



QUARTERLY STATEMENT

As of June 30, 2020
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	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	Commenced Business..... July 1, 1975	
Statutory Home Office	One Turks Head Place .. Providence .. RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	One Turks Head Place .. Providence .. RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-369-8240 <small>(Area Code) (Telephone Number)</small>
Mail Address	One Turks Head Place .. Providence .. RI 02903 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	One Turks Head Place .. Providence .. RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-369-8240 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	N/A	
Statutory Statement Contact	Jerilynn Leahy <small>(Name)</small> jleahy@beechercarlson.com <small>(E-Mail Address)</small>	401-369-8245 <small>(Area Code) (Telephone Number) (Extension)</small> 401-369-8241 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Timothy Knapp	Vice Chair	2. Earl Cottam Jr.	Chair
3. Jerilynn Leahy	Assistant Secretary	4. James Pascalides DPM #	Secretary

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright	James Pascalides DPM	Earl Cottam Jr.	Timothy Knapp
Don Baldini	Barbara M Cavicchio DDS	Newell Warde	Jennifer Morrison
Virginia Burke	Eric Payntor	Laurie Kuiper #	

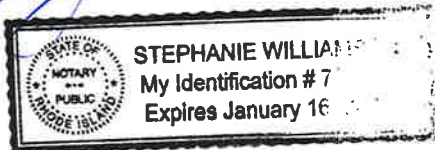
State of..... Rhode Island
County of..... Kent

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.

_____ (Signature) Timothy Knapp 1. (Printed Name) Vice Chair (Title)	_____ (Signature) Earl Cottam Jr. 2. (Printed Name) Chair (Title)	_____ (Signature) Jerilynn Leahy 3. (Printed Name) Assistant Secretary (Title)
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

Subscribed and sworn to before me
This 27 day of July

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____





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Statutory Statement Contact	Jerilynn Leahy <i>(Name)</i> jleahy@beechercarlson.com <i>(E-Mail Address)</i>	401-369-8245 <i>(Area Code) (Telephone Number) (Extension)</i> 401-369-8241 <i>(Fax Number)</i>

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Virginia Burke	Eric Payntor	Laurie Kuiper #	

State of..... Rhode Island
County of..... Providence

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_____ (Signature) Timothy Knapp 1. (Printed Name) Vice Chair (Title)	_____ (Signature) Earl Cottam Jr. 2. (Printed Name) Chair (Title)	 _____ (Signature) Jerilynn Leahy 3. (Printed Name) Assistant Secretary (Title)
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	87,414,860		87,414,860	88,468,445
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
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 (\$....627,230), cash equivalents (\$....1,243,217) and short-term investments (\$.....0).....	1,870,447		1,870,447	1,178,705
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	64,702,348		64,702,348	64,772,187
9. Receivables for securities.....			0	3,992
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).....	153,987,655	0	153,987,655	154,423,329
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,335,314		1,335,314	1,280,684
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	(115,160)		(115,160)	(42,255)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	138,125		138,125	126,690
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	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			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	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	3,616	0	3,616	5,583
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	155,349,550	0	155,349,550	155,794,031
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	155,349,550	0	155,349,550	155,794,031

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			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.....	3,616		3,616	2,331
2502. Prepaid Losses.....			0	
2503. Prepaid premium tax.....			0	3,252
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	3,616	0	3,616	5,583

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....1,201,492).....	18,940,459	21,002,589
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	6,495,730	7,397,459
4. Commissions payable, contingent commissions and other similar charges.....	69,051	71,572
5. Other expenses (excluding taxes, licenses and fees).....	128,190	270,532
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	1,748	
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	414,537	25,633
7.2 Net deferred tax liability.....	293,907	497,845
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).....	2,211,898	1,894,009
10. Advance premium.....	18,313	84,764
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.....	672,923	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.....	4,312	223,983
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	29,251,068	32,428,913
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	29,251,068	32,428,913
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).....	126,098,482	123,365,118
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).....	126,098,482	123,365,118
38. Totals (Page 2, Line 28, Col. 3).....	155,349,550	155,794,031

DETAILS OF WRITE-INS

2501. Unearned Finance Charge.....		
2502. Premium Deficiency Reserve.....		
2503. Losses Payable.....	4,312	223,983
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	4,312	223,983
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 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 thru 3203 plus 3298) (Line 32 above).....	0	0

Medical Malpractice Joint Underwriting Association of Rhode Island STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....1,279,984).....	.962,095	.952,766	1,810,548
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$.....1,279,984).....	.962,095	.952,766	1,810,548
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....1,201,492):			
2.1 Direct.....	(1,323,555)	(1,770,508)	(1,407,913)
2.2 Assumed.....			
2.3 Ceded.....			
2.4 Net.....	(1,323,555)	(1,770,508)	(1,407,913)
3. Loss adjustment expenses incurred.....	(630,444)	(1,306,456)	(741,284)
4. Other underwriting expenses incurred.....	.785,383	.694,648	1,511,968
5. Aggregate write-ins for underwriting deductions.....	.0	.0	.0
6. Total underwriting deductions (Lines 2 through 5).....	(1,168,616)	(2,382,316)	(637,229)
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	2,130,711	3,335,082	2,447,777
INVESTMENT INCOME			
9. Net investment income earned.....	2,385,926	2,532,139	4,987,734
10. Net realized capital gains (losses) less capital gains tax of \$.....128,087.....	.481,850	.484,834	1,571,565
11. Net investment gain (loss) (Lines 9 + 10).....	2,867,776	3,016,973	6,559,299
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	.0		
13. Finance and service charges not included in premiums.....	.13,175	.7,728	15,503
14. Aggregate write-ins for miscellaneous income.....	(571,000)	(750,000)	(536,020)
15. Total other income (Lines 12 through 14).....	(557,825)	(742,272)	(520,517)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	4,440,662	5,609,783	8,486,559
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).....	4,440,662	5,609,783	8,486,559
19. Federal and foreign income taxes incurred.....	.720,817	.931,661	1,226,217
20. Net income (Line 18 minus Line 19) (to Line 22).....	3,719,845	4,678,122	7,260,342
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	123,365,118	114,523,825	114,523,825
22. Net income (from Line 20).....	3,719,845	4,678,122	7,260,342
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....(249,988).....	(940,431)	1,556,645	1,699,666
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	(46,050)	(103,638)	(118,715)
27. Change in nonadmitted assets.....			
28. Change in provision for reinsurance.....			
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.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	.0	.0	.0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	2,733,364	6,131,129	8,841,293
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	126,098,482	120,654,954	123,365,118
DETAILS OF WRITE-INS			
0501. Change in Premium Deficiency Reserve.....			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	.0	.0	.0
1401. Gain or loss on retroactive reinsurance.....	(571,000)	(750,000)	(536,020)
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	.0	.0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	(571,000)	(750,000)	(536,020)
3701.			
3702.			
3703.			
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	.0

Medical Malpractice Joint Underwriting Association of Rhode Island

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.....	1,275,003	945,730	1,697,425
2. Net investment income.....	2,572,782	2,632,426	5,469,684
3. Miscellaneous income.....	(843,461)	(678,566)	(459,275)
4. Total (Lines 1 through 3).....	3,004,324	2,899,590	6,707,834
5. Benefit and loss related payments.....	738,575	1,050,265	1,765,933
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,419,455	959,101	2,041,857
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	460,000	800,000	1,800,000
10. Total (Lines 5 through 9).....	2,618,030	2,809,366	5,607,790
11. Net cash from operations (Line 4 minus Line 10).....	386,294	90,224	1,100,044
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	6,835,281	4,965,522	12,819,451
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	3,992	73	
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,839,273	4,965,595	12,819,451
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,993,763	4,923,860	12,652,113
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	2,540,062	723,751	1,662,322
13.7 Total investments acquired (Lines 13.1 to 13.6).....	6,533,825	5,647,611	14,314,435
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	305,448	(682,016)	(1,494,984)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. 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).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 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 Line 15 plus Line 17).....	691,742	(591,792)	(394,940)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,178,705	1,573,645	1,573,645
19.2 End of period (Line 18 plus Line 19.1).....	1,870,447	981,853	1,178,705
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. 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	2019
NET INCOME					
(1) The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 3,719,845	\$ 7,260,342
(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	\$ 3,719,845	\$ 7,260,342
SURPLUS					
(5) The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 126,098,482	\$ 123,365,118
(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	\$ 126,098,482	\$ 123,365,118

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.

B. 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, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

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

NOTES TO FINANCIAL STATEMENTS

(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

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

B. 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

NOTES TO FINANCIAL STATEMENTS**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

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
Beecher Carlson Insurance Services LLC	95-3679538	YES	Medical Malpractice, General Liability	C, CA, R, B, P, U	\$ 1,279,984
Total	XXX	XXX	XXX	XXX	\$ 1,279,984

Note 20 – Fair Value Measurements

A. 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.

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.

(5) Fair Value Disclosures

Not applicable

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

Not applicable

NOTES TO FINANCIAL STATEMENTS

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.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 95,181,975	\$ 87,414,860	\$ -	\$ 95,181,975	\$	\$	\$
Cash, cash equivalents and short-term investments	\$ 1,870,447	\$ 1,870,447	\$ 1,870,447	\$ -	\$	\$	\$
Other Invested Assets	\$ 68,733,886	\$ 64,702,348	\$ 3,927,371	\$ 64,806,514	\$	\$	\$

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 August 11, 2020 for these statutory financial statements which are to be issued on August 15, 2020.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The operations and business results of the Company could be materially adversely affected. The extent to which the coronavirus (or any other disease or epidemic) impacts business activity or investment results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

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

A. Change in Incurred Losses and Loss Adjustment Expenses

There was favorable development of \$3.8 million attributable to insured events of prior years. The reason for the favorable change relates to claims settling for less 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

NOTES TO FINANCIAL STATEMENTS

Not applicable

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 – Financial Guaranty Insurance

Not applicable

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 [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: _____
- 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? Yes [] No [X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 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? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 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 Name of Entity	2 NAIC Company Code	3 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? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 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). 01/18/2017
- 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 Location (City, State)	3 FRB	4 OCC	5 FDIC	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] 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).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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: \$ 0

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: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 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 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	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	\$ 0	\$ 0

- 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 []
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 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

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 [X] No []

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 and complete 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. 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107423	Conning, Inc.	549300ZOGI4KK37BDV40	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.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

- 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 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]
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 security was 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 reporting 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 (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 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	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]

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
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NONE

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..	1,279,984	1,068,886	738,574	1,050,265	18,940,459	21,355,662
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. US 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..	1,279,984	1,068,886	738,574	1,050,265	18,940,459	21,355,662

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 thru 58003+ Line 58998) (Line 58 above).....	..XXX..	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile.....	0	N - None of the above - Not allowed to write business in the state.....	56

**Sch. Y - Pt. 1
NONE**

**Sch. Y Pt. 1A
NONE**

Medical Malpractice Joint Underwriting Association of Rhode Island PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.000	
2. Allied lines.....			0.000	
3. Farmowners multiple peril.....			0.000	
4. Homeowners multiple peril.....			0.000	
5. Commercial multiple peril.....			0.000	
6. Mortgage guaranty.....			0.000	
8. Ocean marine.....			0.000	
9. Inland marine.....			0.000	
10. Financial guaranty.....			0.000	
11.1. Medical professional liability - occurrence.....	500,671	(1,153,777)	(230.446)	(370.256)
11.2. Medical professional liability - claims-made.....	380,887	(232,879)	(61.141)	4.671
12. Earthquake.....			0.000	
13. Group accident and health.....			0.000	
14. Credit accident and health.....			0.000	
15. Other accident and health.....			0.000	
16. Workers' compensation.....			0.000	
17.1 Other liability-occurrence.....	80,537	63,101	78.350	(11.857)
17.2 Other liability-claims made.....			0.000	
17.3 Excess workers' compensation.....			0.000	
18.1 Products liability-occurrence.....			0.000	
18.2 Products liability-claims made.....			0.000	
19.1, 19.2 Private passenger auto liability.....			0.000	
19.3, 19.4 Commercial auto liability.....			0.000	
21. Auto physical damage.....			0.000	
22. Aircraft (all perils).....			0.000	
23. Fidelity.....			0.000	
24. Surety.....			0.000	
26. Burglary and theft.....			0.000	
27. Boiler and machinery.....			0.000	
28. Credit.....			0.000	
29. International.....			0.000	
30. Warranty.....			0.000	
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	0.000	
35. Totals.....	962,095	(1,323,555)	(137.570)	(185.828)
DETAILS OF WRITE-INS				
3401.....			0.000	
3402.....			0.000	
3403.....			0.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1 Medical professional liability - occurrence.....	150,757	546,406	475,409
11.2 Medical professional liability - claims made.....	128,149	597,089	402,597
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.....	95,839	136,489	190,880
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	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	374,745	1,279,984	1,068,886
DETAILS OF WRITE-INS			
3401.....			
3402.....			
3403.....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

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)	2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2020 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. 2017 + Prior.....	9,829	11,680	21,509	916	1	917	8,758	4	8,290	17,052	(155)	(3,385)	(3,540)
2. 2018.....	515	2,759	3,274	12		12	753		2,340	3,093	250	(419)	(169)
3. Subtotals 2018 + Prior.....	10,344	14,439	24,783	928	1	929	9,511	4	10,630	20,145	95	(3,804)	(3,709)
4. 2019.....	823	2,794	3,617	68	3	71	853	7	2,585	3,445	98	(199)	(101)
5. Subtotals 2019 + Prior.....	11,167	17,233	28,400	996	4	1,000	10,364	11	13,215	23,590	193	(4,003)	(3,810)
6. 2020.....	XXX	XXX	XXX	XXX	10	10	XXX	120	1,726	1,846	XXX	XXX	XXX
7. Totals.....	11,167	17,233	28,400	996	14	1,010	10,364	131	14,941	25,436	193	(4,003)	(3,810)
8. Prior Year-End's Surplus As Regards Policyholders	123,365												
											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
											1.1.7 %	2.(23.2)%	3.(13.4)%
													Col. 13, Line 7 Line 8
													4.(3.1)%

Q14

Statement for June 30, 2020 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.

	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

Explanation:

1. The data for this supplement is not required to be filed.
- 2.
3. 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

Medical Malpractice Joint Underwriting Association of Rhode Island 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.....	0	
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 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

NONE

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.....	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. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points 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).....	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

NONE

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.....	64,772,187	59,089,912
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.....	1,177,248	3,615,960
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....	(1,190,418)	2,151,476
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....	56,669	85,161
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	64,702,348	64,772,187
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	64,702,348	64,772,187

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.....	88,468,445	88,938,221
2. Cost of bonds and stocks acquired.....	5,975,185	12,652,113
3. Accrual of discount.....	17,850	30,668
4. Unrealized valuation increase (decrease).....	(8,072)	
5. Total gain (loss) on disposals.....	(33,024)	33,197
6. Deduct consideration for bonds and stocks disposed of.....	6,835,281	12,819,451
7. Deduct amortization of premium.....	202,667	366,303
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.....	32,424	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	87,414,860	88,468,445
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	87,414,860	88,468,445

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
BONDS								
1. NAIC 1 (a).....	68,683,060	3,693,761	1,868,787	(1,001,419)	68,683,060	69,506,615		70,320,344
2. NAIC 2 (a).....	19,212,973	300,000	2,470,839	579,183	19,212,973	17,621,317		18,148,101
3. NAIC 3 (a).....	131,600		159,885	315,213	131,600	286,928		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	88,027,633	3,993,761	4,499,511	(107,023)	88,027,633	87,414,860	0	88,468,445
PREFERRED STOCK								
8. NAIC 1.....						0		
9. NAIC 2.....						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.....	88,027,633	3,993,761	4,499,511	(107,023)	88,027,633	87,414,860	0	88,468,445

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(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.

**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**

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	81,885	27,497
2. Cost of cash equivalents acquired.....	5,338,830	6,196,719
3. Accrual of discount.....		1,404
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	4,177,498	6,143,735
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. 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).....	1,243,217	81,885
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,243,217	81,885

**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**

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
Bonds - U.S. Special Revenue and Special Assessment									
29270C 3T 0	ENERGY N W WA ELEC REVENUE.....		06/11/2020.....	JEFFERIES & CO.....		609,380	500,000	222	1FE.....
3140X6 2N 0	FN FM3480.....		06/25/2020.....	WELLS FARGO SECURITIES LLC.....		1,043,125	1,000,000	1,944	1.....
368497 JT 1	GEISINGER PA AUTH HLTH SYS REV.....		06/19/2020.....	MERRILL LYNCH.....		286,463	250,000		1FE.....
650036 AN 6	NEW YORK ST URBAN DEV CORP REV.....		06/22/2020.....	GOLDMAN SACHS.....		289,993	250,000		1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					2,228,961	2,000,000	2,166	XXX.....
Bonds - Industrial and Miscellaneous									
22160K AQ 8	COSTCO WHOLESALE CORP.....		04/17/2020.....	VARIOUS.....		200,670	200,000	7	1FE.....
26614N AA 0	DUPONT DE NEMOURS INC.....		04/28/2020.....	CITIGROUP GLOBAL MARKETS.....		300,000	300,000		2FE.....
458140 AP 5	INTEL CORP.....		05/08/2020.....	CREDIT SUISSE.....		914,408	750,000	13,016	1FE.....
46124H AB 2	INTUIT INC.....		06/25/2020.....	BANK AMERICA.....		349,724	350,000		1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					1,764,802	1,600,000	13,023	XXX.....
8399997	Total - Bonds - Part 3.....					3,993,763	3,600,000	15,189	XXX.....
8399999	Total - Bonds.....					3,993,763	3,600,000	15,189	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					3,993,763	XXX	15,189	XXX.....

QE04

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For rei g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	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 Contractual Maturity Date	NAIC Designation and Admini- strative Symbol
Bonds - U.S. Government																					
36202E	UM 9 G2 4188		06/01/2020	MBS PAYMENT		.9	.9	.9	.9				.0		.9			.0		07/20/2038	1
36205K	WE 8 GN 393145		06/01/2020	MBS PAYMENT		1,074	1,074	1,069	1,073		1		.1		1,074			.0		05/15/2024	1
36208C	7L 5 GN 447399		06/01/2020	MBS PAYMENT		.134	.134	.136	.134				.0		.134			.0		07/15/2027	1
0599999	Total - Bonds - U.S. Government					1,217	1,217	1,214	1,216	.0	1	.0	.1	.0	1,217	.0	.0	.0	.40	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
25477G	EB 7 DIST OF COLUMBIA INCOME TAX SE		06/01/2020	CALLED BY ISSUER at 100.000		500,000	500,000	526,180	501,428		(1,428)		(1,428)		500,000			.0	12,500	12/01/2026	1FE
3128K6	7K 0 FG A46298		06/01/2020	MBS PAYMENT		1,442	1,442	1,456	1,442				.0		1,442			.0	.33	07/01/2035	1
3128KV	MN 2 FG A64865		06/01/2020	MBS PAYMENT		8,462	8,462	8,536	8,464		(2)		(2)		8,462			.0	.211	08/01/2037	1
3128M4	4Q 3 FG G03231		06/01/2020	MBS PAYMENT		2,251	2,251	2,218	2,249		3		3		2,251			.0	.51	08/01/2037	1
3128M5	UZ 1 FG G03900		06/01/2020	MBS PAYMENT		.444	.444	.441	.443				.0		.444			.0	.9	02/01/2038	1
3128M7	XB 7 FG G05774		06/01/2020	MBS PAYMENT		3,802	3,802	4,038	3,818		(15)		(15)		3,802			.0	.83	01/01/2040	1
3128M8	AZ 7 FG G06024		06/01/2020	MBS PAYMENT		1,370	1,370	1,447	1,372		(1)		(1)		1,370			.0	.28	08/01/2040	1
3128ME	3F 6 FG G15998		06/01/2020	MBS PAYMENT		5,239	5,239	5,250	5,239		(1)		(1)		5,239			.0	.56	01/01/2032	1
3128MJ	R3 6 FG G08505		06/01/2020	MBS PAYMENT		25,571	25,571	26,846	25,641		(69)		(69)		25,571			.0	.321	09/01/2042	1
3128MJ	U3 2 FG G08601		06/01/2020	MBS PAYMENT		7,151	7,151	7,649	7,192		(41)		(41)		7,151			.0	.122	08/01/2044	1
3128MJ	X4 7 FG G08698		06/01/2020	MBS PAYMENT		14,746	14,746	15,394	14,809		(63)		(63)		14,746			.0	.221	03/01/2046	1
3128MJ	X5 4 FG G08699		06/01/2020	MBS PAYMENT		12,071	12,071	12,955	12,153		(83)		(83)		12,071			.0	.205	03/01/2046	1
3128MJ	YM 6 FG G08715		06/01/2020	MBS PAYMENT		11,961	11,961	12,444	11,993		(32)		(32)		11,961			.0	.152	08/01/2046	1
3128MJ	ZH 6 FG G08743		06/01/2020	MBS PAYMENT		12,493	12,493	13,151	12,546		(53)		(53)		12,493			.0	.212	01/01/2047	1
3128MJ	ZM 5 FG G08747		06/01/2020	MBS PAYMENT		21,079	21,079	20,824	21,065		15		15		21,079			.0	.266	02/01/2047	1
3128MM	VZ 3 FG G18631		06/01/2020	MBS PAYMENT		9,153	9,153	9,176	9,155		(2)		(2)		9,153			.0	.96	02/01/2032	1
3128MM	WJ 8 FG G18648		06/01/2020	MBS PAYMENT		27,475	27,475	28,737	27,592		(117)		(117)		27,475			.0	.409	06/01/2032	1
3128MM	WS 8 FG G18656		06/01/2020	MBS PAYMENT		11,084	11,084	11,348	11,103		(19)		(19)		11,084			.0	.170	08/01/2032	1
3128PQ	ZH 7 FG J11644		06/01/2020	MBS PAYMENT		2,018	2,018	2,054	2,021		(3)		(3)		2,018			.0	.32	02/01/2025	1
3128PY	JD 7 FG J18360		06/01/2020	MBS PAYMENT		5,730	5,730	5,925	5,745		(16)		(16)		5,730			.0	.73	03/01/2027	1
31292H	VU 5 FG C01527		06/01/2020	MBS PAYMENT		1,526	1,526	1,553	1,528		(2)		(2)		1,526			.0	.36	04/01/2033	1
31292L	KQ 7 FG C03903		06/01/2020	MBS PAYMENT		9,390	9,390	9,394	9,390				.0		9,390			.0	.141	04/01/2042	1
31292L	L6 0 FG C03949		06/01/2020	MBS PAYMENT		6,920	6,920	7,098	6,926		(6)		(6)		6,920			.0	.116	05/01/2042	1
312940	NH 1 FG A92576		06/01/2020	MBS PAYMENT		2,341	2,341	2,404	2,344		(2)		(2)		2,341			.0	.47	07/01/2040	1
312941	2J 2 FG A93093		06/01/2020	MBS PAYMENT		3,306	3,306	3,478	3,317		(11)		(11)		3,306			.0	.66	07/01/2040	1
312942	NF 8 FG A93990		06/01/2020	MBS PAYMENT		3,538	3,538	3,660	3,549		(11)		(11)		3,538			.0	.61	09/01/2040	1
31294M	DW 8 FG E02817		06/01/2020	MBS PAYMENT		5,329	5,329	5,188	5,316		13		13		5,329			.0	.67	01/01/2026	1
31296M	PA 1 FG A13117		06/01/2020	MBS PAYMENT		1,990	1,990	1,969	1,989		1		1		1,990			.0	.45	09/01/2033	1
31296Q	4R 8 FG A16232		06/01/2020	MBS PAYMENT		.534	.534	.545	.535				.0		.534			.0	.12	11/01/2033	1
3132GL	VB 7 FG Q05410		06/01/2020	MBS PAYMENT		7,889	7,889	7,887	7,889				.0		7,889			.0	.106	01/01/2042	1
3132J2	5H 2 FG K90848		06/01/2020	MBS PAYMENT		8,693	8,693	9,028	8,710		(17)		(17)		8,693			.0	.107	07/01/2033	1
31335A	QK 7 FG G60458		06/01/2020	MBS PAYMENT		14,190	14,190	14,933	14,242		(52)		(52)		14,190			.0	.213	01/01/2044	1
31335A	UL 0 FG G60587		06/01/2020	MBS PAYMENT		3,567	3,567	3,815	3,588		(21)		(21)		3,567			.0	.61	02/01/2046	1
31335H	5U 3 FG C90859		06/01/2020	MBS PAYMENT		1,839	1,839	1,890	1,845		(6)		(6)		1,839			.0	.42	10/01/2024	1
31371H	B6 4 FN 252161		06/01/2020	MBS PAYMENT		1,984	1,984	1,961	1,982		2		2		1,984			.0	.44	12/01/2028	1
31371K	A4 3 FN 253927		06/01/2020	MBS PAYMENT		.102	.102	.101	.102				.0		.102			.0	.3	07/01/2031	1
31371M	CG 0 FN 255771		06/01/2020	MBS PAYMENT		.995	.995	1,015	.997		(2)		(2)		.995			.0	.27	07/01/2035	1
3138AN	CW 1 FN A18184		06/01/2020	MBS PAYMENT		3,203	3,203	3,358	3,208		(6)		(6)		3,203			.0	.58	08/01/2041	1
3138AN	YU 1 FN A18822		06/01/2020	MBS PAYMENT		1,754	1,754	1,859	1,765		(11)		(11)		1,754			.0	.38	08/01/2041	1
3138AV	TB 1 FN AJ4145		06/01/2020	MBS PAYMENT		4,112	4,112	4,290	4,122		(9)		(9)		4,112			.0	.68	11/01/2041	1
3138AW	RQ 8 FN AJ4994		06/01/2020	MBS PAYMENT		7,212	7,212	7,763	7,246		(34)		(34)		7,212			.0	.122	11/01/2041	1
3138EO	SF 7 FN AJ7717		06/01/2020	MBS PAYMENT		5,213	5,213	5,372	5,226		(13)		(13)		5,213			.0	.67	12/01/2026	1
3138EG	HX 5 FN AL0245		06/01/2020	MBS PAYMENT		3,360	3,360	3,462	3,366		(6)		(6)		3,360			.0	.53	04/01/2041	1
3138EH	US 9 FN AL1492		06/01/2020	MBS PAYMENT		6,636	6,636	6,942	6,654		(18)		(18)		6,636			.0	.111	03/01/2042	1
3138EJ	3Y 2 FN AL2614		06/01/2020	MBS PAYMENT		1,754	1,754	1,814	1,759		(5)		(5)		1,754			.0	.27	11/01/2042	1
3138EJ	RA 8 FN AL2280		06/01/2020	MBS PAYMENT		7,483	7,483	7,968	7,520		(37)		(37)		7,483			.0	.138	09/01/2042	1
3138EK	FB 6 FN AL2861		06/01/2020	MBS PAYMENT		7,508	7,508	7,713	7,522		(14)		(14)		7,508			.0	.110	12/01/2042	1
3138EK	HJ 7 FN AL2932		06/01/2020	MBS PAYMENT		1,635	1,635	1,720	1,640		(4)		(4)		1,635			.0	.27	07/01/2042	1
3138EK	YW 9 FN AL3424		06/01/2020	MBS PAYMENT		7,883	7,883	8,274	7,908		(26)		(26)		7,883			.0	.135	01/01/2043	1

QE05

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	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 Contractual Maturity Date	NAIC Designation and Administrative Symbol
3138ET 2J 4	FN AL8876		06/01/2020	MBS PAYMENT		7,976	7,976	8,300	7,995		(20)		(20)		7,976			.0	101	10/01/2044	1
3138LR AE 2	FN AO0904		06/01/2020	MBS PAYMENT		2,746	2,746	2,822	2,751		(5)		(5)		2,746			.0	46	04/01/2042	1
3138LU SX 4	FN AO4133		06/01/2020	MBS PAYMENT		6,120	6,120	6,114	6,120				.0		6,120			.0	93	06/01/2042	1
3138MK 2E 5	FN AQ4372		06/01/2020	MBS PAYMENT		4,820	4,820	4,815	4,820				.0		4,820			.0	49	11/01/2027	1
3138W0 L6 4	FN AR3048		06/01/2020	MBS PAYMENT		3,126	3,126	3,101	3,124		2		2		3,126			.0	33	01/01/2028	1
3138W4 CR 0	FN AR6379		06/01/2020	MBS PAYMENT		7,821	7,821	8,096	7,835		(14)		(14)		7,821			.0	95	02/01/2043	1
3138W6 SU 1	FN AR8630		06/01/2020	MBS PAYMENT		1,172	1,172	1,208	1,175		(3)		(3)		1,172			.0	16	04/01/2043	1
3138W9 HW 3	FN AS0244		06/01/2020	MBS PAYMENT		1,459	1,459	1,509	1,463		(4)		(4)		1,459			.0	24	08/01/2043	1
3138W9 KR 0	FN AS0303		06/01/2020	MBS PAYMENT		6,858	6,858	6,837	6,857		1		1		6,858			.0	89	08/01/2043	1
3138W9 MT 4	FN AS0369		06/01/2020	MBS PAYMENT		2,611	2,611	2,797	2,617		(6)		(6)		2,611			.0	49	09/01/2043	1
3138WA FR 3	FN AS1075		06/01/2020	MBS PAYMENT		14,360	14,360	14,800	14,384		(24)		(24)		14,360			.0	177	11/01/2043	1
3138WA WT 0	FN AS1557		06/01/2020	MBS PAYMENT		16,561	16,561	17,591	16,635		(74)		(74)		16,561			.0	281	01/01/2044	1
3138WB UK 9	FN AS2385		06/01/2020	MBS PAYMENT		6,834	6,834	7,215	6,855		(21)		(21)		6,834			.0	111	05/01/2044	1
3138WE ZJ 1	FN AS5244		06/01/2020	MBS PAYMENT		7,061	7,061	7,314	7,072		(11)		(11)		7,061			.0	99	06/01/2045	1
3138WG DN 0	FN AS6408		06/01/2020	MBS PAYMENT		11,421	11,421	12,078	11,421		(47)		(47)		11,421			.0	162	01/01/2046	1
3138WJ PC 6	FN AS8518		06/01/2020	MBS PAYMENT		12,251	12,251	12,189	12,248		3		3		12,251			.0	157	12/01/2046	1
3138WJ QE 1	FN AS8552		06/01/2020	MBS PAYMENT		11,116	11,116	11,371	11,129		(13)		(13)		11,116			.0	141	12/01/2036	1
3138WM KY 6	FN AT0310		06/01/2020	MBS PAYMENT		3,837	3,837	4,087	3,843		(6)		(6)		3,837			.0	54	03/01/2043	1
3138WX FK 8	FN AT9169		06/01/2020	MBS PAYMENT		10,246	10,246	10,186	10,241		4		4		10,246			.0	107	07/01/2028	1
3138WZ TZ 5	FN AU0567		06/01/2020	MBS PAYMENT		2,759	2,759	2,732	2,757		2		2		2,759			.0	37	08/01/2043	1
3138X0 Y2 8	FN AU1628		06/01/2020	MBS PAYMENT		6,252	6,252	6,129	6,246		6		6		6,252			.0	80	07/01/2043	1
3138X1 3A 2	FN AU2592		06/01/2020	MBS PAYMENT		7,440	7,440	7,707	7,455		(15)		(15)		7,440			.0	111	08/01/2043	1
3138X3 XM 9	FN AU4283		06/01/2020	MBS PAYMENT		5,820	5,820	5,840	5,821		(1)		(1)		5,820			.0	82	09/01/2043	1
3138Y6 3S 1	FN AX5308		06/01/2020	MBS PAYMENT		14,218	14,218	14,922	14,296		(78)		(78)		14,218			.0	204	01/01/2042	1
3138YH UV 5	FN AY4204		06/01/2020	MBS PAYMENT		5,883	5,883	6,076	5,895		(12)		(12)		5,883			.0	86	05/01/2045	1
31394V L0 0	FNR 2005-123 PG		06/01/2020	MBS PAYMENT		10,109	10,109	9,806	10,098		10		10		10,109			.0	218	01/25/2036	1
31400Y 3Q 7	FN 702007		06/01/2020	MBS PAYMENT		269	269	276	270				.0		269			.0	6	05/01/2033	1
31406U HH 4	FN 820232		06/01/2020	MBS PAYMENT		392	392	398	393		(1)		(1)		392			.0	9	06/01/2035	1
31409Y UL 9	FN 882687		06/01/2020	MBS PAYMENT		238	238	236	238				.0		238			.0	6	06/01/2036	1
3140FP C9 8	FN BE3695		06/01/2020	MBS PAYMENT		87,908	87,908	87,455	87,860		48		48		87,908			.0	1,322	06/01/2047	1
3140HB FK 9	FN BJ9169		06/01/2020	MBS PAYMENT		88,803	88,803	90,489	89,042		(238)		(238)		88,803			.0	1,490	05/01/2048	1
3140HB GZ 5	FN BJ9215		06/01/2020	MBS PAYMENT		29,248	29,248	29,774	29,308		(60)		(60)		29,248			.0	499	06/01/2048	1
3140J7 T5 4	FN BM3271		06/01/2020	MBS PAYMENT		15,077	15,077	15,327	15,094		(17)		(17)		15,077			.0	189	12/01/2032	1
3140J8 HZ 9	FN BM3847		06/01/2020	MBS PAYMENT		16,711	16,711	17,113	16,728		(17)		(17)		16,711			.0	272	05/01/2048	1
3140JG LQ 6	FN BN0334		06/01/2020	MBS PAYMENT		308,603	308,603	320,960	311,235		(2,632)		(2,632)		308,603			.0	5,173	12/01/2048	1
3140Q7 2P 1	FN CA0781		06/01/2020	MBS PAYMENT		20,384	20,384	20,792	20,412		(28)		(28)		20,384			.0	262	11/01/2032	1
3140X4 Y8 3	FN FM1634		06/01/2020	MBS PAYMENT		106,959	106,959	110,318	107,477		(518)		(518)		106,959			.0	1,598	06/01/2049	1
31410U KA 9	FN 897689		06/01/2020	MBS PAYMENT		523	523	511	521		2		2		523			.0	12	06/01/2037	1
31413R 2P 0	FN 953582		06/01/2020	MBS PAYMENT		161	161	170	161				.0		161			.0	4	12/01/2037	1
31416J ZM 6	FN AA1647		06/01/2020	MBS PAYMENT		3,545	3,545	3,664	3,560		(16)		(16)		3,545			.0	74	02/01/2039	1
31416M 5A 8	FN AA4440		06/01/2020	MBS PAYMENT		63	63	65	63				.0		63			.0	1	03/01/2039	1
31417C JL 0	FN AB5666		06/01/2020	MBS PAYMENT		7,064	7,064	7,203	7,078		(14)		(14)		7,064			.0	108	07/01/2042	1
31417C KM 6	FN AB5699		06/01/2020	MBS PAYMENT		1,944	1,944	1,936	1,943		1		1		1,944			.0	28	07/01/2042	1
31417C VS 1	FN AB6024		06/01/2020	MBS PAYMENT		10,809	10,809	11,303	10,843		(33)		(33)		10,809			.0	159	08/01/2042	1
31417D TR 4	FN AB6859		06/01/2020	MBS PAYMENT		11,699	11,699	12,160	11,745		(45)		(45)		11,699			.0	179	11/01/2042	1
31417E MZ 1	FN AB7575		06/01/2020	MBS PAYMENT		7,256	7,256	7,230	7,255		1		1		7,256			.0	87	01/01/2043	1
31417E N9 8	FN AB7615		06/01/2020	MBS PAYMENT		14,830	14,830	15,497	14,865		(36)		(36)		14,830			.0	213	01/01/2043	1
31417F 3E 6	FN AB8896		06/01/2020	MBS PAYMENT		7,342	7,342	7,135	7,330		11		11		7,342			.0	100	04/01/2043	1
31417G 5A 0	FN AB9840		06/01/2020	MBS PAYMENT		11,189	11,189	11,729	11,221		(32)		(32)		11,189			.0	178	07/01/2043	1
31417H B5 2	FN AB9959		06/01/2020	MBS PAYMENT		4,928	4,928	5,141	4,940		(12)		(12)		4,928			.0	85	07/01/2043	1
31418C QY 3	FN MA3149		06/01/2020	MBS PAYMENT		18,692	18,692	19,406	18,775		(83)		(83)		18,692			.0	317	10/01/2047	1
31418W CB 4	FN AD8186		06/01/2020	MBS PAYMENT		1,460	1,460	1,513	1,464		(4)		(4)		1,460			.0	21	09/01/2025	1
31419E UD 9	FN AE4179		06/01/2020	MBS PAYMENT		2,621	2,621	2,714	2,629		(8)		(8)		2,621			.0	38	10/01/2025	1
31419J SV 1	FN AE7731		06/01/2020	MBS PAYMENT		4,964	4,964	5,293	4,988		(25)		(25)		4,964			.0	98	11/01/2040	1

QE05 1

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	13 Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	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 Contractual Maturity Date	NAIC Designation and Administrative Symbol
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					1,789,987	1,789,987	1,853,973	1,796,293	0	(6,306)	0	(6,306)	0	1,789,987	0	0	0	32,628	XXX	XXX
Bonds - Industrial and Miscellaneous																					
023761	AA 7 AMER AIRLINE 17-1 AA PTT.....		05/19/2020	BARCLAYS AMERICAN.....		290,980	319,688	319,688	319,688				0	319,688		(28,708)	(28,708)	8,946	08/15/2030	2FE.....	
02376A	AA 7 AMER AIRLINE 17-2 AA PTT.....		05/19/2020	VARIOUS.....		248,224	275,645	275,645	275,645				0	275,645		(27,421)	(27,421)	5,513	04/15/2031	2FE.....	
174610	AR 6 CITIZENS FINANCIAL GROUP.....		06/16/2020	TRADEWEB.....		264,325	250,000	249,495	249,524		31		31	249,554		14,771	14,771	6,393	07/27/2026	2FE.....	
36962G	2T 0 GENERAL ELECTRIC CO.....		05/04/2020	MATURITY.....		1,000,000	1,000,000	1,001,630	1,000,060		(60)		(60)	1,000,000			0	27,750	05/04/2020	2FE.....	
460146	CE 1 INTERNATIONAL PAPER CO.....		06/12/2020	CALLED BY ISSUER at 107.982....		136,057	126,000	125,899	125,981		5		5	125,986		14	14	16,312	08/15/2021	2FE.....	
47215B	AD 9 JCPL 2006-A A4.....		06/05/2020	MBS PAYMENT.....		77,587	77,587	77,518	77,541		46		46	77,587			0	2,176	06/05/2023	1FE.....	
534187	BB 4 LINCOLN NATIONAL CORP.....		06/15/2020	CALLED BY ISSUER at 104.473....		522,367	500,000	499,725	499,951		15		15	499,966		34	34	33,885	06/24/2021	2FE.....	
72650R	BF 8 PLAINS ALL AMER PIPELINE.....		06/23/2020	MARKETAXESS.....		163,090	160,000	159,747	159,873		12		12	159,885		3,205	3,205	3,744	11/01/2024	3FE.....	
3899999	Total - Bonds - Industrial and Miscellaneous.....					2,702,630	2,708,920	2,709,347	2,708,263	0	49	0	49	2,708,311	0	(38,105)	(38,105)	104,719	XXX	XXX	
8399997	Total - Bonds - Part 4.....					4,493,834	4,500,124	4,564,534	4,505,772	0	(6,256)	0	(6,256)	4,499,515	0	(38,105)	(38,105)	137,387	XXX	XXX	
8399999	Total - Bonds.....					4,493,834	4,500,124	4,564,534	4,505,772	0	(6,256)	0	(6,256)	4,499,515	0	(38,105)	(38,105)	137,387	XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks.....					4,493,834	XXX	4,564,534	4,505,772	0	(6,256)	0	(6,256)	4,499,515	0	(38,105)	(38,105)	137,387	XXX	XXX	

QE05.2

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. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
BANK OF AMERICA	PROVIDENCE, RI				703,339	593,938	627,230	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	703,339	593,938	627,230	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	703,339	593,938	627,230	XXX
0599999. Total Cash.....	XXX	XXX	0	0	703,339	593,938	627,230	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year	
All Other Money Market Mutual Funds									
31607A 70 3	FIDELITY INV MMKT GOVT-INST.....		06/29/2020.....	0.120		1,243,218	219		
8699999. Total - All Other Money Market Mutual Funds.....							1,243,218	219	0
8899999. Total - Cash Equivalents.....							1,243,218	219	0

QE14



SUPPLEMENT "A" TO SCHEDULE T

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

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

Physicians - Including Surgeons and Osteopaths

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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	890,921	654,970	316,075	3	(1,110,552)	8,142,928	23	7,790,674
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. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	890,921	654,970	316,075	3	(1,110,552)	8,142,928	23	7,790,674

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 thru 58003 + 58998) (Line 58 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

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

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

Hospitals

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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	252,573	226,587	422,500	4	(276,104)	1,160,000	9	1,465,588
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. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	252,573	226,587	422,500	4	(276,104)	1,160,000	9	1,465,588

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 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**