



ANNUAL STATEMENT
For the Year Ended December 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
RHODE ISLAND JOINT REINSURANCE ASSOCIATION

NAIC Group Code 00000, NAIC Company Code 00000, Employer's ID Number 05-0356382
Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Massachusetts
Country of Domicile United States
Incorporated/Organized 10/01/1973, Commenced Business 10/01/1973
Statutory Home Office TWO CENTER PLAZA, 8TH FL, BOSTON, MA, US 02108
Main Administrative Office TWO CENTER PLAZA, 8TH FL, BOSTON, MA, US 02108, 617-557-5515
Mail Address TWO CENTER PLAZA, 8TH FL, BOSTON, MA, US 02108
Primary Location of Books and Records TWO CENTER PLAZA, 8TH FL, BOSTON, MA, US 02108, 617-557-5515
Internet Web Site Address N/A
Statutory Statement Contact RICHARD J CONNORS, 617-557-5514
RCONNORS@MPIUA.COM, 617-557-5675

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Rows include JOHN K GOLEMBESKI (PRESIDENT), RICHARD J CONNORS (TREASURER), and JOHN K GOLEMBESKI (SECRETARY).

OTHER OFFICERS

Empty line for other officers.

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Rows include CHARLES DIGRANDE, SANDRA G PARILLO, DENNIS P GRADY, T. BRYAN COOK, ANDREW ABBOTT, DONALD BALDINI, COURTNEY LARKIN, ROBERT ROMANIK, PATRICK MCDONALD, RICHARD BLACKMAN, CARLA DESTEFANO, ROBERT HARTNETT, LESLIE MCKNIGHT, CHARLES C NEWTON, TIMOTHY MERCER, LAURIE KUIPER #.

State of .....

ss

County of .....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

JOHN K GOLEMBESKI
PRESIDENT

RICHARD J CONNORS
TREASURER

JOHN K GOLEMBESKI
SECRETARY

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	42,669,302		42,669,302	42,052,071
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 1,201,181 , Schedule E-Part 1), cash equivalents (\$ ..... 473,640 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	1,674,821		1,674,821	2,302,514
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	985
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	44,344,123	0	44,344,123	44,355,570
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	236,676		236,676	255,710
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,445,603	662,967	2,782,636	2,603,147
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable.....	100	100	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	48,026,502	663,067	47,363,435	47,214,427
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	48,026,502	663,067	47,363,435	47,214,427
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Premium Tax.....	0	0	0	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	8,554,095	8,747,723
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	1,892,951	2,116,685
4. Commissions payable, contingent commissions and other similar charges .....	202,944	207,760
5. Other expenses (excluding taxes, licenses and fees) .....	374,344	337,194
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	3,916	0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		0
7.2 Net deferred tax liability .....		0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	12,176,660	12,159,270
10. Advance premium .....	37,184	214,087
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....		0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....		0
14. Amounts withheld or retained by company for account of others .....		0
15. Remittances and items not allocated .....		0
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 3, Column 78) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....	1,238,050	1,305,265
19. Payable to parent, subsidiaries and affiliates .....		0
20. Derivatives .....	0	0
21. Payable for securities .....		0
22. Payable for securities lending .....		0
23. Liability for amounts held under uninsured plans .....		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	24,480,144	25,087,984
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	24,480,144	25,087,984
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....		0
31. Preferred capital stock .....		0
32. Aggregate write-ins for other-than-special surplus funds .....	22,883,291	22,126,443
33. Surplus notes .....		0
34. Gross paid in and contributed surplus .....		0
35. Unassigned funds (surplus) .....		0
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ .....)		0
36.2 ..... shares preferred (value included in Line 31 \$ .....)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	22,883,291	22,126,443
38. Totals (Page 2, Line 28, Col. 3)	47,363,435	47,214,427
<b>DETAILS OF WRITE-INS</b>		
2501. ....		0
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201. Members' Equity .....	22,883,291	22,126,443
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	22,883,291	22,126,443

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4) .....	20,275,927	20,306,966
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....	10,562,428	11,123,110
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	1,385,449	1,717,484
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	4,636,159	4,596,420
5. Aggregate write-ins for underwriting deductions .....	0	0
6. Total underwriting deductions (Lines 2 through 5) .....	16,584,036	17,437,014
7. Net income of protected cells .....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	3,691,891	2,869,952
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	1,108,586	1,152,393
10. Net realized capital gains (losses) less capital gains tax of \$ ..... (Exhibit of Capital Gains (Losses))	157,528	1,819
11. Net investment gain (loss) (Lines 9 + 10) .....	1,266,114	1,154,212
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ) .....		0
13. Finance and service charges not included in premiums .....		0
14. Aggregate write-ins for miscellaneous income .....	22,504	26,235
15. Total other income (Lines 12 through 14) .....	22,504	26,235
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	4,980,509	4,050,399
17. Dividends to policyholders .....		0
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) .....	4,980,509	4,050,399
19. Federal and foreign income taxes incurred .....		0
20. Net income (Line 18 minus Line 19) (to Line 22) .....	4,980,509	4,050,399
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	22,126,443	20,291,075
22. Net income (from Line 20) .....	4,980,509	4,050,399
23. Net transfers (to) from Protected Cell accounts .....		0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....		0
25. Change in net unrealized foreign exchange capital gain (loss) .....		0
26. Change in net deferred income tax .....		0
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	(652,420)	2,727
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....		0
30. Surplus (contributed to) withdrawn from protected cells .....		0
31. Cumulative effect of changes in accounting principles .....		0
32. Capital changes:		
32.1 Paid in .....		0
32.2 Transferred from surplus (Stock Dividend) .....		0
32.3 Transferred to surplus .....		0
33. Surplus adjustments:		
33.1 Paid in .....		0
33.2 Transferred to capital (Stock Dividend) .....		0
33.3 Transferred from capital .....		0
34. Net remittances from or (to) Home Office .....		0
35. Dividends to stockholders .....		0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	(3,571,241)	(2,217,758)
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	756,848	1,835,368
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	22,883,291	22,126,443
<b>DETAILS OF WRITE-INS</b>		
0501. ....		0
0502. ....		0
0503. ....		0
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0
1401. Other Income .....	22,454	26,210
1402. New Membership Fees Income .....	50	25
1403. ....		0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	22,504	26,235
3701. Assessments or (Distributions) .....	(3,571,241)	(2,217,758)
3702. ....		0
3703. ....		0
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) .....	(3,571,241)	(2,217,758)

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	19,252,176	20,073,890
2. Net investment income.....	1,143,979	1,194,092
3. Miscellaneous income.....	22,504	26,235
4. Total (Lines 1 through 3).....	20,418,659	21,294,217
5. Benefit and loss related payments.....	12,432,455	13,717,861
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,567,578	4,680,910
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0
10. Total (Lines 5 through 9).....	17,000,033	18,398,771
11. Net cash from operations (Line 4 minus Line 10).....	3,418,626	2,895,446
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	8,648,956	8,536,611
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	(905)
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	(1)	35
12.7 Miscellaneous proceeds.....	985	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	8,649,940	8,535,741
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	9,125,018	8,474,751
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	9,125,018	8,474,751
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	(475,078)	60,990
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	(3,571,241)	(2,217,758)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(3,571,241)	(2,217,758)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(627,693)	738,678
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,302,514	1,563,836
19.2 End of year (Line 18 plus Line 19.1).....	1,674,821	2,302,514

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business		1	2	3	4
		Net Premiums Written per Column 6, Part 1B	Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire .....	2,235,409	1,568,684	1,340,594	2,463,499
2.	Allied lines .....	4,176,719	2,168,579	2,485,824	3,859,474
3.	Farmowners multiple peril .....	0	0	0	0
4.	Homeowners multiple peril .....	12,601,715	7,745,628	7,690,545	12,656,798
5.	Commercial multiple peril .....	0	0	0	0
6.	Mortgage guaranty .....	0	0	0	0
8.	Ocean marine .....	0	0	0	0
9.	Inland marine .....	0	0	0	0
10.	Financial guaranty .....	0	0	0	0
11.1	Medical professional liability-occurrence .....	0	0	0	0
11.2	Medical professional liability-claims-made .....	0	0	0	0
12.	Earthquake .....	0	0	0	0
13.	Group accident and health .....	0	0	0	0
14.	Credit accident and health (group and individual) .....	0	0	0	0
15.	Other accident and health .....	0	0	0	0
16.	Workers' compensation .....	0	0	0	0
17.1	Other liability-occurrence .....	1,277,036	675,081	658,400	1,293,717
17.2	Other liability-claims-made .....	2,438	1,298	1,297	2,439
17.3	Excess workers' compensation .....	0	0	0	0
18.1	Products liability-occurrence .....	0	0	0	0
18.2	Products liability-claims-made .....	0	0	0	0
19.1,19.2	Private passenger auto liability .....	0	0	0	0
19.3,19.4	Commercial auto liability .....	0	0	0	0
21.	Auto physical damage .....	0	0	0	0
22.	Aircraft (all perils) .....	0	0	0	0
23.	Fidelity .....	0	0	0	0
24.	Surety .....	0	0	0	0
26.	Burglary and theft .....	0	0	0	0
27.	Boiler and machinery .....	0	0	0	0
28.	Credit .....	0	0	0	0
29.	International .....	0	0	0	0
30.	Warranty .....	0	0	0	0
31.	Reinsurance-nonproportional assumed property .....	0	0	0	0
32.	Reinsurance-nonproportional assumed liability .....	0	0	0	0
33.	Reinsurance-nonproportional assumed financial lines .....	0	0	0	0
34.	Aggregate write-ins for other lines of business .....	0	0	0	0
35.	<b>TOTALS</b>	<b>20,293,317</b>	<b>12,159,270</b>	<b>12,176,660</b>	<b>20,275,927</b>
<b>DETAILS OF WRITE-INS</b>					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire .....	1,340,594				1,340,594
2.	Allied lines .....	2,485,824				2,485,824
3.	Farmowners multiple peril .....					0
4.	Homeowners multiple peril .....	7,690,545				7,690,545
5.	Commercial multiple peril .....					0
6.	Mortgage guaranty .....					0
8.	Ocean marine .....					0
9.	Inland marine .....					0
10.	Financial guaranty .....					0
11.1	Medical professional liability-occurrence .....					0
11.2	Medical professional liability-claims-made .....					0
12.	Earthquake .....					0
13.	Group accident and health .....					0
14.	Credit accident and health (group and individual) .....					0
15.	Other accident and health .....					0
16.	Workers' compensation .....					0
17.1	Other liability-occurrence .....	658,400				658,400
17.2	Other liability-claims-made .....	1,297				1,297
17.3	Excess workers' compensation .....					0
18.1	Products liability-occurrence .....					0
18.2	Products liability-claims-made .....					0
19.1,19.2	Private passenger auto liability .....					0
19.3,19.4	Commercial auto liability .....					0
21.	Auto physical damage .....					0
22.	Aircraft (all perils) .....					0
23.	Fidelity .....					0
24.	Surety .....					0
26.	Burglary and theft .....					0
27.	Boiler and machinery .....					0
28.	Credit .....					0
29.	International .....					0
30.	Warranty .....					0
31.	Reinsurance-nonproportional assumed property .....					0
32.	Reinsurance-nonproportional assumed liability .....					0
33.	Reinsurance-nonproportional assumed financial lines .....					0
34.	Aggregate write-ins for other lines of business .....	0	0	0	0	0
35.	TOTALS	12,176,660	0	0	0	12,176,660
36.	Accrued retrospective premiums based on experience .....					
37.	Earned but unbilled premiums .....					
38.	Balance (Sum of Lines 35 through 37)					12,176,660
<b>DETAILS OF WRITE-INS</b>						
3401.	.....					
3402.	.....					
3403.	.....					
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0

(a) State here basis of computation used in each case.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....	2,599,802				364,393	2,235,409
2. Allied lines .....	4,747,746				571,027	4,176,719
3. Farmowners multiple peril .....						0
4. Homeowners multiple peril .....	14,474,545				1,872,830	12,601,715
5. Commercial multiple peril .....						0
6. Mortgage guaranty .....						0
8. Ocean marine .....						0
9. Inland marine .....						0
10. Financial guaranty .....						0
11.1 Medical professional liability-occurrence .....						0
11.2 Medical professional liability-claims-made .....						0
12. Earthquake .....						0
13. Group accident and health .....						0
14. Credit accident and health (group and individual) .....						0
15. Other accident and health .....						0
16. Workers' compensation .....						0
17.1 Other liability-occurrence .....	1,277,036					1,277,036
17.2 Other liability-claims-made .....	2,438					2,438
17.3 Excess workers' compensation .....						0
18.1 Products liability-occurrence .....						0
18.2 Products liability-claims-made .....						0
19.1,19.2 Private passenger auto liability .....						0
19.3,19.4 Commercial auto liability .....						0
21. Auto physical damage .....						0
22. Aircraft (all perils) .....						0
23. Fidelity .....						0
24. Surety .....						0
26. Burglary and theft .....						0
27. Boiler and machinery .....						0
28. Credit .....						0
29. International .....						0
30. Warranty .....						0
31. Reinsurance-nonproportional assumed property .....	XXX					0
32. Reinsurance-nonproportional assumed liability .....	XXX					0
33. Reinsurance-nonproportional assumed financial lines .....	XXX					0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
35. TOTALS	23,101,567	0	0	0	2,808,250	20,293,317
<b>DETAILS OF WRITE-INS</b>						
3401. ....						
3402. ....						
3403. ....						
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$ .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	1,169,172			1,169,172	593,946	441,561	1,321,557	53.6
2. Allied lines	2,544,831			2,544,831	744,814	793,386	2,496,259	64.7
3. Farmowners multiple peril				0	0	0	0	0.0
4. Homeowners multiple peril	6,181,806			6,181,806	4,272,842	3,879,154	6,575,494	52.0
5. Commercial multiple peril				0	0	0	0	0.0
6. Mortgage guaranty				0	0	0	0	0.0
8. Ocean marine				0	0	0	0	0.0
9. Inland marine				0	0	0	0	0.0
10. Financial guaranty				0	0	0	0	0.0
11.1 Medical professional liability-occurrence				0	0	0	0	0.0
11.2 Medical professional liability-claims-made				0	0	0	0	0.0
12. Earthquake				0	0	0	0	0.0
13. Group accident and health				0	0	0	0	0.0
14. Credit accident and health (group and individual)				0	0	0	0	0.0
15. Other accident and health				0	0	0	0	0.0
16. Workers' compensation				0	0	0	0	0.0
17.1 Other liability-occurrence	860,247			860,247	2,942,493	3,633,622	169,118	13.1
17.2 Other liability-claims-made				0	0	0	0	0.0
17.3 Excess workers' compensation				0	0	0	0	0.0
18.1 Products liability-occurrence				0	0	0	0	0.0
18.2 Products liability-claims-made				0	0	0	0	0.0
19.1,19.2 Private passenger auto liability				0	0	0	0	0.0
19.3,19.4 Commercial auto liability				0	0	0	0	0.0
21. Auto physical damage				0	0	0	0	0.0
22. Aircraft (all perils)				0	0	0	0	0.0
23. Fidelity				0	0	0	0	0.0
24. Surety				0	0	0	0	0.0
26. Burglary and theft				0	0	0	0	0.0
27. Boiler and machinery				0	0	0	0	0.0
28. Credit				0	0	0	0	0.0
29. International				0	0	0	0	0.0
30. Warranty				0	0	0	0	0.0
31. Reinsurance-nonproportional assumed property	XXX			0	0	0	0	0.0
32. Reinsurance-nonproportional assumed liability	XXX			0	0	0	0	0.0
33. Reinsurance-nonproportional assumed financial lines	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35. TOTALS	10,756,056	0	0	10,756,056	8,554,095	8,747,723	10,562,428	52.1
<b>DETAILS OF WRITE-INS</b>								
3401.								
3402.								
3403.								
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES**

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	523,875			523,875	70,071			593,946	41,419
2. Allied lines	553,601			553,601	191,213			744,814	93,989
3. Farmowners multiple peril				0				0	
4. Homeowners multiple peril	3,800,699			3,800,699	472,143			4,272,842	784,953
5. Commercial multiple peril				0				0	
6. Mortgage guaranty				0				0	
8. Ocean marine				0				0	
9. Inland marine				0				0	
10. Financial guaranty				0				0	
11.1 Medical professional liability-occurrence				0				0	
11.2 Medical professional liability-claims-made				0				0	
12. Earthquake				0				0	
13. Group accident and health				0				(a) 0	0
14. Credit accident and health (group and individual)				0				(a) 0	0
15. Other accident and health				0				(a) 0	0
16. Workers' compensation				0				0	
17.1 Other liability-occurrence	1,662,821			1,662,821	1,279,672			2,942,493	972,590
17.2 Other liability-claims-made				0				0	
17.3 Excess workers' compensation				0				0	
18.1 Products liability-occurrence				0				0	
18.2 Products liability-claims-made				0				0	
19.1,19.2 Private passenger auto liability				0				0	
19.3,19.4 Commercial auto liability				0				0	
21. Auto physical damage				0				0	
22. Aircraft (all perils)				0				0	
23. Fidelity				0				0	
24. Surety				0				0	
26. Burglary and theft				0				0	
27. Boiler and machinery				0				0	
28. Credit				0				0	
29. International				0				0	
30. Warranty				0				0	
31. Reinsurance-nonproportional assumed property	XXX			0	XXX			0	
32. Reinsurance-nonproportional assumed liability	XXX			0	XXX			0	
33. Reinsurance-nonproportional assumed financial lines	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	6,540,996	0	0	6,540,996	2,013,099	0	0	8,554,095	1,892,951
<b>DETAILS OF WRITE-INS</b>									
3401.									
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ ..... for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	653,739	0		653,739
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....	653,739	0	0	653,739
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....		2,768,828		2,768,828
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....				0
2.4 Contingent-direct .....				0
2.5 Contingent-reinsurance assumed .....				0
2.6 Contingent-reinsurance ceded .....				0
2.7 Policy and membership fees .....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	2,768,828	0	2,768,828
3. Allowances to manager and agents .....				0
4. Advertising .....		1,200		1,200
5. Boards, bureaus and associations .....		66,139		66,139
6. Surveys and underwriting reports .....		342,044		342,044
7. Audit of assureds' records .....				0
8. Salary and related items:				
8.1 Salaries .....				0
8.2 Payroll taxes .....				0
9. Employee relations and welfare .....				0
10. Insurance .....				0
11. Directors' fees .....				0
12. Travel and travel items .....	(17)	17		0
13. Rent and rent items .....				0
14. Equipment .....				0
15. Cost or depreciation of EDP equipment and software .....				0
16. Printing and stationery .....	274	542		816
17. Postage, telephone and telegraph, exchange and express .....	8,698	18,010		26,708
18. Legal and auditing .....	83,912	33,093		117,005
19. Totals (Lines 3 to 18) .....	92,867	461,045	0	553,912
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	10,687	481,647		492,334
20.2 Insurance department licenses and fees .....				0
20.3 Gross guaranty association assessments .....				0
20.4 All other (excluding federal and foreign income and real estate) .....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	10,687	481,647	0	492,334
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	628,156	924,639	53,572	1,606,367
25. Total expenses incurred .....	1,385,449	4,636,159	53,572	6,075,180
26. Less unpaid expenses-current year .....	1,892,951	581,204		2,474,155
27. Add unpaid expenses-prior year .....	2,116,685	544,954	0	2,661,639
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	1,609,183	4,599,909	53,572	6,262,664
<b>DETAILS OF WRITE-INS</b>				
2401. Management Fees .....	612,729	889,468		1,502,197
2402. Other .....	15,427	35,171	53,572	104,170
2403. ....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	628,156	924,639	53,572	1,606,367

(a) Includes management fees of \$ 1,502,197 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 251,326	231,938
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 927,466	927,816
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 2,232	2,235
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	169	169
10. Total gross investment income	1,181,193	1,162,158
11. Investment expenses		(g) 53,572
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		53,572
17. Net investment income (Line 10 minus Line 16)		1,108,586
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Income	169	169
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	169	169
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 51,300 accrual of discount less \$ 67,659 amortization of premium and less \$ 3,733 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 2,169 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	135,721		135,721		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	21,807		21,807		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(1)		(1)	0	0
7. Derivative instruments	0		0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	157,527	0	157,527	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	662,967	2,417	(660,550)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	.0	.0	.0
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	100	100	.0
25. Aggregate write-ins for other-than-invested assets .....	.0	8,130	8,130
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	663,067	10,647	(652,420)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	663,067	10,647	(652,420)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Premium Tax.....	.0	8,130	8,130
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	8,130	8,130

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

## NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2020	2019
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 4,980,509	\$ 4,050,399
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ .....	\$ .....
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ .....	\$ .....
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 4,980,509	\$ 4,050,399
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 22,883,291	\$ 22,126,443
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ .....	\$ .....
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ .....	\$ .....
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 22,883,291	\$ 22,126,443

### 2. Accounting Changes and Corrections of Errors

### 3. Business Combinations and Goodwill

#### A. Statutory Purchase Method

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

### 4. Discontinued Operations

#### A. Discontinued Operation Disposed of or Classified as Held for Sale

- (1) List of Discontinued Operations Disposed of or Classified as Held for Sale
- (3) Loss Recognized on Discontinued Operations
- (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income
  - a. Carrying Amount of Discontinued Operations
  - b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
-----------------------------------	-------------	------------------	--

1. Assets
2. Liabilities
3. Surplus
4. Income

### 5. Investments

#### A. Mortgage Loans, including Mezzanine Real Estate Loans

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

Current Year	\$ .....	Prior Year	\$ .....0
--------------	----------	------------	-----------
- (4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Residential		Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured		
<b>a. Current Year</b>						
1. Recorded Investment (All)						
(a) Current	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(b) 30-59 Days Past Due	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(c) 60-89 Days Past Due	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(d) 90-179 Days Past Due	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(e) 180+ Days Past Due	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
2. Accruing Interest 90-179 Days Past Due						
(a) Recorded Investment	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(b) Interest Accrued	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
3. Accruing Interest 180+ Days Past Due						
(a) Recorded Investment	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(b) Interest Accrued	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
4. Interest Reduced						
(a) Recorded Investment	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(b) Number of Loans	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
(c) Percent Reduced	% .....	% .....	% .....	% .....	% .....	% .....
5. Participant or Co-lender in a Mortgage Loan Agreement						
(a) Recorded Investment	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0
<b>b. Prior Year</b>						
1. Recorded Investment						
(a) Current	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(b) 30-59 Days Past Due	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(c) 60-89 Days Past Due	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(d) 90-179 Days Past Due	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(e) 180+ Days Past Due	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
2. Accruing Interest 90-179 Days Past Due						
(a) Recorded Investment	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(b) Interest Accrued	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
3. Accruing Interest 180+ Days Past Due						
(a) Recorded Investment	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(b) Interest Accrued	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
4. Interest Reduced						
(a) Recorded Investment	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(b) Number of Loans	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
(c) Percent Reduced	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Participant or Co-lender in a Mortgage Loan Agreement						

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

	Residential			Commercial			Total
	Farm	Insured	All Other	Insured	All Other	Mezzanine	
(a) Recorded Investment	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
<b>(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:</b>							
	Residential			Commercial			Total
	Farm	Insured	All Other	Insured	All Other	Mezzanine	
<b>a. Current Year</b>							
1. With Allowance for Credit Losses	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....0
2. No Allowance for Credit Losses	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....0
3. Total (1+2)	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							\$.....0
<b>b. Prior Year</b>							
1. With Allowance for Credit Losses	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. No Allowance for Credit Losses	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
3. Total (1+2)	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							\$.....0
<b>(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:</b>							
	Residential			Commercial			Total
	Farm	Insured	All Other	Insured	All Other	Mezzanine	
<b>a. Current Year</b>							
1. Average Recorded Investment	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....0
2. Interest Income Recognized	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....0
3. Recorded Investments on Nonaccrual Status	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....0
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....0
<b>b. Prior Year</b>							
1. Average Recorded Investment	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Interest Income Recognized	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
3. Recorded Investments on Nonaccrual Status	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
<b>(7) Allowance for Credit Losses:</b>							
				<u>Current Year</u>		<u>Prior Year</u>	
a. Balance at beginning of period				\$.....0		\$.....0	
b. Additions charged to operations				\$.....		\$.....	
c. Direct write-downs charged against the allowances				\$.....		\$.....	
d. Recoveries of amounts previously charged off				\$.....		\$.....	
e. Balance at end of period				\$.....0		\$.....0	
<b>(8) Mortgage Loans Derecognized as a Result of Foreclosure:</b>							
						<u>Current Year</u>	
a. Aggregate amount of mortgage loans derecognized						\$.....	
b. Real estate collateral recognized						\$.....	
c. Other collateral recognized						\$.....	
d. Receivables recognized from a government guarantee of the foreclosed mortgage loan						\$.....	
<b>B. Debt Restructuring</b>							
				<u>Current Year</u>		<u>Prior Year</u>	
(1) The total recorded investment in restructured loans, as of year-end				\$.....		\$.....0	
(2) The realized capital losses related to these loans				\$.....		\$.....0	
(3) Total contractual commitments to extend credit to debtors owing receivables whose terms have been modified in troubled debt restructurings				\$.....		\$.....0	
<b>C. Reverse Mortgages</b>							
(3) At December 31, 2020, the actuarial reserve of \$ reduced the asset value of the group of reverse mortgages.							
(4) The Company recorded an unrealized loss of \$ as a result of the re-estimate of the cash flows.							
<b>D. Loan-Backed Securities</b>							
(2)							
	(1)	(2)	(3)				
	Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 - 2				
OTTI recognized 1 <sup>st</sup> Quarter							
a. Intent to sell	\$.....	\$.....	\$.....				\$.....0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....	\$.....	\$.....				\$.....0
c. Total 1 <sup>st</sup> Quarter	\$.....0	\$.....0	\$.....0				\$.....0
OTTI recognized 2 <sup>nd</sup> Quarter							
d. Intent to sell	\$.....	\$.....	\$.....				\$.....0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....	\$.....	\$.....				\$.....0
f. Total 2 <sup>nd</sup> Quarter	\$.....0	\$.....0	\$.....0				\$.....0
OTTI recognized 3 <sup>rd</sup> Quarter							
g. Intent to sell	\$.....	\$.....	\$.....				\$.....0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....	\$.....	\$.....				\$.....0
i. Total 3 <sup>rd</sup> Quarter	\$.....0	\$.....0	\$.....0				\$.....0
OTTI recognized 4 <sup>th</sup> Quarter							
j. Intent to sell	\$.....	\$.....	\$.....				\$.....0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$.....	\$.....	\$.....				\$.....0
l. Total 4 <sup>th</sup> Quarter	\$.....0	\$.....0	\$.....0				\$.....0
m. Annual Aggregate Total				\$.....0			\$.....0
(3)							
(4)							
a. The aggregate amount of unrealized losses:				1. Less than 12 Months	\$.....		
				2. 12 Months or Longer	\$.....		
b. The aggregate related fair value of securities with unrealized losses:				1. Less than 12 Months	\$.....		
				2. 12 Months or Longer	\$.....		
<b>E. Dollar Repurchase Agreements and/or Securities Lending Transactions</b>							
(3) Collateral Received							
a. Aggregate Amount Collateral Received							

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

		Fair Value	
1.	Securities Lending		
	(a) Open	\$ .....	
	(b) 30 Days or Less	.....	
	(c) 31 to 60 Days	.....	
	(d) 61 to 90 Days	.....	
	(e) Greater Than 90 Days	.....	
	(f) Sub-Total	\$ .....0	
	(g) Securities Received	.....	
	(h) Total Collateral Received	\$ 0	
2.	Dollar Repurchase Agreement		
	(a) Open	\$ .....	
	(b) 30 Days or Less	.....	
	(c) 31 to 60 Days	.....	
	(d) 61 to 90 Days	.....	
	(e) Greater Than 90 Days	.....	
	(f) Sub-Total	\$ .....0	
	(g) Securities Received	.....	
	(h) Total Collateral Received	\$ 0	
b.	The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$ .....	
(5)	Collateral Reinvestment		
a.	Aggregate Amount Collateral Reinvested		
		Amortized Cost	Fair Value
1.	Securities Lending		
	(a) Open	\$ .....	\$ .....
	(b) 30 Days or Less	.....	.....
	(c) 31 to 60 Days	.....	.....
	(d) 61 to 90 Days	.....	.....
	(e) 91 to 120 Days	.....	.....
	(f) 121 to 180 Days	.....	.....
	(g) 181 to 365 Days	.....	.....
	(h) 1 to 2 Years	.....	.....
	(i) 2 to 3 Years	.....	.....
	(j) Greater Than 3 Years	.....	.....
	(k) Sub-Total	\$ .....0	\$ .....0
	(l) Securities Received	.....	.....
	(m) Total Collateral Reinvested	\$ 0	\$ 0
2.	Dollar Repurchase Agreement		
	(a) Open	\$ .....	\$ .....
	(b) 30 Days or Less	.....	.....
	(c) 31 to 60 Days	.....	.....
	(d) 61 to 90 Days	.....	.....
	(e) 91 to 120 Days	.....	.....
	(f) 121 to 180 Days	.....	.....
	(g) 181 to 365 Days	.....	.....
	(h) 1 to 2 Years	.....	.....
	(i) 2 to 3 Years	.....	.....
	(j) Greater Than 3 Years	.....	.....
	(k) Sub-Total	\$ .....0	\$ .....0
	(l) Securities Received	.....	.....
	(m) Total Collateral Reinvested	\$ 0	\$ 0
(7)	Collateral for securities lending transactions that extend beyond one year from the reporting date.		

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2)	Type of Repo Trades Used				
	a. Bilateral (YES/NO)	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
	b. Tri-Party (YES/NO)	.....			
(3)	Original (Flow) & Residual Maturity				
		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a.	Maximum Amount	.....			
	1. Open – No Maturity	.....			
	2. Overnight	.....			
	3. 2 Days to 1 Week	.....			
	4. > 1 Week to 1 Month	.....			
	5. > 1 Month to 3 Months	.....			
	6. > 3 Months to 1 Year	.....			
	7. > 1 Year	.....			
b.	Ending Balance	.....			
	1. Open – No Maturity	.....			
	2. Overnight	.....			
	3. 2 Days to 1 Week	.....			
	4. > 1 Week to 1 Month	.....			
	5. > 1 Month to 3 Months	.....			
	6. > 3 Months to 1 Year	.....			
	7. > 1 Year	.....			
(5)	Securities "Sold" Under Repo – Secured Borrowing				
		FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a.	Maximum Amount	.....			
	1. BACV	XXX	XXX	XXX	XXX
	2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	XXX
	3. Fair Value	.....			
b.	Ending Balance	.....			
	1. BACV	XXX	XXX	XXX	XXX
	2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	XXX
	3. Fair Value	.....			



# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(2) Type of Repo Trades Used				
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(3) Original (Flow) & Residual Maturity				
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(5) Fair Value of Securities Acquired Under Repo - Secured Borrowing				
a. Maximum Amount				
b. Ending Balance				

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation				
ENDING BALANCE				
a. Bonds – FV				
b. LB & SS – FV				
c. Preferred Stock – FV				
d. Common Stock				
e. Mortgage Loans – FV				
f. Real Estate – FV				
g. Derivatives – FV				
h. Other Invested Assets – FV				
i. Total Assets – FV (Sum of a through h)	0	0	0	0

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation				
ENDING BALANCE				
a. Bonds – FV				
b. LB & SS – FV				
c. Preferred Stock – FV				
d. Common Stock				
e. Mortgage Loans – FV				
f. Real Estate – FV				
g. Derivatives – FV				
h. Other Invested Assets – FV				
i. Total Assets – FV (Sum of a through h)	0	0	0	0

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(7) Collateral Provided – Secured Borrowing				
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash				
2. Securities (FV)				
3. Securities (BACV)				
4. Nonadmitted Subset (BACV)				

	AMORTIZED COST	FAIR VALUE
(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity		
a. Overnight and Continuous		
b. 30 Days or Less		
c. 31 to 90 Days		
d. > 90 Days		

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(9) Recognized Receivable for Return of Collateral – Secured Borrowing				
a. Maximum Amount				
1. Cash				
2. Securities (FV)				
b. Ending Balance				
1. Cash				
2. Securities (FV)				

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)				
a. Maximum Amount				
1. Repo Securities Sold/Acquired with Cash Collateral				
2. Repo Securities Sold/Acquired with Securities Collateral (FV)				
b. Ending Balance				
1. Repo Securities Sold/Acquired with Cash Collateral				
2. Repo Securities Sold/Acquired with Securities Collateral (FV)				

H. Repurchase Agreements Transactions Accounted for as a Sale  
 REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(2) Type of Repo Trades Used				
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
(3) Original (Flow) & Residual Maturity				

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

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

(5) Securities "Sold" Under Repo - Sale

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

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

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – BACV				
b. Bonds – FV				
c. LB & SS – BACV				
d. LB & SS – FV				
e. Preferred Stock – BACV				
f. Preferred Stock – FV				
g. Common Stock				
h. Mortgage Loans – BACV				
i. Mortgage Loans – FV				
j. Real Estate – BACV				
k. Real Estate – FV				
l. Derivatives – BACV				
m. Derivatives – FV				
n. Other Invested Assets – BACV				
o. Other Invested Assets – FV				
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – BACV				
b. Bonds – FV				
c. LB & SS – BACV				
d. LB & SS – FV				
e. Preferred Stock – BACV				
f. Preferred Stock – FV				
g. Common Stock				
h. Mortgage Loans – BACV				
i. Mortgage Loans – FV				
j. Real Estate – BACV				
k. Real Estate – FV				
l. Derivatives – BACV				
m. Derivatives – FV				
n. Other Invested Assets – BACV				
o. Other Invested Assets – FV				
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0
p=a+c+e+g+h+j+l+n      q=b+d+f+g+i+k+m+o				

(7) Proceeds Received - Sale

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

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

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – FV				
b. LB & SS – FV				
c. Preferred Stock – FV				
d. Common Stock				
e. Mortgage Loans – FV				
f. Real Estate – FV				
g. Derivatives – FV				
h. Other Invested Assets – FV				
i. Total Assets – FV (Sum of a through h)	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – FV				
b. LB & SS – FV				
c. Preferred Stock – FV				
d. Common Stock				
e. Mortgage Loans – FV				
f. Real Estate – FV				
g. Derivatives – FV				
h. Other Invested Assets – FV				
i. Total Assets – FV (Sum of a through h)	0	0	0	0

(9) Recognized Forward Resale Commitment

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
b. Ending Balance				

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
 REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO)				

(3) Original (Flow) & Residual Maturity	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				
b. Ending Balance				
1. Open – No Maturity				
2. Overnight				
3. 2 Days to 1 Week				
4. > 1 Week to 1 Month				
5. > 1 Month to 3 Months				
6. > 3 Months to 1 Year				
7. > 1 Year				

(5) Securities Acquired Under Repo - Sale	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	XXX
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	XXX
3. Fair Value				
b. Ending Balance				
1. BACV	XXX	XXX	XXX	XXX
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	XXX
3. Fair Value				

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

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – BACV				
b. Bonds – FV				
c. LB & SS – BACV				
d. LB & SS – FV				
e. Preferred Stock – BACV				
f. Preferred Stock – FV				
g. Common Stock				
h. Mortgage Loans – BACV				
i. Mortgage Loans – FV				
j. Real Estate – BACV				
k. Real Estate – FV				
l. Derivatives – BACV				
m. Derivatives – FV				
n. Other Invested Assets – BACV				
o. Other Invested Assets – FV				
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – BACV				
b. Bonds – FV				
c. LB & SS – BACV				
d. LB & SS – FV				
e. Preferred Stock – BACV				
f. Preferred Stock – FV				
g. Common Stock				
h. Mortgage Loans – BACV				
i. Mortgage Loans – FV				
j. Real Estate – BACV				
k. Real Estate – FV				
l. Derivatives – BACV				
m. Derivatives – FV				
n. Other Invested Assets – BACV				
o. Other Invested Assets – FV				
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0
p=a+c+e+g+h+j+l+n q=b+d+f+g+i+k+m+o				

(7) Proceeds Provided - Sale

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

(8) Recognized Forward Resale Commitment

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
b. Ending Balance				

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						6 Total From Prior Year	7 Increase/ (Decrease) (5 minus 6)
	Current Year							
	1 Total General Account (G/A)	2 G/A Supporting Protected Cell Account Activity (a)	3 Total Protected Cell Account Restricted Assets	4 Protected Cell Account Assets Supporting G/A Activity (b)	5 Total (1 plus 3)			
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$ 0	\$ 0	\$ 0	
b. Collateral held under security lending agreements					0	0	0	
c. Subject to repurchase agreements					0	0	0	
d. Subject to reverse repurchase agreements					0	0	0	
e. Subject to dollar repurchase agreements					0	0	0	
f. Subject to dollar reverse repurchase agreements					0	0	0	
g. Placed under option contracts					0	0	0	
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock					0	0	0	
i. FHLB capital stock					0	0	0	
j. On deposit with states					0	0	0	
k. On deposit with other regulatory bodies					0	0	0	
l. Pledged as collateral to FHLB (including assets backing funding agreements)					0	0	0	
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0	0	
n. Other restricted assets	0	0	0	0	0	0	0	
<b>o. Total Restricted Assets</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	

(a) Subset of column 1  
(b) Subset of column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0.0	0.0
c. Subject to repurchase agreements		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0.0	0.0
g. Placed under option contracts		0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0.0	0.0
i. FHLB capital stock		0	0.0	0.0
j. On deposit with states		0	0.0	0.0
k. On deposit with other regulatory bodies		0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0.0	0.0
m. Pledged as collateral not captured in other categories		0	0.0	0.0
n. Other restricted assets		0	0.0	0.0
<b>o. Total Restricted Assets</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>0.0 %</b>	<b>0.0 %</b>

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

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

(a) Subset of column 1

(b) Subset of column 3

(c) Total Line for Columns 1 through 7 should equal 5L(1)m Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)m Columns 9 through 11 respectively

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

(a) Subset of column 1

(b) Subset of column 3

(c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively

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

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted) *	4 % of BACV to Total Admitted Assets **
General Account:				
a. Cash, Cash Equivalents and Short-Term Investments	\$.....	\$.....	.....0.0 %	.....0.0 %
b. Schedule D, Part 1	.....	.....	.....0.0 %	.....0.0 %
c. Schedule D, Part 2, Section 1	.....	.....	.....0.0 %	.....0.0 %
d. Schedule D, Part 2, Section 2	.....	.....	.....0.0 %	.....0.0 %
e. Schedule B	.....	.....	.....0.0 %	.....0.0 %
f. Schedule A	.....	.....	.....0.0 %	.....0.0 %
g. Schedule BA, Part 1	.....	.....	.....0.0 %	.....0.0 %
h. Schedule DL, Part 1	.....	.....	.....0.0 %	.....0.0 %
i. Other	.....	.....	.....0.0 %	.....0.0 %
<b>j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>0.0 %</b>	<b>0.0 %</b>
Protected Cell:				
k. Cash, Cash Equivalents and Short-Term Investments	\$.....	\$.....	.....0.0 %	.....0.0 %
l. Schedule D, Part 1	.....	.....	.....0.0 %	.....0.0 %
m. Schedule D, Part 2, Section 1	.....	.....	.....0.0 %	.....0.0 %

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

n.	Schedule D, Part 2, Section 2			0.0%	0.0%
o.	Schedule B			0.0%	0.0%
p.	Schedule A			0.0%	0.0%
q.	Schedule BA, Part 1			0.0%	0.0%
r.	Schedule DL, Part 1			0.0%	0.0%
s.	Other			0.0%	0.0%
t.	Total Collateral Assets (k+l+m+n+o+p+q+r+s)	\$	0	\$	0
				0.0%	0.0%

\* j = Column 1 divided by Asset Page, Line 26 (Column 1)  
t = Column 1 divided by Asset Page, Line 27 (Column 1)

\*\* j = Column 1 divided by Asset Page, Line 26 (Column 3)  
t = Column 1 divided by Asset Page, Line 27 (Column 3)

	1	2
	<u>Amount</u>	<u>% of Liability to Total Liabilities *</u>
u.	Recognized Obligation to Return Collateral Asset (General Account)	0.0%
v.	Recognized Obligation to Return Collateral Asset (Protected Cell)	0.0%

\* u = Column 1 divided by Liability Page, Line 26 (Column 1)  
v = Column 1 divided by Liability Page, Line 27 (Column 1)

**M. Working Capital Finance Investments**

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

	Gross Asset CY	Non-admitted Asset CY	Net Admitted Asset CY
a.	WCFI Designation 1	\$	0
b.	WCFI Designation 2	\$	0
c.	WCFI Designation 3	\$	0
d.	WCFI Designation 4	\$	0
e.	WCFI Designation 5	\$	0
f.	WCFI Designation 6	\$	0
g.	Total	\$	0

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs:

	Book/Adjusted Carrying Value
a.	Up to 180 Days
b.	181 Days to 365 Days
c.	Total
	\$ 0

**N. Offsetting and Netting of Assets and Liabilities**

**O. 5GI Securities**

Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds – AC	0	0	\$	0	\$	0
(2) Bonds – FV	0	0	\$	0	\$	0
(3) LB&SS – AC	0	0	\$	0	\$	0
(4) LB&SS – FV	0	0	\$	0	\$	0
(5) Preferred Stock – AC	0	0	\$	0	\$	0
(6) Preferred Stock – FV	0	0	\$	0	\$	0
(7) Total (1+2+3+4+5+6)	0	0	\$	0	\$	0

AC – Amortized Cost      FV – Fair Value

**P. Short Sales**

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

	Proceeds Received	Current Fair Value of Securities Sold Short	Unrealized Gain or Loss	Expected Settlement (# of Days)	Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days	Fair Value of Short Sales Expected to be Settled by Secured Borrowing
a.	Bonds	\$	0	0	\$	0
b.	Preferred Stock	\$	0	0	\$	0
c.	Common Stock	\$	0	0	\$	0
d.	Totals (a+b+c)	\$	0	0	\$	0

(2) Settled Short Sale Transactions

	Proceeds Received	Current Fair Value of Securities Sold Short	Realized Gain or Loss on Transaction	Fair Value of Short Sales that Exceeded 3 Settlement Days	Fair Value of Short Sales Settled by Secured Borrowing
a.	Bonds	\$	0	\$	0
b.	Preferred Stock	\$	0	\$	0
c.	Common Stock	\$	0	\$	0
d.	Totals (a+b+c)	\$	0	\$	0

**Q. Prepayment Penalty and Acceleration Fees**

(1) Number of CUSIPs	General Account	Protected Cell
(2) Aggregate Amount of Investment Income	18,592	0

**6. Joint Ventures, Partnerships and Limited Liability Companies**

**7. Investment Income**

**8. Derivative Instruments**

A. Derivatives under SSAP No. 86 - Derivatives

(8)

a.

<u>Fiscal Year</u>	<u>Derivative Premium Payments Due</u>
1. 2021	\$
2. 2022	\$
3. 2023	\$
4. 2024	\$
5. Thereafter	\$
6. Total Future Settled Premiums	\$ 0

b.

	<u>Undiscounted Future Premium Commitments</u>	<u>Derivative Fair Value With Premium Commitments (Reported on DB)</u>	<u>Derivative Fair Value Excluding Impact of Future Settled Premiums</u>
1. Prior Year	\$ 0	\$ 0	\$ 0

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

2. Current Year \$ ..... \$ ..... \$ .....

B. Derivatives under SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees

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

a. Scheduled Amortization

	Amortization Year	Deferred Assets	Deferred Liabilities
1.	2021	.....	.....
2.	2022	.....	.....
3.	2023	.....	.....
4.	2024	.....	.....
5.	2025	.....	.....
6.	2026	.....	.....
7.	2027	.....	.....
8.	2028	.....	.....
9.	2029	.....	.....
10.	2030	.....	.....
11.	Total	0	0

b. Total Deferred Balance\* .....0  
 \* Should agree to Column 19 of Schedule DB, Part E

c. Reconciliation of Amortization:

1.	Prior Year Total Deferred Balance	\$.....0
2.	Current Year Amortization	\$.....
3.	Current Year Deferred Recognition	\$.....
4.	Ending Deferred Balance [1-(2+3)]	\$.....0

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

1.	Total Derivative Fair Value Change	\$.....
2.	Change in Fair Value Reflected as a Natural Offset to VM21 Liability Under SSAP No. 108	\$.....
3.	Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108	\$.....
4.	Other Changes	\$.....
5.	Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)]	\$.....0

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

1.	Total Derivative Fair Value Change	\$.....
2.	Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108	\$.....
3.	Other Changes	\$.....
4.	Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)]	\$.....0

(3) Hedging Strategies Identified as No Longer Highly Effective

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

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1.	2021	.....	.....	.....
2.	2022	.....	.....	.....
3.	2023	.....	.....	.....
4.	2024	.....	.....	.....
5.	2025	.....	.....	.....
6.	Total Adjusted Amortization	.....	.....	.....

(4) Hedging Strategies Terminated

b. Details of Hedging Strategies Terminated

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1.	2021	.....	.....	.....
2.	2022	.....	.....	.....
3.	2023	.....	.....	.....
4.	2024	.....	.....	.....
5.	2025	.....	.....	.....
6.	Total Adjusted Amortization	.....	.....	.....

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

	12/31/2020		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross Deferred Tax Assets	\$.....	\$.....	\$.....0
(b) Statutory Valuation Allowance Adjustments	\$.....	\$.....	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$.....0	\$.....0	\$.....0
(d) Deferred Tax Assets Nonadmitted	\$.....	\$.....	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$.....0	\$.....0	\$.....0
(f) Deferred Tax Liabilities	\$.....	\$.....	\$.....0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$.....0	\$.....0	\$.....0

	12/31/2019		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	\$.....0	\$.....0	\$.....0
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$.....0	\$.....0	\$.....0
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$.....0	\$.....0	\$.....0
(f) Deferred Tax Liabilities	\$.....0	\$.....0	\$.....0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$.....0	\$.....0	\$.....0

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$.....0	\$.....0	\$.....0

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

(b)	Statutory Valuation Allowance Adjustments	\$.....0	\$.....0	\$.....0
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$.....0	\$.....0	\$.....0
(d)	Deferred Tax Assets Nonadmitted	\$.....0	\$.....0	\$.....0
(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d )	\$.....0	\$.....0	\$.....0
(f)	Deferred Tax Liabilities	\$.....0	\$.....0	\$.....0
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$.....0	\$.....0	\$.....0

2.

12/31/2020		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$.....0	\$.....0	\$.....0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$.....0	\$.....0	\$.....0
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$.....0	\$.....0	\$.....0
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$.....0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$.....0	\$.....0	\$.....0
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$.....0	\$.....0	\$.....0

12/31/2019		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$.....0	\$.....0	\$.....0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$.....0	\$.....0	\$.....0
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$.....0	\$.....0	\$.....0
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$.....0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$.....0	\$.....0	\$.....0
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$.....0	\$.....0	\$.....0

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$.....0	\$.....0	\$.....0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$.....0	\$.....0	\$.....0
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$.....0	\$.....0	\$.....0
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$.....0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$.....0	\$.....0	\$.....0
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$.....0	\$.....0	\$.....0

3.

2020	2019
------	------

(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	.....0.000	\$.....0.000
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$.....0.000	\$.....0.000

4.

12/31/2020	
(1)	(2)
Ordinary	Capital

Impact of Tax-Planning Strategies

(a)	Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	.....0	.....0
	1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....0	.....0
	2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....0	.....0
	3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....0	.....0
	4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....0	.....0

12/31/2019	
(3)	(4)
Ordinary	Capital

(a)	Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	.....0	.....0
	1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....0	.....0
	2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....0	.....0
	3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....0	.....0
	4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....0	.....0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a)	Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	.....0	.....0
	1. Adjusted Gross DTAs Amount From Note 9A1(c)	.....0	.....0
	2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	.....0	.....0
	3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....0	.....0
	4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	.....0	.....0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes..... No.....

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

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ .....	\$ .....0	\$ .....0
(b) Foreign	\$ .....	\$ .....0	\$ .....0
(c) Subtotal	\$ .....0	\$ .....0	\$ .....0
(d) Federal income tax on net capital gains	\$ .....	\$ .....0	\$ .....0
(e) Utilization of capital loss carry-forwards	\$ .....	\$ .....0	\$ .....0
(f) Other	\$ .....	\$ .....0	\$ .....0
(g) Federal and foreign income taxes incurred	\$ .....0	\$ .....0	\$ .....0
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ .....	\$ .....0	\$ .....0
(2) Unearned premium reserve	\$ .....	\$ .....0	\$ .....0
(3) Policyholder reserves	\$ .....	\$ .....0	\$ .....0
(4) Investments	\$ .....	\$ .....0	\$ .....0
(5) Deferred acquisition costs	\$ .....	\$ .....0	\$ .....0
(6) Policyholder dividends accrual	\$ .....	\$ .....0	\$ .....0
(7) Fixed assets	\$ .....	\$ .....0	\$ .....0
(8) Compensation and benefits accrual	\$ .....	\$ .....0	\$ .....0
(9) Pension accrual	\$ .....	\$ .....0	\$ .....0
(10) Receivables - nonadmitted	\$ .....	\$ .....0	\$ .....0
(11) Net operating loss carry-forward	\$ .....	\$ .....0	\$ .....0
(12) Tax credit carry-forward	\$ .....	\$ .....0	\$ .....0
(13) Other (including items <5% of total ordinary tax assets)	\$ .....	\$ .....0	\$ .....0
(99) Subtotal	\$ .....0	\$ .....0	\$ .....0
(b) Statutory valuation allowance adjustment	\$ .....	\$ .....0	\$ .....0
(c) Nonadmitted	\$ .....	\$ .....0	\$ .....0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ .....0	\$ .....0	\$ .....0
(e) Capital:			
(1) Investments	\$ .....	\$ .....0	\$ .....0
(2) Net capital loss carry-forward	\$ .....	\$ .....0	\$ .....0
(3) Real estate	\$ .....	\$ .....0	\$ .....0
(4) Other (including items <5% of total capital tax assets)	\$ .....	\$ .....0	\$ .....0
(99) Subtotal	\$ .....0	\$ .....0	\$ .....0
(f) Statutory valuation allowance adjustment	\$ .....	\$ .....0	\$ .....0
(g) Nonadmitted	\$ .....	\$ .....0	\$ .....0
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ .....0	\$ .....0	\$ .....0
(i) Admitted deferred tax assets (2d + 2h)	\$ .....0	\$ .....0	\$ .....0
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ .....	\$ .....0	\$ .....0
(2) Fixed assets	\$ .....	\$ .....0	\$ .....0
(3) Deferred and uncollected premium	\$ .....	\$ .....0	\$ .....0
(4) Policyholder reserves	\$ .....	\$ .....0	\$ .....0
(5) Other (including items <5% of total ordinary tax liabilities)	\$ .....	\$ .....0	\$ .....0
(99) Subtotal	\$ .....0	\$ .....0	\$ .....0
(b) Capital:			
(1) Investments	\$ .....	\$ .....0	\$ .....0
(2) Real estate	\$ .....	\$ .....0	\$ .....0
(3) Other (including items <5% of total capital tax liabilities)	\$ .....	\$ .....0	\$ .....0
(99) Subtotal	\$ .....0	\$ .....0	\$ .....0
(c) Deferred tax liabilities (3a99 + 3b99)	\$ .....0	\$ .....0	\$ .....0
4. Net deferred tax assets/liabilities (2i - 3c)	\$ .....0	\$ .....0	\$ .....0
I. Alternative Minimum Tax Credit			<u>Amount</u>
(1) Gross AMT Credit Recognized as:			\$ .....
a. Current year recoverable			\$ .....
b. Deferred tax asset (DTA)			\$ .....0
(2) Beginning Balance of AMT Credit Carryforward			\$ .....
(3) Amounts Recovered			\$ .....
(4) Adjustments			\$ .....
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)			\$ .....0
(6) Reduction for Sequestration			\$ .....
(7) Nonadmitted by Reporting Entity			\$ .....
(8) Reporting Entity Ending Balance (8=5-6-7)			\$ .....0
<b>10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties</b>			
C. Transactions with related party who are not reported on Schedule Y			
(1) Detail of Material Related Party Transactions			
Options for Type of Transaction:			
• Loan			
• Exchange of Assets or Liabilities (e.g., buys, sells and secured borrowing transactions)			
• Management Services			
• Cost-Sharing Agreement			
• Other Transactions Involving Services			
• Guarantee (e.g. guarantees to related parties, on behalf of, and when beneficiary is related party)			
• Other			
(2) Detail of Material Related Party Transactions Involving Services			
(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities			
a. Description of Transaction			
b. Assets Received			
c. Assets Transferred			
(4) Detail of Amounts Owed To/From a Related Party			
M. All SCA Investments			
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)			

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 0	\$ 0	\$ 0
f. Aggregate Total (a+e)	XXX	\$ 0	\$ 0	\$ 0

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code**
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 0	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 0	XXX	XXX	XXX

\*S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

\*\* I – Immaterial or M - Material

N. Investment in Insurance SCAs

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

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

O. SCA or SSAP No. 48 Entity Loss Tracking

11. Debt

B. FHLB (Federal Home Loan Bank) Agreements

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year

- (a) Membership Stock – Class A
- (b) Membership Stock – Class B
- (c) Activity Stock
- (d) Excess Stock
- (e) Aggregate Total (a+b+c+d)
- (f) Actual or estimated Borrowing Capacity as Determined by the Insurer

1 Total 2+3	2 General Account	3 Protected Cell Accounts
0		
0		
0		
0		
0	XXX	XXX

2. Prior Year-end

- (a) Membership Stock – Class A
- (b) Membership Stock – Class B
- (c) Activity Stock
- (d) Excess Stock
- (e) Aggregate Total (a+b+c+d)
- (f) Actual or estimated Borrowing Capacity as Determined by the Insurer

1 Total 2+3	2 General Account	3 Protected Cell Accounts
0	0	0
0	0	0
0	0	0
0	0	0
0	XXX	XXX

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

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

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0					
2. Class B	0					

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

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

- 1. Current Year Total General and Protected Cell Accounts Total Collateral Pledged (Lines 2+3)
- 2. Current Year General Account Total Collateral Pledged
- 3. Current Year Protected Cell Accounts Total Collateral Pledged
- 4. Prior Year-end Total General and Protected Cell Accounts Total Collateral Pledged

1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
0	0	0
0		
0		
0	0	0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)  
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)  
11B(3)a3 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b3 (Columns 1, 2 and 3 respectively)  
11B(3)a4 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b4 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

- 1. Current Year Total General and Protected Cell Accounts Maximum Collateral Pledged (Lines 2+3)
- 2. Current Year General Account Maximum Collateral Pledged
- 3. Current Year Protected Cell Accounts Maximum Collateral Pledged
- 4. Prior Year-end Total General and Protected Cell Accounts Maximum Collateral Pledged

1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
0	0	0
0		
0		
0	0	0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

- (a) Debt
- (b) Funding Agreements
- (c) Other

1 Total 2+3	2 General Account	3 Protected Cell Account	4 Funding Agreements Reserves Established
0			XXX
0			
0			XXX

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

(d) Aggregate Total (a+b+c) .....0 .....0 .....0 .....0

2. Prior Year-end

	1 Total 2+3	2 General Account	3 Protected Cell Account	4 Funding Agreements Reserves Established
(a) Debt	0	0	0	XXX
(b) Funding Agreements	0	0	0	0
(c) Other	0	0	0	XXX
(d) Aggregate Total (a+b+c)	0	0	0	0

b. Maximum Amount during Reporting Period (Current Year)

	1 Total 2+3	2 General Account	3 Protected Cell Accounts
1. Debt	0	0	0
2. Funding Agreements	0	0	0
3. Other	0	0	0
4. Aggregate Total (Lines 1+2+3)	0	0	0

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

c. FHLB – Prepayment Obligations

	Does the company have prepayment obligations under the following arrangements (YES/NO)?
1. Debt	.....
2. Funding Agreements	.....
3. Other	.....

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

A. Defined Benefit Plan

(1) Change in benefit obligation

a. Pension Benefits

	<u>Overfunded</u>		<u>Underfunded</u>	
	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0
2. Service cost	\$.....0	\$.....0	\$.....0	\$.....0
3. Interest cost	\$.....0	\$.....0	\$.....0	\$.....0
4. Contribution by plan participants	\$.....0	\$.....0	\$.....0	\$.....0
5. Actuarial gain (loss)	\$.....0	\$.....0	\$.....0	\$.....0
6. Foreign currency exchange rate changes	\$.....0	\$.....0	\$.....0	\$.....0
7. Benefits paid	\$.....0	\$.....0	\$.....0	\$.....0
8. Plan amendments	\$.....0	\$.....0	\$.....0	\$.....0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....0	\$.....0	\$.....0	\$.....0
10. Benefit obligation at end of year	\$.....0	\$.....0	\$.....0	\$.....0

b. Postretirement Benefits

	<u>Overfunded</u>		<u>Underfunded</u>	
	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0
2. Service cost	\$.....0	\$.....0	\$.....0	\$.....0
3. Interest cost	\$.....0	\$.....0	\$.....0	\$.....0
4. Contribution by plan participants	\$.....0	\$.....0	\$.....0	\$.....0
5. Actuarial gain (loss)	\$.....0	\$.....0	\$.....0	\$.....0
6. Foreign currency exchange rate changes	\$.....0	\$.....0	\$.....0	\$.....0
7. Benefits paid	\$.....0	\$.....0	\$.....0	\$.....0
8. Plan amendments	\$.....0	\$.....0	\$.....0	\$.....0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....0	\$.....0	\$.....0	\$.....0
10. Benefit obligation at end of year	\$.....0	\$.....0	\$.....0	\$.....0

c. Special or Contractual Benefits Per SSAP No. 11

	<u>Overfunded</u>		<u>Underfunded</u>	
	2020	2019	2020	2019
1. Benefit obligation at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0
2. Service cost	\$.....0	\$.....0	\$.....0	\$.....0
3. Interest cost	\$.....0	\$.....0	\$.....0	\$.....0
4. Contribution by plan participants	\$.....0	\$.....0	\$.....0	\$.....0
5. Actuarial gain (loss)	\$.....0	\$.....0	\$.....0	\$.....0
6. Foreign currency exchange rate changes	\$.....0	\$.....0	\$.....0	\$.....0
7. Benefits paid	\$.....0	\$.....0	\$.....0	\$.....0
8. Plan amendments	\$.....0	\$.....0	\$.....0	\$.....0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....0	\$.....0	\$.....0	\$.....0
10. Benefit obligation at end of year	\$.....0	\$.....0	\$.....0	\$.....0

(2) Change in plan assets

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>		<u>Special or Contractual Benefits Per SSAP No. 11</u>	
	2020	2019	2020	2019	2020	2019
a. Fair value of plan assets at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Actual return on plan assets	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Foreign currency exchange rate changes	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Reporting entity contribution	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
e. Plan participants' contributions	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
f. Benefits paid	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
g. Business combinations, divestitures and settlements	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
h. Fair value of plan assets at end of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(3) Funded status

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>	
	2020	2019	2020	2019
a. Components				
1. Prepaid benefit costs	\$.....0	\$.....0	\$.....0	\$.....0
2. Overfunded plan assets	\$.....0	\$.....0	\$.....0	\$.....0
3. Accrued benefit costs	\$.....0	\$.....0	\$.....0	\$.....0
4. Liability for pension benefits	\$.....0	\$.....0	\$.....0	\$.....0
b. Assets and liabilities recognized				
1. Assets (nonadmitted)	\$.....0	\$.....0	\$.....0	\$.....0
2. Liabilities recognized	\$.....0	\$.....0	\$.....0	\$.....0
c. Unrecognized liabilities	\$.....0	\$.....0	\$.....0	\$.....0

(4) Components of net periodic benefit cost

	<u>Pension Benefits</u>		<u>Postretirement Benefits</u>		<u>Special or Contractual Benefits Per SSAP No. 11</u>	
	2020	2019	2020	2019	2020	2019
a. Service cost	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Interest cost	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Expected return on plan assets	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Transition asset or obligation	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
e. Gains and losses	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
f. Prior service cost or credit	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
g. Gain or loss recognized due to a settlement or curtailment	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
h. Total net periodic benefit cost	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2020	2019	2020	2019
a. Items not yet recognized as a component of net periodic cost - prior year	\$ 0	\$ 0	\$ 0	\$ 0
b. Net transition asset or obligation recognized	\$ 0	\$ 0	\$ 0	\$ 0
c. Net prior service cost or credit arising during the period	\$ 0	\$ 0	\$ 0	\$ 0
d. Net prior service cost or credit recognized	\$ 0	\$ 0	\$ 0	\$ 0
e. Net gain and loss arising during the period	\$ 0	\$ 0	\$ 0	\$ 0
f. Net gain and loss recognized	\$ 0	\$ 0	\$ 0	\$ 0
g. Items not yet recognized as a component of net periodic cost - current year	\$ 0	\$ 0	\$ 0	\$ 0

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits	
	2020	2019	2020	2019
a. Net transition asset or obligation	\$ 0	\$ 0	\$ 0	\$ 0
b. Net prior service cost or credit	\$ 0	\$ 0	\$ 0	\$ 0
c. Net recognized gains and losses	\$ 0	\$ 0	\$ 0	\$ 0

(7) Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31

	2020	2019
a. Weighted-average discount rate	.....	.....0.000
b. Expected long-term rate of return on plan assets	.....	.....0.000
c. Rate of compensation increase	.....	.....0.000
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	.....	.....0.000

Weighted-average assumptions used to determine projected benefit obligations as of Dec. 31:

	2020	2019
e. Weighted-average discount rate	.....	.....0.000
f. Rate of compensation increase	.....	.....0.000
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	.....	.....0.000

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

Year(s)	Amount
a. 2021	\$ .....
b. 2022	\$ .....
c. 2023	\$ .....
d. 2024	\$ .....
e. 2025	\$ .....
f. Thereafter Total	\$ .....

C.

(1) Fair Value Measurements of Plan Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ .....
- K. The Company issued the following surplus debentures or similar obligations:

\* Total should agree with Page 3, Line 33.

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

**14. Liabilities, Contingencies and Assessments**

A.

(1) Total SSAP No. 97 - Investments in Subsidiary, Controlled, and Affiliated Entities, and SSAP No. 48 - Joint Ventures, Partnerships and Limited Liability Companies contingent liabilities: \$ .....

(3)

a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.)	\$ .....
b. Current Liability Recognized in F/S:	
1. Noncontingent Liabilities	\$ .....
2. Contingent Liabilities	\$ .....
c. Ultimate Financial Statement Impact if action under the guarantee is required.	
1. Investments in SCA	\$ .....
2. Joint Venture	\$ .....
3. Dividends to Stockholders (capital contribution)	\$ .....
4. Expense	\$ .....
5. Other	\$ .....
6. Total (Should equal (3)a.)	\$ .....

B. Assessments

(2)

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

(3)

- a. Discount Rate Applied .....
- b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency

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

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

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims
--------------------	---------------------	----------------------	-----------------------	-----------------------------

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [ ]                      (g) Per Claimant [ ]

**E. Product Warranties**

(2) Reconciliation of aggregate product warranty liability

a. Product warranty liability beginning balance	\$ 0
b. Reductions for payments made under the warranty	\$
c. Liability accrual for product warranties issued during the current period	\$
d. Change in liability accrual for product warranties issued in previous periods	\$
e. Product warranty liability ending balance	\$

**15. Leases**

**A. Lessee Operating Lease**

(2) a. At December 31, the minimum aggregate rental commitments are as follows:

	Year Ending December 31		Operating Leases
1.	2021	\$	.....
2.	2022	\$	.....
3.	2023	\$	.....
4.	2024	\$	.....
5.	2025	\$	.....
6.	Total	\$	.....

**B. Lessor Leases**

(1) Operating Leases

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, are as follows:

	Year Ending December 31		Operating Leases
1.	2021	\$	.....
2.	2022	\$	.....
3.	2023	\$	.....
4.	2024	\$	.....
5.	2025	\$	.....
6.	Total	\$	.....

(2) Leveraged Leases

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

	2020	2019
1. Income from leveraged leases before income tax including investment tax credit	\$.....	\$.....0
2. Less current income tax	\$.....	\$.....0
3. Net income from leveraged leases	\$.....0	\$.....0

c. The components of the investment in leveraged leases at December 31, current year and prior year were as shown below:

	2020	2019
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$.....	\$.....0
2. Estimated residual value of leased assets	\$.....	\$.....0
3. Unearned and deferred income	\$.....	\$.....0
4. Investment in leveraged leases	\$.....	\$.....0
5. Deferred income taxes related to leveraged leases	\$.....	\$.....0
6. Net investment in leveraged leases	\$.....	\$.....0

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**

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

	Assets		Liabilities	
	2020	2019	2020	2019
a. Swaps	\$.....	\$.....0	\$.....	\$.....0
b. Futures	\$.....	\$.....0	\$.....	\$.....0
c. Options	\$.....	\$.....0	\$.....	\$.....0
d. Total	\$.....0	\$.....0	\$.....0	\$.....0

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

**C. Wash Sales**

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2020 and reacquired within 30 days of the sale date are:

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

**A. ASO Plans**

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$.....	\$.....	\$.....0
b. Total net other income or expenses (including interest paid to or received from plans)	\$.....	\$.....	\$.....0
c. Net gain or (loss) from operations	\$.....0	\$.....0	\$.....0
d. Total claim payment volume	\$.....	\$.....	\$.....0

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

**B. ASC Plans**

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$.....	\$.....	\$.....0
b. Gross administrative fees accrued	\$.....	\$.....	\$.....0
c. Other income or expenses (including interest paid to or received from plans)	\$.....	\$.....	\$.....0
d. Gross expenses incurred (claims and administrative)	\$.....	\$.....	\$.....0
e. Total net gain or loss from operations	\$.....0	\$.....0	\$.....0

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

**20. Fair Value Measurements**

**A.**

- (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total

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

**C.**

- D. Not Practicable to Estimate Fair Value

**21. Other Items**

**E. State Transferable and Non-transferable Tax Credits**

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

- (4) State Tax Credits Admitted and Nonadmitted

	Total Admitted	Total Nonadmitted
a. Transferable	.....	.....
b. Non-transferable	.....	.....

**F. Subprime-Mortgage-Related Risk Exposure**

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

	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure					
b. Mortgages in good standing					
c. Mortgages with restructure terms					
d. Total	0	0	0	0	XXX

- (3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities				
b. Commercial mortgage-backed securities				
c. Collateralized debt obligations				
d. Structured securities				
e. Equity investment in SCAs *				
f. Other assets				
g. Total	0	0	0	0

\* Company's subsidiary Company has investments in subprime mortgages. These investments comprise % of the companies invested assets.

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

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

**G. Insurance-Linked Securities (ILS) Contracts**

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

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

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

**22. Events Subsequent**

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010	.....	.....

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

B.	of the Federal Affordable Care Act? (YES/NO)? ACA fee assessment payable for the upcoming year	\$ .....	\$ .....0
C.	ACA fee assessment paid	\$ .....	\$ .....0
D.	Premium written subject to ACA 9010 assessment	\$ .....	\$ .....0
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 28)	\$ .....22,883,291	
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 28 minus 22B above)	\$ .....22,883,291	
G.	Authorized Control Level (Five-Year Historical Line 29)	\$ .....890,068	
H.	Would reporting the ACA assessment as of Dec. 31, 2020, have triggered an RBC action level (YES/NO)?	.....	

**23. Reinsurance**

- B. Reinsurance Recoverable in Dispute
- C. Reinsurance Assumed and Ceded

(1)

	<u>Assumed Reinsurance</u>		<u>Ceded Reinsurance</u>		<u>Net</u>	
	<u>Premium Reserve</u>	<u>Commission Equity</u>	<u>Premium Reserve</u>	<u>Commission Equity</u>	<u>Premium Reserve</u>	<u>Commission Equity</u>
a. Affiliates	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0	\$ .....0
b. All Other	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....0	\$ .....0
c. TOTAL	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
d. Direct Unearned Premium Reserve			\$ .....			

Line (c) of Ceded Reinsurance Premium Reserve Column must equal Page 3, Line 9, first inside amount.

(2)

REINSURANCE

	Direct	Assumed	Ceded	Net
a. Contingent Commission	\$ .....	\$ .....	\$ .....	\$ .....0
b. Sliding Scale Adjustments	\$ .....	\$ .....	\$ .....	\$ .....0
c. Other Profit Commission Arrangements	\$ .....	\$ .....	\$ .....	\$ .....0
d. TOTAL	\$ .....0	\$ .....0	\$ .....0	\$ .....0

(3)

D. Uncollectible Reinsurance

- (1) The Company has written off in the current year reinsurance balances due (from the companies listed below) in the amount of: \$, which is reflected as:

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

E. Commutation of Ceded Reinsurance

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

(1) Losses incurred	\$ .....
(2) Loss adjustment expenses incurred	\$ .....
(3) Premiums earned	\$ .....
(4) Other	\$ .....

F. Retroactive Reinsurance

(1)

	<u>Reported Company</u>	
	As: <u>Assumed</u>	<u>Ceded</u>
a. Reserves Transferred:		
1. Initial Reserves	\$ .....	\$ .....
2. Adjustments - Prior Year(s)	.....	.....
3. Adjustments - Current Year	.....	.....
4. Current Total	\$ .....0	\$ .....0
b. Consideration Paid or Received:		
1. Initial Consideration	\$ .....	\$ .....
2. Adjustments - Prior Year(s)	.....	.....
3. Adjustments - Current Year	.....	.....
4. Current Total	\$ .....0	\$ .....0
c. Paid Losses Reimbursed or Recovered:		
1. Prior Year (s)	\$ .....0	\$ .....0
2. Current Year	.....	.....
3. Current Total	\$ .....0	\$ .....0
d. Special Surplus from Retroactive Reinsurance:		
1. Initial Surplus Gain or Loss	\$ .....	\$ .....
2. Adjustments - Prior Year(s)	.....	.....
3. Adjustments - Current Year	.....	.....
4. Current Year Restricted Surplus	.....0	.....0
5. Cumulative Total Transferred to Unassigned Funds	\$ .....	\$ .....

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

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

G. Reinsurance Accounted for as a Deposit

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
  - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation
    - a.
  - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation
    - a.
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation
  - (2) The amount of unexhausted limit as of the reporting date.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid	0	0	0	0	0
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	0	0	0	0	0
(8) Medical loss ratio rebates paid					0
(9) Medical loss ratio rebates unpaid					0
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E.

(1) For Ten Percent (10%) Method of Determining Nonadmitted Retrospective Premium

Ten percent of the amount of accrued retrospective premiums not offset by retrospective return premiums, other liabilities to the same party (other than loss and loss adjustment expense reserves), or collateral as permitted by SSAP No. 66, Retrospectively Rated Contracts, has been nonadmitted.

a. Total accrued retro premium	\$ .....
b. Unsecured amount	.....
c. Less: Nonadmitted amount (10%)	.....
d. Less: Nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted	.....
e. Admitted amount (a) - (c) - (d)	\$ ..... 0

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

	(1)	(2)		(3)	(4)	
	Insured's Current Quality Rating	Total Amount	Unsecured Balances	%	Nonadmitted Amount (2) x %	Admitted Amount (1) - (3)
a.	1	\$ .....	\$ .....	1%	\$ .....0	\$ .....0
b.	2	.....	.....	2%	.....0	.....0
c.	3	.....	.....	5%	.....0	.....0
d.	4	.....	.....	10%	.....0	.....0
e.	5	.....	.....	20%	.....0	.....0
f.	6	.....	.....	100%	.....0	.....0
g.	Nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted					.....
h.	Total (a) through (f) - (g)					\$ .....0
		\$ .....0	\$ .....0		\$ .....0	\$ .....0

(to page 2)

F. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes [ ] No [ X ]

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year AMOUNT

<b>a. Permanent ACA Risk Adjustment Program</b>	
<b>Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ .....
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ .....
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ .....
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ .....
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ .....
<b>b. Transitional ACA Reinsurance Program</b>	
<b>Assets</b>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ .....
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ .....
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ .....
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ .....
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ .....
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ .....
<b>Operations (Revenue &amp; Expense)</b>	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ .....
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ .....
9. ACA Reinsurance contributions – not reported as ceded premium	\$ .....
<b>c. Temporary ACA Risk Corridors Program</b>	
<b>Assets</b>	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ .....
<b>Liabilities</b>	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ .....
<b>Operations (Revenue &amp; Expense)</b>	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ .....
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ .....

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

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	\$ 0
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	\$ 0
2. Amounts recoverable for claims unpaid (contra liability)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	\$ 0
3. Amounts receivable relating to uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	\$ 0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	\$ 0
5. Ceded reinsurance premiums payable	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	G	\$ 0	\$ 0
6. Liability for amounts held under uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	H	\$ 0	\$ 0
7. Subtotal ACA Transitional Reinsurance Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	I	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	J	\$ 0	\$ 0
3. Subtotal ACA Risk Corridors Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d. Total for ACA Risk Sharing Provisions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

- A .....
- B .....
- C .....
- D .....
- E .....
- F .....
- G .....
- H .....
- I .....
- J .....

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	\$ 0
b. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	\$ 0
c. 2016											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	\$ 0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	\$ 0
d. Total for Risk Corridors	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0

Explanations of Adjustments

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

A .....  
 B .....  
 C .....  
 D .....  
 E .....  
 F .....

24F(4)d (Columns 1 through 10) should equal 24F(3)c3 (Columns 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$.....	\$.....	\$.....	\$.....0	\$.....	\$.....0
b. 2015	\$.....	\$.....	\$.....	\$.....0	\$.....	\$.....0
c. 2016	\$.....	\$.....	\$.....	\$.....0	\$.....	\$.....0
d. Total (a+b+c)	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

24F(5)d (Column 4) should equal 24F(3)c1 (Column 9)  
 24F(5)d (Column 6) should equal 24F(2)c1

**25. Changes in Incurred Losses and Loss Adjustment Expenses**

**26. Intercompany Pooling Arrangements**

**27. Structured Settlements**

A.

<u>Loss Reserves Eliminated by Annuities</u>	<u>Unrecorded Loss Contingencies</u>
\$ .....	\$ .....

**28. Health Care Receivables**

- A. Pharmaceutical Rebate Receivables
- B. Risk Sharing Receivables

**29. Participating Policies**

**30. Premium Deficiency Reserves**

- 1. Liability carried for premium deficiency reserves \$.....
- 2. Date of the most recent evaluation of this liability .....
- 3. Was anticipated investment income utilized in the calculation? Yes [ ] No [ ]

**31. High Deductibles**

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

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

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

(2) Unsecured Amounts of High Deductibles

- a. Total high deductibles and billed recoverables on paid claims (should equal total line for Column 6 for A(1) above) \$.....0
- b. Collateral on balance sheet (must be equal or greater than zero) \$.....
- c. Collateral off balance sheet (must be equal or greater than zero) \$.....
- d. Total unsecured deductibles and billed recoverables on paid claims d=a-(b+c) (must be equal or greater than zero) \$.....0
- e. Percentage unsecured .....%

(3) High Deductible Recoverables Amounts on Paid Claims

- a. Amount of overdue nonadmitted (either due to aging or collateral) \$.....
- b. Total over 90 days overdue admitted \$.....
- c. Total overdue (a+b) \$.....0

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

Counterparty Ranking	Top Ten Unsecured High Deductibles Amounts
Counterparty 1	\$.....
Counterparty 2	\$.....
Counterparty 3	\$.....
Counterparty 4	\$.....
Counterparty 5	\$.....
Counterparty 6	\$.....
Counterparty 7	\$.....
Counterparty 8	\$.....
Counterparty 9	\$.....
Counterparty 10	\$.....

Note: The counterparty is not named, just amount by counterparty1, counterparty 2, etc. For this purpose, a group of entities under common control shall be regarded as a single customer.

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

- (1) Total Group Unsecured Aggregate Recoverable
- (2) Obligors and Related Members in the Group

**32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

A. Tabular Discount

Schedule P Lines of Business	Tabular Discount Included in Schedule P, Part 1*	
	1 Case	2 IBNR
1. Homeowners/Farmowners		
2. Private Passenger Auto Liability/Medical		
3. Commercial Auto/Truck Liability/Medical		
4. Workers' Compensation		
5. Commercial Multiple Peril		
6. Medical Professional Liability – occurrence		
7. Medical Professional Liability – claims-made		
8. Special Liability		
9. Other Liability – occurrence		
10. Other Liability – claims-made		

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

11. Special Property		
12. Auto Physical Damage		
13. Fidelity, Surety		
14. Other (including Credit, Accident & Health)		
15. International		
16. Reinsurance Nonproportional Assumed Property		
17. Reinsurance Nonproportional Assumed Liability		
18. Reinsurance Nonproportional Assumed Financial Lines		
19. Products Liability – occurrence		
20. Products Liability – claims-made		
21. Financial Guaranty/Mortgage Guaranty		
22. Warranty		
23. Total	0	0

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

**B. Nontabular Discount**

	1 Case	2 IBNR	3 Defense & Cost Containment Expense	4 Adjusting & Other Expense
1. Homeowners/Farm owners				
2. Private Passenger Auto Liability/Medical				
3. Commercial Auto/Truck Liability/Medical				
4. Workers' Compensation				
5. Commercial Multiple Peril				
6. Medical Professional Liability – occurrence				
7. Medical Professional Liability – claims-made				
8. Special Liability				
9. Other Liability – occurrence				
10. Other Liability – claims-made				
11. Special Property				
12. Auto Physical Damage				
13. Fidelity, Surety				
14. Other (including Credit, Accident & Health)				
15. International				
16. Reinsurance Nonproportional Assumed Property				
17. Reinsurance Nonproportional Assumed Liability				
18. Reinsurance Nonproportional Assumed Financial Lines				
19. Products Liability – occurrence				
20. Products Liability – claims-made				
21. Financial Guaranty/Mortgage Guaranty				
22. Warranty				
23. Total	0	0	0	0

Columns in the table above should include medical loss reserves and all loss adjustment expense reserves, whether reported as tabular or nontabular in Schedule P.

**33. Asbestos/Environmental Reserves**

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses?  
Yes ( ) No ( )

(1) Direct -

	2016	2017	2018	2019	2020
a. Beginning reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Incurred losses and loss adjustment expense:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Calendar year payments for losses and loss adjustment expenses:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Ending reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(2) Assumed Reinsurance -

	2016	2017	2018	2019	2020
a. Beginning reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Incurred losses and loss adjustment expense:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Calendar year payments for losses and loss adjustment expenses:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Ending reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(3) Net of Ceded Reinsurance -

	2016	2017	2018	2019	2020
a. Beginning reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Incurred losses and loss adjustment expense:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Calendar year payments for losses and loss adjustment expenses:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Ending reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

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

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

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

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

D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses?  
Yes ( ) No ( )

(1) Direct -

	2016	2017	2018	2019	2020
a. Beginning reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Incurred losses and loss adjustment expense:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Calendar year payments for losses and loss adjustment expenses:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Ending reserves:	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

(2)	Assumed Reinsurance -		<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	a. Beginning reserves:	\$.....	0	\$.....	0	\$.....	0
	b. Incurred losses and loss adjustment expense:	\$.....	0	\$.....	0	\$.....	0
	c. Calendar year payments for losses and loss adjustment expenses:	\$.....	0	\$.....	0	\$.....	0
	d. Ending reserves:	\$.....	0	\$.....	0	\$.....	0
(3)	Net of Ceded Reinsurance -		<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	a. Beginning reserves:	\$.....	0	\$.....	0	\$.....	0
	b. Incurred losses and loss adjustment expense:	.....	0	.....	0	.....	0
	c. Calendar year payments for losses and loss adjustment expenses:	.....	0	.....	0	.....	0
	d. Ending reserves:	\$.....	0	\$.....	0	\$.....	0

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

(1) Direct Basis:	\$.....
(2) Assumed Reinsurance Basis:	\$.....
(3) Net of Ceded Reinsurance Basis:	\$.....

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

(1) Direct Basis:	\$.....
(2) Assumed Reinsurance Basis:	\$.....
(3) Net of Ceded Reinsurance Basis:	\$.....

**34. Subscriber Savings Accounts**

**35. Multiple Peril Crop Insurance**

**36. Financial Guaranty Insurance**

A.

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

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

1.		
(a)	1 <sup>st</sup> Quarter 2021	\$.....
(b)	2 <sup>nd</sup> Quarter 2021	.....
(c)	3 <sup>rd</sup> Quarter 2021	.....
(d)	4 <sup>th</sup> Quarter 2021	.....
(e)	Year 2022	.....
(f)	Year 2023	.....
(g)	Year 2024	.....
(h)	Year 2025	\$.....

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

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

1.	Expected future premiums - Beginning of Year	\$.....0
2.	Less - Premium payments received for existing installment contracts	.....
3.	Add - Expected premium payments for new installment contracts	.....
4.	Adjustments to the expected future premium payments	.....
5.	Expected future premiums - End of Year	\$.....0

(2) Non-installment contracts:

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

1.		
(a)	1 <sup>st</sup> Quarter 2021	\$.....
(b)	2 <sup>nd</sup> Quarter 2021	.....
(c)	3 <sup>rd</sup> Quarter 2021	.....
(d)	4 <sup>th</sup> Quarter 2021	.....
(e)	Year 2022	.....
(f)	Year 2023	.....
(g)	Year 2024	.....
(h)	Year 2025	\$.....

2.		
(a)	2026 through 2030	\$.....
(b)	2031 through 2035	.....
(c)	2036 through 2040	.....
(d)	2041 through 2045	.....
(e)	2046 through 2050	.....
(f)	2051 through 2055	.....
(g)	2056 through 2060	.....
(h)	2061 through 2065	.....
(i)	2066 through 2070	.....
(j)	2071 through 2075	.....
(k)	2076 through 2080	.....
(l)	2081 through 2085	.....
(m)	2086 through 2090	.....
(n)	2091 through 2095	.....
(o)	2096 through 2100	.....

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

(p)	2101 through 2105	.....
(q)	2106 through 2110	.....
(r)	2111 through 2115	.....
(s)	2116 through 2120	.....
(t)	2121 through 2125	.....
(u)	2126 through 2130	.....
(v)	2131 through 2135	.....
(w)	2136 through 2140	.....
(x)	2141 through 2145	.....
(y)	2146 through 2150	\$.....

(3) Claim liability:

b. Significant components of the change in the claim liability for the period

	Components	Amount
(1)	Accretion of the discount	\$.....
(2)	Changes in timing	.....
(3)	New reserves for defaults of insured contracts	.....
(4)	Change in deficiency reserves	.....
(5)	Change in incurred but not reported claims	.....
(6)	Total	<u>\$ 0</u>

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

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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 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, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] N/A [ X ]
- 1.3 State Regulating? Yes [ ] No [ X ]
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. .....
- 3.2 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. .....
- 3.3 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). .....
- 3.4 By what department or departments? N/A.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 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.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the 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 ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes, .....0.0 %
- 7.21 State the percentage of foreign control .....0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [  ] No [  ]  
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [  ] No [  ]  
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Boston, MA 02210.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [  ] No [  ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [  ] No [  ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [  ] No [  ] N/A [  ]  
 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Practical Actuarial Solutions, Inc., 920 Farmington Ave, suite 200, West Hartford, CT 06107 (Unaffiliated / Independent).....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [  ] No [  ]  
     12.11 Name of real estate holding company .....  
     12.12 Number of parcels involved .....0  
     12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [  ] No [  ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [  ] No [  ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [  ] No [  ] N/A [  ]
- 14.1 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 [  ] 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [  ] No [  ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [  ] No [  ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
  - 20.12 To stockholders not officers \$.....
  - 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
  - 20.22 To stockholders not officers \$.....
  - 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
  - 21.22 Borrowed from others \$.....
  - 21.23 Leased from others \$.....
  - 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
  - 22.22 Amount paid as expenses \$.....
  - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

### INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ ] No [ X ]
- 24.02 If no, give full and complete information, relating thereto  
Opus Management has exclusive control based on investment guidelines provided by the reporting entity.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [ X ]

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.093 Total payable for securities lending reported on the liability page \$.....0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ ] No [ X ]

25.2 If yes, state the amount thereof at December 31 of the current year:

- 25.21 Subject to repurchase agreements \$.....
- 25.22 Subject to reverse repurchase agreements \$.....
- 25.23 Subject to dollar repurchase agreements \$.....
- 25.24 Subject to reverse dollar repurchase agreements \$.....
- 25.25 Placed under option agreements \$.....
- 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 25.27 FHLB Capital Stock \$.....
- 25.28 On deposit with states \$.....
- 25.29 On deposit with other regulatory bodies \$.....
- 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 25.32 Other \$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

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

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ X ]

- 26.4 If the response to 26.3 is YES, does the reporting entity utilize:
- 26.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ X ]
  - 26.42 Permitted accounting practice Yes [ ] No [ ]
  - 26.43 Other accounting guidance Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

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

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
The Bank of New York.....	One Wall St., 14th Fl, New York, NY 10286.....

## GENERAL INTERROGATORIES

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

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

28.05 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
Opus Investment Management.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [ ] No [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [ X ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

## GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	43,142,942	45,208,410	2,065,468
30.2 Preferred Stocks.....	0		0
30.3 Totals	43,142,942	45,208,410	2,065,468

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes  No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes  No

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes  No

32.2 If no, list exceptions:

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

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an 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

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

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes  No  NA

### OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....185,038

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$ .....
.....	\$ .....
.....	\$ .....

## GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$ .....

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
INSURANCE SERVICES OFFICE.....	\$.....145,438

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]  
 1.2 If yes, indicate premium earned on U. S. business only. .... \$ .....0  
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....

1.3.1 Reason for excluding  
 .....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .... \$ .....  
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. .... \$ .....0

1.6 Individual policies:

Most current three years:

1.6.1 Total premium earned ..... \$ .....0  
 1.6.2 Total incurred claims ..... \$ .....0  
 1.6.3 Number of covered lives ..... .....

All years prior to most current three years:

1.6.4 Total premium earned ..... \$ .....0  
 1.6.5 Total incurred claims ..... \$ .....0  
 1.6.6 Number of covered lives ..... .....

1.7 Group policies:

Most current three years:

1.7.1 Total premium earned ..... \$ .....0  
 1.7.2 Total incurred claims ..... \$ .....0  
 1.7.3 Number of covered lives ..... .....

All years prior to most current three years:

1.7.4 Total premium earned ..... \$ .....0  
 1.7.5 Total incurred claims ..... \$ .....0  
 1.7.6 Number of covered lives ..... .....

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....0	\$	.....0
2.2	Premium Denominator	\$ .....20,275,927	\$	.....20,306,966
2.3	Premium Ratio (2.1/2.2)	.....0.000		.....0.000
2.4	Reserve Numerator	\$ .....0	\$	.....0
2.5	Reserve Denominator	\$ .....22,623,706	\$	.....23,023,678
2.6	Reserve Ratio (2.4/2.5)	.....0.000		.....0.000

3.1 Did the reporting entity issue participating policies during the calendar year? ..... Yes [ ] No [ X ]

3.2 If yes, provide the amount of premium written for participating and/or no-participating policies during the calendar year:

3.2.1 Participating policies..... \$ .....  
 3.2.2 Non-participating policies..... \$ .....

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies?..... Yes [ ] No [ X ]  
 4.2 Does the reporting entity issue non-assessable policies?..... Yes [ ] No [ X ]  
 4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?..... %  
 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. .... \$ .....

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents?..... Yes [ ] No [ ]

5.2 If yes, is the commission paid:

5.2.1 Out of Attorney's-in-fact compensation..... Yes [ ] No [ ] N/A [X]  
 5.2.2 As a direct expense of the exchange..... Yes [ ] No [ ] N/A [X]

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?  
 .....

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?..... Yes [ ] No [ X ]

5.5 If yes, give full information  
 .....

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: .....
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: .....  
 Average of Air and RMS hurricane models to reinsure against coastal concentrations.....
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....  
 RIJRA has purchased occurrence-based catastrophe reinsurance covering ultimate net losses exceeding \$25M and expiring at \$115M with an 6% co-participation.....
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?..... Yes [ X ] No [ ]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.....
- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?..... Yes [ ] No [ X ]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.....
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?..... Yes [ ] No [ X ]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?..... Yes [ ] No [ X ]
- 8.2 If yes, give full information.....
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
 (c) Aggregate stop loss reinsurance coverage;  
 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity..... Yes [ ] No [ X ]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract..... Yes [ ] No [ X ]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 36 of *SSAP No. 62R - Property and Casualty Reinsurance*, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?..... Yes [ ] No [ X ]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
 (a) The entity does not utilize reinsurance; or,..... Yes [ ] No [ X ]  
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or..... Yes [ ] No [ X ]  
 (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement..... Yes [ ] No [ X ]
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?..... Yes [ ] No [ ] N/A [ X ]

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force:..... Yes [ ] No [ X ]  
 11.2 If yes, give full information .....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
 12.11 Unpaid losses..... \$ .....  
 12.12 Unpaid underwriting expenses (including loss adjustment expenses)..... \$ .....
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?..... \$ .....
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ ] N/A [X]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
 12.41 From..... %  
 12.42 To..... %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]
- 12.6 If yes, state the amount thereof at December 31 of current year:  
 12.61 Letters of Credit..... \$ .....  
 12.62 Collateral and other funds..... \$ .....
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$ .....
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ....
- 14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract?..... Yes [ ] No [ X ]  
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants: .....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [ ] No [ ]  
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [ X ] No [ ]  
 14.5 If the answer to 14.4 is no, please explain: .....
- 15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [ ] No [ X ]  
 15.2 If yes, give full information .....
- 16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
 If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
16.12 Products .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
16.13 Automobile .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
16.14 Other* .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....

\* Disclose type of coverage:

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [  ] No [  ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

- 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance..... \$.....
- 17.12 Unfunded portion of Interrogatory 17.11..... \$.....
- 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$.....
- 17.14 Case reserves portion of Interrogatory 17.11..... \$.....
- 17.15 Incurred but not reported portion of Interrogatory 17.11..... \$.....
- 17.16 Unearned premium portion of Interrogatory 17.11..... \$.....
- 17.17 Contingent commission portion of Interrogatory 17.11..... \$.....

18.1 Do you act as a custodian for health savings accounts? ..... Yes [  ] No [  ]

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

18.3 Do you act as an administrator for health savings accounts? ..... Yes [  ] No [  ]

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

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [  ] No [  ]

19.1 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 [  ]

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,279,474	1,289,196	1,344,321	1,488,343	1,510,601
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	7,347,548	7,226,005	7,553,088	8,053,404	8,068,139
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	14,474,545	14,390,571	14,414,887	14,334,944	14,315,152
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	23,101,567	22,905,772	23,312,296	23,876,691	23,893,892
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,279,474	1,289,196	1,344,321	1,488,343	1,510,601
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	6,412,128	6,287,820	6,627,549	7,150,757	7,151,365
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	12,601,715	12,583,156	12,711,926	12,728,091	12,732,926
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	20,293,317	20,160,172	20,683,796	21,367,191	21,394,892
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8)	3,691,891	2,869,952	(734,452)	1,349,713	4,629,622
14. Net investment gain (loss) (Line 11)	1,266,114	1,154,212	1,167,446	1,260,933	1,345,484
15. Total other income (Line 15)	22,504	26,235	45,819	43,637	46,287
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	0	0	0	0	0
18. Net income (Line 20)	4,980,509	4,050,399	478,813	2,654,283	6,021,393
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	47,363,435	47,214,427	46,502,744	52,909,397	53,661,931
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	2,782,636	2,603,147	2,529,272	2,633,642	2,711,907
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	24,480,144	25,087,984	26,211,669	29,031,485	28,232,960
22. Losses (Page 3, Line 1)	8,554,095	8,747,723	9,609,618	11,411,687	10,713,921
23. Loss adjustment expenses (Page 3, Line 3)	1,892,951	2,116,685	2,276,036	2,833,747	2,599,545
24. Unearned premiums (Page 3, Line 9)	12,176,660	12,159,270	12,306,064	12,579,142	12,669,404
25. Capital paid up (Page 3, Lines 30 & 31)	0	0	0	0	0
26. Surplus as regards policyholders (Page 3, Line 37)	22,883,291	22,126,443	20,291,075	23,877,912	25,428,971
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11)	3,418,626	2,895,446	(2,136,901)	3,591,113	4,376,838
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	22,883,291	22,126,443	20,291,075	23,877,912	25,428,971
29. Authorized control level risk-based capital	890,068	881,849	1,057,941	958,653	1,175,914
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	96.2	94.8	96.4	97.2	93.9
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	3.8	5.2	3.6	2.8	6.1
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	0	0	0	0	46,508
52. Dividends to stockholders (Line 35) .....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	756,848	1,835,368	(3,586,837)	(1,551,061)	6,060,674
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	860,247	1,383,360	1,192,365	912,970	536,075
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	3,714,003	3,252,250	6,067,680	4,360,922	4,316,305
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	6,181,806	7,349,395	9,523,039	7,149,616	6,371,680
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	10,756,056	11,985,005	16,783,084	12,423,508	11,224,060
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	860,247	1,383,360	1,192,365	912,970	536,075
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	3,714,003	3,252,250	6,067,680	4,360,922	4,316,305
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	6,181,806	7,349,395	9,523,039	7,149,616	6,371,680
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	10,756,056	11,985,005	16,783,084	12,423,508	11,224,060
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	52.1	54.8	71.5	61.2	45.7
68. Loss expenses incurred (Line 3) .....	6.8	8.5	8.7	10.0	8.9
69. Other underwriting expenses incurred (Line 4) .....	22.9	22.6	23.3	22.6	23.5
70. Net underwriting gain (loss) (Line 8) .....	18.2	14.1	(3.5)	6.3	21.8
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	22.7	22.7	23.4	22.5	23.1
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	58.9	63.2	80.2	71.1	54.7
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	88.7	91.1	101.9	89.5	84.1
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) .....	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
<b>Two Year Loss Development (\$000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?

Yes [ ] No [ ]

If no, please explain

Schedule P - Part 1 - Summary

**NONE**

Schedule P - Part 2 - Summary

**NONE**

Schedule P - Part 3 - Summary

**NONE**

Schedule P - Part 4 - Summary

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL N	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska	AK N	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona	AZ N	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas	AR N	.0	.0	.0	.0	.0	.0	.0	.0
5. California	CA N	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado	CO N	.0	.0	.0	.0	.0	.0	.0	.0
7. Connecticut	CT N	.0	.0	.0	.0	.0	.0	.0	.0
8. Delaware	DE N	.0	.0	.0	.0	.0	.0	.0	.0
9. Dist. Columbia	DC N	.0	.0	.0	.0	.0	.0	.0	.0
10. Florida	FL N	.0	.0	.0	.0	.0	.0	.0	.0
11. Georgia	GA N	.0	.0	.0	.0	.0	.0	.0	.0
12. Hawaii	HI N	.0	.0	.0	.0	.0	.0	.0	.0
13. Idaho	ID N	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois	IL N	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana	IN N	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa	IA N	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas	KS N	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky	KY N	.0	.0	.0	.0	.0	.0	.0	.0
19. Louisiana	LA N	.0	.0	.0	.0	.0	.0	.0	.0
20. Maine	ME N	.0	.0	.0	.0	.0	.0	.0	.0
21. Maryland	MD N	.0	.0	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA N	.0	.0	.0	.0	.0	.0	.0	.0
23. Michigan	MI N	.0	.0	.0	.0	.0	.0	.0	.0
24. Minnesota	MN N	.0	.0	.0	.0	.0	.0	.0	.0
25. Mississippi	MS N	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri	MO N	.0	.0	.0	.0	.0	.0	.0	.0
27. Montana	MT N	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska	NE N	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada	NV N	.0	.0	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH N	.0	.0	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ N	.0	.0	.0	.0	.0	.0	.0	.0
32. New Mexico	NM N	.0	.0	.0	.0	.0	.0	.0	.0
33. New York	NY N	.0	.0	.0	.0	.0	.0	.0	.0
34. No. Carolina	NC N	.0	.0	.0	.0	.0	.0	.0	.0
35. No. Dakota	ND N	.0	.0	.0	.0	.0	.0	.0	.0
36. Ohio	OH N	.0	.0	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK N	.0	.0	.0	.0	.0	.0	.0	.0
38. Oregon	OR N	.0	.0	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA N	.0	.0	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI L	23,101,567	23,084,177	.0	10,756,056	10,562,428	8,554,095	.0	.0
41. So. Carolina	SC N	.0	.0	.0	.0	.0	.0	.0	.0
42. So. Dakota	SD N	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee	TN N	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas	TX N	.0	.0	.0	.0	.0	.0	.0	.0
45. Utah	UT N	.0	.0	.0	.0	.0	.0	.0	.0
46. Vermont	VT N	.0	.0	.0	.0	.0	.0	.0	.0
47. Virginia	VA N	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington	WA N	.0	.0	.0	.0	.0	.0	.0	.0
49. West Virginia	WV N	.0	.0	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI N	.0	.0	.0	.0	.0	.0	.0	.0
51. Wyoming	WY N	.0	.0	.0	.0	.0	.0	.0	.0
52. American Samoa	AS N	.0	.0	.0	.0	.0	.0	.0	.0
53. Guam	GU N	.0	.0	.0	.0	.0	.0	.0	.0
54. Puerto Rico	PR N	.0	.0	.0	.0	.0	.0	.0	.0
55. U.S. Virgin Islands	VI N	.0	.0	.0	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP N	.0	.0	.0	.0	.0	.0	.0	.0
57. Canada	CAN N	.0	.0	.0	.0	.0	.0	.0	.0
58. Aggregate other alien	OT XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Totals	XXX	23,101,567	23,084,177	0	10,756,056	10,562,428	8,554,095	0	0
<b>DETAILS OF WRITE-INS</b>									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts

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 (DSLII) – 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

(b) Explanation of basis of allocation of premiums by states, etc.

COVERAGE ONLY BY RHODE ISLAND

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

**PART 1 - ORGANIZATIONAL CHART**