2019.	1
	- 1	N 780981		MBS PAYMENT		2,030	2,030	2,070	2,030		1		1		2,030					06/01/2019.	11
31406U HH		N 820232	03/01/2019.	MBS PAYMENT		2,260	2,260	2,294	2,261				0		2,260			0		06/01/2035.	1
31407B BK	4 F	N 825442	03/01/2019.	MBS PAYMENT		266	266	269	266				0		266			0	2	05/01/2035.	1
31409Y UL		N 882687		MBS PAYMENT		217	217	215	217				0		217			0		06/01/2036.	1
3140FP C9		N BE3695		MBS PAYMENT		10,740	10,740	10,685	10,740				0		10,740			0		06/01/2047.	1
3140HB FK 3140HB GZ		N BJ9169		MBS PAYMENT		11,320	11,320	11,535	3,191		(2)		(2)		11,320			0		05/01/2048. 06/01/2048.	1
3140HB GZ 3140J7 T5		N BM3271		MBS PAYMENT		12,623	12,623	12,832	12,627		(3)		(1)		12,623			0		12/01/2032.	1
3140J8 HZ		N BM3847	03/01/2019.	MBS PAYMENT		1,827	1,827	1,871	1,827		(3)		0		1,827			0		05/01/2048.	1
3140Q7 2P		N CA0781	03/01/2019.	MBS PAYMENT		16,889	16,889	17,227	16,894		(5)		(5)		16,889			0		11/01/2032.	1
31410U KA		N 897689		MBS PAYMENT		630	630	616	630				0		630			0		06/01/2037.	1
31413R 2P		N 953582		MBS PAYMENT		173	173	182	173				0		173			0		12/01/2037.	1
31416J ZM		N AA1647				232	232	240	232				0		232			0		02/01/2039.	1
31416M 5A 31417C JL		N AA4440 N AB5666		MBS PAYMENT		276	276	286	276				0		276			0		03/01/2039. 07/01/2042.	11
31417C JL 31417C KM		N AB5669				4,604	4,604	4,587	4,604				0 n		4,604			n		07/01/2042.	11
31417C VS		N AB6024		MBS PAYMENT		3,305	3,305	3,456	3,307		(2)		(2)		3,305			0		08/01/2042.	1
31417D TR	4 F	N AB6859	03/01/2019.	MBS PAYMENT		2,566	2,566	2,667	2,567		(1)		(1)		2,566			0	16	11/01/2042.	1
31417E MZ		N AB7575	03/01/2019.	MBS PAYMENT		2,259	2,259	2,250	2,258				0		2,259			0		01/01/2043.	1
31417E N9	8 F	N AB7615	03/01/2019.	MBS PAYMENT		7,186	7,186	7,510	7,189		(3)		(3)		7,186			0	37	01/01/2043.	1

QE05.1

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	4	5	6	7	8	Q	10		Change in B	look/Adjusted C	arrying Value		16	17	18	19	20	21	22
1 '		T 1	3		,	o	J	10	11	12	13	14	15	10	"	10	15	20	21	~~
										12	10	1-7	10							NAIC
		:									Current							Bond		Designation
)									Year's							Interest /		and Admini-
									Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	strative
		i						Prior Year	Valuation	Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	Symbol/
		Disposal		Number of				Book/Adjusted	Increase	(Amortization)	Impairment	in B./A.C.V.	Change in	Carrying Value at	Gain (Loss)	Gain (Loss)	(Loss) on	Received	Maturity	Market
CUSIP Ident		Date	Name of Purchaser	Shares of Stock		Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.		on Disposal	on Disposal	Disposal	During Year		Indicator (a)
	BE 6 FN AB8896		MBS PAYMENT		2,731	2,731	2,655	2,731		1		1		2,731			0	14	04/01/2043.	1
	5A 0 FN AB9840		MBS PAYMENT		3,090	3,090	3,239	3,091		(1)		(1)		3,090			0	22	07/01/2043.	1
	B5 2 FN AB9959		MBS PAYMENT		2,383	2,383	2,486	2,384		(1)		(1)		2,383			0	17	07/01/2043.	1
	QB 3 FN MA3149		MBS PAYMENT		5,285	5,285	5,487	5,287		(2)		(2)		5,285			0	35	10/01/2047.	1
	CY 4 FN AD8186		MBS PAYMENT		1,539	1,539	1,595	1,540		(1)		(1)		1,539			0	9	09/01/2025.	1
	JD 9 FN AE4179		MBS PAYMENT		1,936	1,936	2,004	1,938		(1)		(1)		1,936			0	11	10/01/2025.	1
31419J S	SV 1 FN AE7731	03/01/2019.	MBS PAYMENT		2,958	2,958	3,155	2,960		(2)		(2)		2,958			0	19	11/01/2040.	1
3199999.	Total - Bonds - U.S. Special Revenue and Special	Assessments.			405,962	405,962	416,764	406,095	0	(131)	0	(131)	0	405,962	0	0	0	2,319	XXX	XXX
	ustrial and Miscellaneous																			
02007M A	AD 2 ALLYA 2018-1 A2	03/15/2019.	MBS PAYMENT		107,572	107,572	107,565	107,490		82		82		107,572			0	379	09/15/2020.	1FE
023761 /	AA 7 AMER AIRLINE 17-1 AA PTT		MBS PAYMENT		8,906	8,906	8,906	8,906				0		8,906			0	163	08/15/2030.	1FE
05568B A	AA 6 BURLINGTN NO SF 06-1 TR		MBS PAYMENT		56,622	56,622	56,779	56,622				0		56,622			0		01/15/2024.	1FE
185506 A	AB 8 CLECO 2008-A A2		MBS PAYMENT		115,183	115,183	115,019	115,183				0		115,183			0	3,231	03/01/2023.	
31428X E	BU 9 FEDEX CORP		MARKETAXESS		249,973	250,000	249,710					0		249,710		262	262	24	01/14/2022.	2FE
47215B A	AD 9 JCPL 2006-A A4		MBS PAYMENT		71,495	71,495	71,431	71,451		44		44		71,495			0	1,003	06/05/2023.	1FE
742741 A	AA 9 PROCTER & GAMBLE - ESOP	01/01/2019.	SINK		50,550	50,550	50,550	50,550				0		50,550			0	2,366	01/01/2021.	1FE
90783X A	AA 9 UNION PACIFIC RR CO 07-3	01/02/2019.	MBS PAYMENT		125,184	125,184	125,184	125,184				0		125,184			0	3,866	01/02/2031.	1FE
909318	AA 5 UNITED AIR 2018-1 AA PTT	03/01/2019.	MBS PAYMENT		3,830	3,830	3,830	3,830				0		3,830			0	67	09/01/2031.	1FE
893526	BY 2 TRANSCANADA PIPELINES	01/15/2019.	MATURITY		500,000	500,000	513,985	500,073		(73)		(73)		500,000			0	17,813	01/15/2019.	2FE
3899999.	Total - Bonds - Industrial and Miscellaneous				1,289,315	1,289,342	1,302,959	1,039,289	0	53	0	53	0	1,289,052	0	262	262	30,531	XXX	XXX
8399997.	Total - Bonds - Part 4				1,706,730	1,706,913	1,731,368	1,457,018	0	(78)	0	(78)	0	1,706,648	0	81	81	32,883	XXX	XXX
8399999.	Total - Bonds				1,706,730	1,706,913	1,731,368	1,457,018	0	(78)	0	(78)	0	1,706,648	0	81	81	32,883	XXX	XXX
99999999.	Total - Bonds, Preferred and Common Stocks				1,706,730	XXX	1,731,368	1,457,018	0	(78)	0	(78)	0	1,706,648	0	81	81	32,883	XXX	XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DL - Pt. 1 NONE

Sch. DL - Pt. 2 NONE

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 1 - CASH

Mont	h End De	epository	Balances								
1	2	3	4	5	Book Balance at End of Each						
	I				Mo	nth During Current Qua	rter				
	1				6	7	8				
			Amount of Interest Received During	Amount of Interest Accrued at Current							
Depository	Code	Rate of Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month	*			
Open Depositories											
BANK OF AMERICA PROVIDENCE, RI					520,472	506,763	427,218	XXX			
0199999. Total Open Depositories	XXX	XXX	0	0	520,472	506,763	427,218	XXX			
0399999. Total Cash on Deposit	XXX	XXX	0	0	520,472	506,763	427,218	XXX			
0599999. Total Cash	XXX	XXX	0	0	520,472	506,763	427,218	XXX			

Statement for March 31, 2019 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

	Onew investmen	its Owned Lind of Odifferit Quarter						
1	2	3	4	5	6	7	8	9
							Amount of Interest Due &	
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Accrued	Amount Received During Year
All Other Money Market Mut	tual Funds							
31607A 70 3 FIDELI	ITY GOVERNMENT PORT-INS		03/28/2019	2.340		537,349	731	
8699999. Total - All Other Mo	oney Market Mutual Funds					537,349	731	0
8899999. Total - Cash Equiva	alents					537,349	731	0

* 1 3 1 0 1 2 0 1 9 4 5 5 0 0 1 0 1 *

Designate the type of health care providers reported on this page.

+ 58998) (Line 58 above).

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Physicians - Including Surgeons and Osteopaths 2 Direct Losses Paid 5 Direct Losses Unpaid 8 Direct Losses Incurred Direct Direct Number Direct Number But Premiums Premiums Losses Amount Not States, Etc Written Earned Amount Claims Incurred Reported Claims Reported Alabama. AL 1. 2 Alaska ΑK 3. Arizona. ΑZ 4. AR Arkansas 5. California CA Colorado. .CO СТ 7. Connecticut. 8. Delaware. DF District of Columbia. DC 10. .FL Florida 11. Georgia. GA .HI 12. Hawaii. .ID 13. Idaho. 14. Illinois .IL .IN 15. Indiana. IΑ 16 lowa 17. Kansas KS .KY 18. Kentucky. 19 Louisiana ΙΑ 20. Maine MF Maryland.. .MD 21. 22 Massachusetts MA 23. Michigan .MI .MN 24. Minnesota. MS 25. Mississippi. 26. Missouri. .MO 27. Montana.. .MT 28 Nebraska NF 29. .NV New Hampshire. 30. .NH 31. New Jersey. .NJ 32. New Mexico. .NM 33 New York NY 34. North Carolina .NC 35. North Dakota .ND 36. Ohio ΩH 37. Oklahoma. .OK .OR 38. Oregon. 39. Pennsylvania .PA 40. Rhode Island. ..RI .502,602 .352,622 .1,010,132 .710,527 ..12,368,366 .7,459,803 .SC 41. South Carolina 42. South Dakota .SD 43. Tennessee. 44. .TX Texas. 45. Utah. .UT Vermont.. .VT 46. 47 VA Virginia. 48. Washington .WA West Virginia.. .WV 49. WI 50. Wisconsin. 51. WY 52. American Samoa.. ..AS GU 53. Guam 54. .PR 55. US Virgin Islands... ...VI 56 Northern Mariana Islands.....MP 57. .CAN Aggregate Other Alien.. 58. ...OT .0 ..0 ..0 .0 ..0 ..0 .0 ..0 59. Totals .502,602 352,622 ...1,010,132 .710,527 .7,459,803 .28 .12,368,366 **DETAILS OF WRITE-INS** 58001 58002. 58003. 58998. Summary of remaining write-ins .0 .0 .0 .0 .0 .0 for Line 58 from overflow page. .0 58999. Totals (Lines 58001 thru 58003



Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Hospita	ls				S AND TERR		<u>. </u>	Direct Losses Unpaid 6 7					
		1	2	Direct Lo	sses Paid	5		·	8 Direct				
		Diroct	Diroct	3	4 Number	Direct	6	7 Number	Direct Losses Incurred				
	States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	of Claims	But Not Reported				
1.	AlabamaAL												
2.	AlaskaAK ArizonaAZ												
3. 4.	ArizonaAZ ArkansasAR												
	CaliforniaCA												
6.	ColoradoCO												
	ConnecticutCT												
8. 9.	DelawareDE District of ColumbiaDC												
	FloridaFL												
	GeorgiaGA												
	HawaiiHI												
13. 14.	IdahoID												
	IndianaIN												
16.	lowaIA												
	KansasKS												
	KentuckyKY												
	LouisianaLA MaineME												
	MarylandMD												
22.	MassachusettsMA												
	MichiganMI												
	MinnesotaMN MississippiMS												
25. 26.	MissouriMO												
	MontanaMT												
-	NebraskaNE												
	NevadaNV												
	New HampshireNH New JerseyNJ												
	New MexicoNM												
33.	New YorkNY												
	North CarolinaNC												
	North DakotaND												
	OhioOH OklahomaOK												
	OregonOR												
	PennsylvaniaPA												
		59,023	58,090			137,236	1,335,000	13	2,460,201				
41. 42.	South CarolinaSC South DakotaSD												
43.	TennesseeTN												
44.	TexasTX												
	UtahUT												
	VermontVT VirginiaVA												
	WashingtonWA												
50.	WisconsinWI												
51. 52.	WyomingWY American SamoaAS												
	GuamGU												
54.	Puerto RicoPR												
55.	US Virgin IslandsVI												
	Northern Mariana IslandsMP												
57. 58.		0	0	0	0	0	0	0	0				
59.	Totals	59,023	58,090		0	137,236	1,335,000	13	2,460,201				
			, `	DETAILS OF			· , · · · ·	1	· *				
58002. 58003.													
	Summary of remaining write-ins												
	for Line 58 from overflow page.	0	0	0	0	0	0	0	0				
58999.	Totals (Lines 58001 thru 58003	^	_	^	^	^	_	^	_				
	+ 58998) (Line 58 above)	0	0	0	0	0	0	0	0				

Supp. A to Sch. T NONE

Supp. A to Sch. T NONE

Overflow Page NONE