



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

**QUARTERLY STATEMENT**

AS OF MARCH 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

**Medical Malpractice Joint Underwriting Association of Rhode Island**

NAIC Group Code \_\_\_\_\_ (Current) \_\_\_\_\_ (Prior) NAIC Company Code 13101 Employer's ID Number 51-0140354

Organized under the Laws of \_\_\_\_\_ Rhode Island \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_ RI \_\_\_\_\_

Country of Domicile \_\_\_\_\_ United States of America \_\_\_\_\_

Incorporated/Organized 06/18/1975 Commenced Business 07/01/1975

Statutory Home Office One Turks Head Place Providence, RI, US 02903  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Turks Head Place Providence, RI, US 02903  
(Street and Number) (City or Town, State, Country and Zip Code)  
401-369-8245  
(Area Code) (Telephone Number)

Mail Address One Turks Head Place Providence, RI, US 02903  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Turks Head Place Providence, RI, US 02903  
(Street and Number) (City or Town, State, Country and Zip Code)  
401-369-8245  
(Area Code) (Telephone Number)

Internet Website Address \_\_\_\_\_ N/A \_\_\_\_\_

Statutory Statement Contact Jerlynn Leahy 401-369-8245  
(Name) (Area Code) (Telephone Number)  
jleahy@beechercarlson.com 401-369-8241  
(E-mail Address) (FAX Number)

**OFFICERS**

Vice Chair Timothy Knapp Assistant Secretary Jerlynn Leahy  
Chair Earl Cottam Jr. Secretary James Pascallides DPM

**OTHER**

**DIRECTORS OR TRUSTEES**

<u>Daniel Wright</u>	<u>James Pascallides DPM</u>	<u>Earl Cottam Jr.</u>
<u>Timothy Knapp</u>	<u>Don Baldini</u>	<u>Barbara M Cavicchio DDS</u>
<u>Newell Warde</u>	<u>Jennifer Morrison</u>	<u>Virginia Burke</u>
<u>Eric Paynter</u>	<u>Laurie Kuiper</u>	

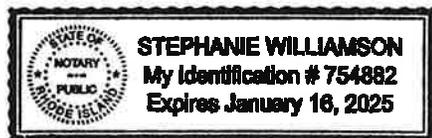
State of Rhode Island SS:  
County of Kent

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

Timothy Knapp Earl Cottam Jr. Jerlynn Leahy  
Vice Chair Chair Assistant Secretary

Subscribed and sworn to before me this May day of 2021  
Stephanie Williamson

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





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**Medical Malpractice Joint Underwriting Association of Rhode Island**

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Statutory Statement Contact Jerilynn Leahy, 401-369-8245  
(Name) (Area Code) (Telephone Number)  
jleahy@beechercarlson.com 401-369-8241  
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State of Rhode Island SS:  
County of Providence

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Timothy Knapp Earl Cottam, Jr. Jerilynn Leahy  
Vice Chair Chair Assistant 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.....

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	89,179,880		89,179,880	89,151,406
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....611,449 ), cash equivalents (\$ .....1,157,900 ) and short-term investments (\$ .....0 ) .....	1,769,349		1,769,349	1,070,659
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	71,531,566		71,531,566	69,652,886
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	162,480,795	0	162,480,795	159,874,951
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,065,689		1,065,689	1,272,773
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	(199,272)		(199,272)	(94,314)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	374,535		374,535	146,974
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 .....			0	0
25. Aggregate write-ins for other than invested assets .....	1,168	0	1,168	9,193
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	163,722,915	0	163,722,915	161,209,577
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	163,722,915	0	163,722,915	161,209,577
<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	5,410
2502. Misc Accounts Receivable .....	1,168		1,168	3,783
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,168	0	1,168	9,193

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 488,075 )	17,911,143	18,550,205
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	6,629,000	6,452,963
4. Commissions payable, contingent commissions and other similar charges	79,912	76,673
5. Other expenses (excluding taxes, licenses and fees)	269,716	164,735
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	4,590	
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	667,937	351,945
7.2 Net deferred tax liability	1,040,325	794,463
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 0 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	2,533,262	2,028,336
10. Advance premium		452,881
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		0
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	672,923	672,923
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ 0 certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives	0	0
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ 0 and interest thereon \$ 0		
25. Aggregate write-ins for liabilities	0	5,132
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	29,808,808	29,550,256
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	29,808,808	29,550,256
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	133,914,107	131,659,321
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0 )		
36.2 0 shares preferred (value included in Line 31 \$ 0 )		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	133,914,107	131,659,321
38. Totals (Page 2, Line 28, Col. 3)	163,722,915	161,209,577
<b>DETAILS OF WRITE-INS</b>		
2501. Unearned Finance Charge	0	0
2502. Premium Deficiency Reserve	0	0
2503. Losses Payable	0	5,132
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	5,132
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 1,040,032 )	535,107	536,125	1,882,793
1.2 Assumed (written \$ 0 )			
1.3 Ceded (written \$ 0 )			
1.4 Net (written \$ 1,040,032 )	535,107	536,125	1,882,793
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ 488,075 ):			
2.1 Direct	(628,104)	1,147,738	(2,063,070)
2.2 Assumed			
2.3 Ceded			
2.4 Net	(628,104)	1,147,738	(2,063,070)
3. Loss adjustment expenses incurred	295,824	387,704	(428,457)
4. Other underwriting expenses incurred	533,825	400,846	1,681,324
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	201,545	1,936,288	(810,203)
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	333,562	(1,400,163)	2,692,996
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	1,069,602	1,195,746	4,646,818
10. Net realized capital gains (losses) less capital gains tax of \$ 65,322	245,734	357,188	1,523,994
11. Net investment gain (loss) (Lines 9 + 10)	1,315,336	1,552,934	6,170,812
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 )	0	0	0
13. Finance and service charges not included in premiums	5,813	6,531	20,201
14. Aggregate write-ins for miscellaneous income	0	0	(571,000)
15. Total other income (Lines 12 through 14)	5,813	6,531	(550,799)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,654,711	159,302	8,313,009
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,654,711	159,302	8,313,009
19. Federal and foreign income taxes incurred	250,670	(61,261)	1,331,200
20. Net income (Line 18 minus Line 19)(to Line 22)	1,404,041	220,563	6,981,809
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	131,659,321	123,365,118	123,365,118
22. Net income (from Line 20)	1,404,041	220,563	6,981,809
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 230,287	866,320	(3,292,685)	1,271,119
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(15,575)	10,807	41,275
27. Change in nonadmitted assets			0
28. Change in provision for reinsurance			0
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			0
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	2,254,786	(3,061,315)	8,294,203
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	133,914,107	120,303,803	131,659,321
<b>DETAILS OF WRITE-INS</b>			
0501. Change in Premium Deficiency Reserve		0	0
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Gain or loss on retroactive reinsurance		0	(571,000)
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	(571,000)
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

## STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	464,549	637,366	2,417,012
2. Net investment income .....	1,423,612	1,404,770	5,209,518
3. Miscellaneous income .....	13,838	3,926	(842,017)
4. Total (Lines 1 to 3) .....	1,901,999	2,046,062	6,784,513
5. Benefit and loss related payments .....	10,958	728,038	637,128
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	841,539	774,113	2,269,093
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(295,609)	160,000	1,410,000
10. Total (Lines 5 through 9) .....	556,888	1,662,151	4,316,221
11. Net cash from operations (Line 4 minus Line 10) .....	1,345,111	383,911	2,468,292
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	3,923,158	2,341,447	16,649,934
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	3,992	3,992
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	3,923,158	2,345,439	16,653,926
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	4,054,786	1,981,425	17,761,604
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	514,793	420,385	1,468,660
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	4,569,579	2,401,810	19,230,264
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(646,421)	(56,371)	(2,576,338)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	0	0	0
<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) .....	698,690	327,540	(108,046)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,070,659	1,178,705	1,178,705
19.2 End of period (Line 18 plus Line 19.1) .....	1,769,349	1,506,245	1,070,659

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

## NOTES TO FINANCIAL STATEMENTS

### Note 1 – Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

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

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

The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

	SSAP #	F/S Page	F/S Line #	2021	2020
<b>NET INCOME</b>					
(1) The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 1,404,041	\$ 6,981,809
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 1,404,041	\$ 6,981,809
<b>SURPLUS</b>					
(5) The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 133,914,107	\$ 131,659,321
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 133,914,107	\$ 131,659,321

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

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

#### B. Use of Estimates in the Preparation of the Financial Statement

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

#### C. Accounting Policy

The Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

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

(3) Basis for Common Stocks

The MMJUA holds no investments in common stocks.

(4) Basis for Preferred Stocks

The MMJUA holds no investments in preferred stocks.

(5) Basis for Mortgage Loans

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

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

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

## NOTES TO FINANCIAL STATEMENTS

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

The MMJUA has no subsidiaries.

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

The MMJUA holds no interest in joint ventures or partnerships.

(9) Accounting Policies for Derivatives

The MMJUA does not invest in derivative instruments.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The MMJUA does not have a premium deficiency reserve.

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

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

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

The MMJUA does not have a capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

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

D. Going Concern

None

**Note 2 – Accounting Changes and Corrections of Errors**

No significant changes

**Note 3 – Business Combinations and Goodwill**

Not applicable

**Note 4 – Discontinued Operations**

Not applicable

**Note 5 – Investments**

No significant changes

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable

**Note 7 – Investment Income**

A. The bases, by category of investment income, for excluding (nonadmitting) and investment income due and accrued:

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

B. The total amount excluded:

Not applicable

**Note 8 – Derivative Instruments**

Not applicable

**Note 9 – Income Taxes**

No significant changes

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

Not applicable

**Note 11 – Debt**

Not applicable

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

Not applicable

**NOTES TO FINANCIAL STATEMENTS**

**Note 13 – Capital and Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations**

Not applicable

**Note 14 – Liabilities, Contingencies and Assessments**

No significant changes

**Note 15 – Leases**

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
Beecher Carlson Insurance Services LLC	95-3679538	YES	Medical Malpractice, General Liability	C, CA, R, B, P, U	\$ 1,040,032
Total	XXX	XXX	XXX	XXX	\$ 1,040,032

**Note 20 – Fair Value Measurements**

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

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

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Association has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted process for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; or
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

(3) Policies when Transfers Between Levels are Recognized

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

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

The Company measures items at Level 2 on a recurring basis. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

(5) Fair Value Disclosures

Not applicable

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

Not applicable

## NOTES TO FINANCIAL STATEMENTS

C. Fair Value Level

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 94,485,172	\$ 89,179,880	\$ -	\$ 94,485,172	\$	\$	\$
Cash, cash equivalents and short-term investments	\$ 1,769,349	\$ 1,769,349	\$ 1,769,349	\$ -	\$	\$	\$
Other Invested Assets	\$ 74,256,805	\$ 71,531,566	\$ 24,911,441	\$ 49,345,364	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not applicable

E. NAV Practical Expedient Investments

Not applicable

**Note 21 – Other Items**

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring Debtors

Not applicable

C. Other Disclosures

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

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime-Mortgage-Related Risk Exposure

Not applicable

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

**Note 22 – Events Subsequent**

Subsequent events have been considered through May 12, 2021 for these statutory financial statements which are to be issued on May 17, 2021.

**Note 23 – Reinsurance**

No significant changes

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

No significant changes

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

A. Change in Incurred Losses and Loss Adjustment Expenses

There was favorable development of \$1.1 million attributable to insured events of prior years. The reason for the favorable change relates to claims settling for less than originally expected.

B. Information about Significant Changes in Methodologies and Assumptions

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

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## NOTES TO FINANCIAL STATEMENTS

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**Note 26 – Intercompany Pooling Arrangements**

Not applicable

**Note 27 – Structured Settlements**

No significant changes

**Note 28 – Health Care Receivables**

Not applicable

**Note 29 – Participating Policies**

Not applicable

**Note 30 – Premium Deficiency Reserves**

Not applicable

**Note 31 – High Deductibles**

Not applicable

**Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid LAE**

Not applicable

**Note 33 – Asbestos/Environmental Reserves**

Not applicable

**Note 34 – Subscriber Savings Accounts**

Not applicable

**Note 35 – Multiple Peril Crop Insurance**

Not applicable

**Note 36 – Financial Guaranty Insurance**

Not applicable

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ X ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ ] No [ X ]  
 If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2019
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2015
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 01/18/2017
- 6.4 By what department or departments?  
 State of Rhode Island Department of Business Regulation, Insurance Division.
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island  
**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ .....0

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island  
**GENERAL INTERROGATORIES**

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

- 17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] No [  ]

- 18.2 If no, list exceptions:

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

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

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

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [ ] N/A [ X ]  
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]  
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [ X ]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? ..... Yes [ ] No [ X ]

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

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

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

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

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

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

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ X ]

**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

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

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	N	0	0	0	0	0	
2. Alaska	AK	N	0	0	0	0	0	
3. Arizona	AZ	N	0	0	0	0	0	
4. Arkansas	AR	N	0	0	0	0	0	
5. California	CA	N	0	0	0	0	0	
6. Colorado	CO	N	0	0	0	0	0	
7. Connecticut	CT	N	0	0	0	0	0	
8. Delaware	DE	N	0	0	0	0	0	
9. District of Columbia	DC	N	0	0	0	0	0	
10. Florida	FL	N	0	0	0	0	0	
11. Georgia	GA	N	0	0	0	0	0	
12. Hawaii	HI	N	0	0	0	0	0	
13. Idaho	ID	N	0	0	0	0	0	
14. Illinois	IL	N	0	0	0	0	0	
15. Indiana	IN	N	0	0	0	0	0	
16. Iowa	IA	N	0	0	0	0	0	
17. Kansas	KS	N	0	0	0	0	0	
18. Kentucky	KY	N	0	0	0	0	0	
19. Louisiana	LA	N	0	0	0	0	0	
20. Maine	ME	N	0	0	0	0	0	
21. Maryland	MD	N	0	0	0	0	0	
22. Massachusetts	MA	N	0	0	0	0	0	
23. Michigan	MI	N	0	0	0	0	0	
24. Minnesota	MN	N	0	0	0	0	0	
25. Mississippi	MS	N	0	0	0	0	0	
26. Missouri	MO	N	0	0	0	0	0	
27. Montana	MT	N	0	0	0	0	0	
28. Nebraska	NE	N	0	0	0	0	0	
29. Nevada	NV	N	0	0	0	0	0	
30. New Hampshire	NH	N	0	0	0	0	0	
31. New Jersey	NJ	N	0	0	0	0	0	
32. New Mexico	NM	N	0	0	0	0	0	
33. New York	NY	N	0	0	0	0	0	
34. North Carolina	NC	N	0	0	0	0	0	
35. North Dakota	ND	N	0	0	0	0	0	
36. Ohio	OH	N	0	0	0	0	0	
37. Oklahoma	OK	N	0	0	0	0	0	
38. Oregon	OR	N	0	0	0	0	0	
39. Pennsylvania	PA	N	0	0	0	0	0	
40. Rhode Island	RI	L	1,040,032	905,239	10,959	728,037	17,911,143	21,422,289
41. South Carolina	SC	N	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Totals	XXX		1,040,032	905,239	10,959	728,037	17,911,143	21,422,289
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0

(a) Active Status Counts:

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

Schedule Y - Part 1

**NONE**

Schedule Y - Part 1A - Detail of Insurance Holding Company System

**NONE**

Schedule Y - Part 1A - Explanations

**NONE**

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire			0.0	0.0
2. Allied Lines			0.0	0.0
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril			0.0	0.0
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	271,117	(664,670)	(245.2)	284.4
11.2 Medical professional liability - claims-made	156,048	102,197	65.5	78.7
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			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	107,942	(65,631)	(60.8)	454.1
17.2 Other liability - claims-made			0.0	0.0
17.3 Excess workers' compensation			0.0	0.0
18.1 Products liability - occurrence			0.0	0.0
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 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	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	535,107	(628,104)	(117.4)	214.1
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Summary 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	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	0		0
2. Allied Lines	0		0
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	0		0
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	354,732	354,732	395,649
11.2 Medical professional liability - claims-made	399,139	399,139	468,940
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	0		0
17.1 Other liability - occurrence	286,161	286,161	40,650
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	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. Totals	1,040,032	1,040,032	905,239
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**PART 3 (000 omitted)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2021 Loss and LAE Payments on Claims Reported as of Prior Year-End	2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2021 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2018 + Prior .....	9,923	8,737	18,660	88	0	88	9,023	0	8,430	17,453	(812)	(307)	(1,119)
2. 2019 .....	812	2,408	3,220	34	0	34	1,028	0	2,136	3,164	250	(272)	(22)
3. Subtotals 2019 + Prior .....	10,735	11,145	21,880	122	0	122	10,051	0	10,566	20,617	(562)	(579)	(1,141)
4. 2020 .....	336	2,787	3,123	9	0	9	314	0	2,800	3,114	(13)	13	0
5. Subtotals 2020 + Prior .....	11,071	13,932	25,003	131	0	131	10,365	0	13,366	23,731	(575)	(566)	(1,141)
6. 2021 .....	XXX	XXX	XXX	XXX	0	0	XXX	0	809	809	XXX	XXX	XXX
7. Totals .....	11,071	13,932	25,003	131	0	131	10,365	0	14,175	24,540	(575)	(566)	(1,141)
8. Prior Year-End Surplus As Regards Policyholders	131,659										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. (5.2)	2. (4.1)	3. (4.6)
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. (0.9)

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

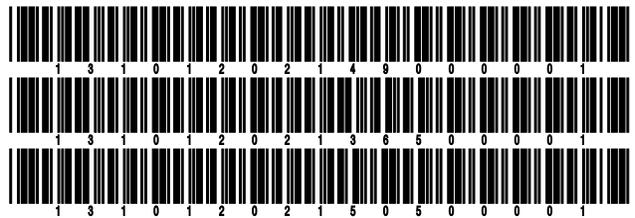
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed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

Explanations:

- 1.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]





STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	69,652,886	64,772,187
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other	818,866	3,413,340
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	1,096,607	1,609,012
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation	36,793	141,653
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	71,531,566	69,652,886
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	71,531,566	69,652,886

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	89,151,406	88,468,445
2. Cost of bonds and stocks acquired	4,054,786	17,761,604
3. Accrual of discount	9,928	37,371
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	6,979	(15,559)
6. Deduct consideration for bonds and stocks disposed of	3,951,453	16,745,281
7. Deduct amortization of premium	120,061	450,521
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	28,295	95,347
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	89,179,880	89,151,406
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	89,179,880	89,151,406

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	71,098,415	2,880,904	3,663,723	56,558	70,372,154			71,098,415
2. NAIC 2 (a) .....	17,757,991	1,173,882	252,456	(166,691)	18,512,726			17,757,991
3. NAIC 3 (a) .....	295,000				295,000			295,000
4. NAIC 4 (a) .....	0				0			0
5. NAIC 5 (a) .....	0				0			0
6. NAIC 6 (a) .....	0				0			0
7. Total Bonds	89,151,406	4,054,786	3,916,179	(110,133)	89,179,880	0	0	89,151,406
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0			
9. NAIC 2 .....	0				0			
10. NAIC 3 .....	0				0			
11. NAIC 4 .....	0				0			
12. NAIC 5 .....	0				0			
13. NAIC 6 .....	0				0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	89,151,406	4,054,786	3,916,179	(110,133)	89,179,880	0	0	89,151,406

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

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

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**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals		XXX			

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

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

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

## SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14.....		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance.....	0	
3.	Total (Line 1 plus Line 2).....		0
4.	Part D, Section 1, Column 6.....		
5.	Part D, Section 1, Column 7.....		
6.	Total (Line 3 minus Line 4 minus Line 5).....		0

Fair Value Check

7.	Part A, Section 1, Column 16.....		
8.	Part B, Section 1, Column 13.....		
9.	Total (Line 7 plus Line 8).....	0	
10.	Part D, Section 1, Column 9.....		
11.	Part D, Section 1, Column 10.....		
12.	Total (Line 9 minus Line 10 minus Line 11).....		0

Potential Exposure Check

13.	Part A, Section 1, Column 21.....		
14.	Part B, Section 1, Column 20.....		
15.	Part D, Section 1, Column 12.....		
16.	Total (Line 13 plus Line 14 minus Line 15).....		0

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	314,604	81,886
2. Cost of cash equivalents acquired .....	2,712,031	9,134,725
3. Accrual of discount .....		19
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	1,868,735	8,902,026
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	1,157,900	314,604
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,157,900	314,604

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol	
91282C-BH-3	US TREASURY N/B		.02/16/2021	BANK AMERICA		991,523	1,000,000	176	1.A FE	
<b>0599999. Subtotal - Bonds - U.S. Governments</b>								176	XXX	
3133KK-7C-7	FR RA4491		.01/25/2021	J.P. MORGAN		503,789	500,000	542	1.A	
736742-C7-0	PORTLAND OR SIIR SYS REVENUE		.01/19/2021	STIFEL NICOLAUS & CO		569,770	500,000	2,375	1.C FE	
<b>3199999. Subtotal - Bonds - U.S. Special Revenues</b>							1,073,559	1,000,000	2,917	XXX
103730-BM-1	BP CAP MARKETS AMERICA		.03/29/2021	DEUTSCHE BANK		472,055	500,000	1,239	1.F FE	
36261M-AB-5	GSMB 2021-PJ1 A2		.01/15/2021	GOLDMAN SACHS		343,767	330,000	642	1.A FE	
817826-AB-6	7-ELEVEN INC		.01/27/2021	SMBC NIKKO SECURITIES AMERICA, INC.		899,253	900,000		2.B FE	
303901-BH-4	FAIRFAX FINL HDGS LTD		.03/01/2021	BANK AMERICA		274,629	275,000		2.C FE	
<b>3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>							1,989,704	2,005,000	1,881	XXX
<b>8399997. Total - Bonds - Part 3</b>							4,054,786	4,005,000	4,974	XXX
<b>8399998. Total - Bonds - Part 5</b>							XXX	XXX	XXX	XXX
<b>8399999. Total - Bonds</b>							4,054,786	4,005,000	4,974	XXX
<b>8999997. Total - Preferred Stocks - Part 3</b>							0	XXX	0	XXX
<b>8999998. Total - Preferred Stocks - Part 5</b>							XXX	XXX	XXX	XXX
<b>8999999. Total - Preferred Stocks</b>							0	XXX	0	XXX
<b>9799997. Total - Common Stocks - Part 3</b>							0	XXX	0	XXX
<b>9799998. Total - Common Stocks - Part 5</b>							XXX	XXX	XXX	XXX
<b>9799999. Total - Common Stocks</b>							0	XXX	0	XXX
<b>9899999. Total - Preferred and Common Stocks</b>							0	XXX	0	XXX
<b>9999999 - Totals</b>							4,054,786	XXX	4,974	XXX

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
36202E-UM-9	GN 4188		03/01/2021	MBS PAYMENT		.3	.3	.3	.3				.0		.3			.0		07/20/2038	1.A
36205K-WE-8	GN 393145		03/01/2021	MBS PAYMENT		.755	.755	.751	.754				.0		.755			.0	.10	05/15/2024	1.A
36208C-7L-5	GN 447399		03/01/2021	MBS PAYMENT		.143	.143	.145	.143				.0		.143			.0	.2	07/15/2027	1.A
912810-EH-7	US TREASURY N/B		02/15/2021	MATURITY		700,000	700,000	695,844	699,958			.42	.42		700,000			.0	27,563	02/15/2021	1.A
<b>0599999 Subtotal - Bonds - U.S. Governments</b>						<b>700,901</b>	<b>700,901</b>	<b>696,743</b>	<b>700,858</b>	<b>0</b>	<b>42</b>	<b>0</b>	<b>42</b>	<b>0</b>	<b>700,901</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27,575</b>	<b>XXX</b>	<b>XXX</b>
3128K6-7K-0	FG A46298		03/01/2021	MBS PAYMENT		1,524	1,524	1,539	1,524				.0		1,524			.0	.14	07/01/2035	1.A
3128KV-MN-2	FG A64865		03/01/2021	MBS PAYMENT		241	241	243	241				.0		241			.0	.2	08/01/2037	1.A
3128M4-4Q-3	FG G03231		03/01/2021	MBS PAYMENT		2,095	2,095	2,064	2,095				.0		2,095			.0	.20	08/01/2037	1.A
3128M5-UZ-1	FG G03900		03/01/2021	MBS PAYMENT		120	120	120	120				.0		120			.0	.1	02/01/2038	1.A
3128M7-XB-7	FG G05774		03/01/2021	MBS PAYMENT		2,995	2,995	3,180	2,998		(3)	(3)	.0		2,995			.0	.29	01/01/2040	1.A
3128M8-AZ-7	FG G06024		03/01/2021	MBS PAYMENT		9,221	9,221	9,737	9,244		(23)	(23)	.0		9,221			.0	.69	08/01/2040	1.A
3128ME-3F-6	FG G15998		03/01/2021	MBS PAYMENT		7,489	7,489	7,505	7,490				.0		7,489			.0	.28	01/01/2032	1.A
3128MJ-R3-6	FG G08505		03/01/2021	MBS PAYMENT		52,129	52,129	54,727	52,231		(102)	(102)	.0		52,129			.0	.252	09/01/2042	1.A
3128MJ-U3-2	FG G08601		03/01/2021	MBS PAYMENT		8,026	8,026	8,586	8,055		(28)	(28)	.0		8,026			.0	.52	08/01/2044	1.A
3128MJ-X4-7	FG G08698		03/01/2021	MBS PAYMENT		13,514	13,514	14,108	13,549		(34)	(34)	.0		13,514			.0	.76	03/01/2046	1.A
3128MJ-X5-4	FG G08699		03/01/2021	MBS PAYMENT		11,779	11,779	12,642	11,823		(44)	(44)	.0		11,779			.0	.77	03/01/2046	1.A
3128MJ-YM-6	FG G08715		03/01/2021	MBS PAYMENT		13,831	13,831	14,389	13,854		(23)	(23)	.0		13,831			.0	.67	08/01/2046	1.A
3128MJ-ZH-6	FG G08743		03/01/2021	MBS PAYMENT		13,187	13,187	13,882	13,218		(30)	(30)	.0		13,187			.0	.88	01/01/2047	1.A
3128MJ-ZM-5	FG G08747		03/01/2021	MBS PAYMENT		32,241	32,241	31,850	32,228		13	13	.0		32,241			.0	.156	02/01/2047	1.A
3128MM-VZ-3	FG G18631		03/01/2021	MBS PAYMENT		14,244	14,244	14,279	14,245		(1)	(1)	.0		14,244			.0	.61	02/01/2032	1.A
3128MM-WJ-8	FG G18648		03/01/2021	MBS PAYMENT		23,960	23,960	25,061	23,998		(37)	(37)	.0		23,960			.0	.142	06/01/2032	1.A
3128MM-WS-8	FG G18656		03/01/2021	MBS PAYMENT		15,142	15,142	15,502	15,152		(9)	(9)	.0		15,142			.0	.82	08/01/2032	1.A
3128PQ-ZH-7	FG J11644		03/01/2021	MBS PAYMENT		1,266	1,266	1,288	1,266		(1)	(1)	.0		1,266			.0	.8	02/01/2025	1.A
3128PY-JD-7	FG J18360		03/01/2021	MBS PAYMENT		6,742	6,742	6,971	6,747		(6)	(6)	.0		6,742			.0	.34	03/01/2027	1.A
31292H-VU-5	FG C01527		03/01/2021	MBS PAYMENT		1,984	1,984	2,020	1,985		(1)	(1)	.0		1,984			.0	.18	04/01/2033	1.A
31292L-KQ-7	FG C03903		03/01/2021	MBS PAYMENT		6,053	6,053	6,056	6,053				.0		6,053			.0	.33	04/01/2042	1.A
31292L-L6-0	FG C03949		03/01/2021	MBS PAYMENT		7,601	7,601	7,797	7,605		(3)	(3)	.0		7,601			.0	.37	05/01/2042	1.A
312940-ZH-1	FG A92576		03/01/2021	MBS PAYMENT		3,865	3,865	3,968	3,869		(4)	(4)	.0		3,865			.0	.33	07/01/2040	1.A
312941-NJ-2	FG A93093		03/01/2021	MBS PAYMENT		4,616	4,616	4,857	4,621		(5)	(5)	.0		4,616			.0	.33	07/01/2040	1.A
312942-NF-8	FG A93990		03/01/2021	MBS PAYMENT		4,448	4,448	4,602	4,454		(6)	(6)	.0		4,448			.0	.28	09/01/2040	1.A
31294M-DW-8	FG E02817		03/01/2021	MBS PAYMENT		3,852	3,852	3,750	3,849		2	2	.0		3,852			.0	.18	01/01/2026	1.A
31296M-PA-1	FG A13117		03/01/2021	MBS PAYMENT		6,456	6,456	6,387	6,455		1	1	.0		6,456			.0	.31	09/01/2033	1.A
31296Q-4R-8	FG A16232		03/01/2021	MBS PAYMENT		519	519	529	519				.0		519			.0	.5	11/01/2033	1.A
3132QL-VB-7	FG G05410		03/01/2021	MBS PAYMENT		12,358	12,358	12,356	12,357				.0		12,358			.0	.84	01/01/2042	1.A
3132J2-5H-2	FG K90848		03/01/2021	MBS PAYMENT		10,746	10,746	11,159	10,755		(10)	(10)	.0		10,746			.0	.49	07/01/2033	1.A
31335A-QK-7	FG G60458		03/01/2021	MBS PAYMENT		17,060	17,060	17,953	17,099		(39)	(39)	.0		17,060			.0	.93	01/01/2044	1.A
31335A-UL-0	FG G60587		03/01/2021	MBS PAYMENT		3,417	3,417	3,655	3,428		(10)	(10)	.0		3,417			.0	.20	02/01/2046	1.A
31335H-5U-3	FG C90859		03/01/2021	MBS PAYMENT		1,509	1,509	1,551	1,510		(1)	(1)	.0		1,509			.0	.15	10/01/2024	1.A
3133K-7C-7	FR RA4491		03/01/2021	MBS PAYMENT		3,415	3,415	3,441					.0		3,415			.0	.7	02/01/2051	1.A
31371H-B6-4	FN 252161		03/01/2021	MBS PAYMENT		1,129	1,129	1,116	1,128				.0		1,129			.0	.11	12/01/2028	1.A
31371K-AA-3	FN 253927		03/01/2021	MBS PAYMENT		104	104	104	104				.0		104			.0	.1	07/01/2031	1.A
31371M-OG-0	FN 255771		03/01/2021	MBS PAYMENT		1,350	1,350	1,376	1,350				.0		1,350			.0	.14	07/01/2035	1.A
3138AN-CW-1	FN A18184		03/01/2021	MBS PAYMENT		9,371	9,371	9,825	9,381		(9)	(9)	.0		9,371			.0	.74	08/01/2041	1.A
3138AN-YU-1	FN A18822		03/01/2021	MBS PAYMENT		6,271	6,271	6,645	6,295		(24)	(24)	.0		6,271			.0	.51	08/01/2041	1.A
3138AV-TB-1	FN AJ4145		03/01/2021	MBS PAYMENT		5,476	5,476	5,713	5,483		(7)	(7)	.0		5,476			.0	.34	11/01/2041	1.A
3138AV-RQ-8	FN AJ4994		03/01/2021	MBS PAYMENT		4,852	4,852	5,223	4,859		(7)	(7)	.0		4,852			.0	.30	11/01/2041	1.A
3138EO-SF-7	FN AJ7717		03/01/2021	MBS PAYMENT		4,512	4,512	4,650	4,515		(3)	(3)	.0		4,512			.0	.23	12/01/2026	1.A
3138EG-HX-5	FN AL0245		03/01/2021	MBS PAYMENT		4,652	4,652	4,793	4,655		(3)	(3)	.0		4,652			.0	.29	04/01/2041	1.A
3138EH-US-9	FN AL1492		03/01/2021	MBS PAYMENT		11,954	11,954	12,505	11,974		(20)	(20)	.0		11,954			.0	.77	03/01/2042	1.A
3138EJ-3Y-2	FN AL2614		03/01/2021	MBS PAYMENT		4,420	4,420	4,571	4,425		(4)	(4)	.0		4,420			.0	.22	11/01/2042	1.A
3138EJ-RA-8	FN AL2280		03/01/2021	MBS PAYMENT		10,730	10,730	11,426	10,757		(27)	(27)	.0		10,730			.0	.74	09/01/2042	1.A
3138EK-FB-6	FN AL2861		03/01/2021	MBS PAYMENT		11,288	11,288	11,595	11,296		(8)	(8)	.0		11,288			.0	.61	12/01/2042	1.A
3138EK-HJ-7	FN AL2932		03/01/2021	MBS PAYMENT		1,992	1,992	2,095	1,995		(2)	(2)	.0		1,992			.0	.12	07/01/2042	1.A
3138EK-VII-9	FN AL3424		03/01/2021	MBS PAYMENT		8,305	8,305	8,717	8,315		(10)	(10)	.0		8,305			.0	.52	01/01/2043	1.A

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STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
3138ET-2J-4	FN AL8876		03/01/2021	MBS PAYMENT		14,101	14,101	14,674	14,118				(17)		14,101			.0	.69	10/01/2044	1.A
3138LR-AE-2	FN A00904		03/01/2021	MBS PAYMENT		3,596	3,596	3,696	3,597			(1)	(1)		3,596			.0	.29	04/01/2042	1.A
3138LU-SX-4	FN A04133		03/01/2021	MBS PAYMENT		8,640	8,640	8,631	8,639				0		8,640			.0	.52	06/01/2042	1.A
3138MK-ZE-5	FN A04372		03/01/2021	MBS PAYMENT		4,769	4,769	4,764	4,769				0		4,769			.0	.18	11/01/2027	1.A
3138WO-L6-4	FN AR3048		03/01/2021	MBS PAYMENT		5,703	5,703	5,658	5,702			.1	.1		5,703			.0	.23	01/01/2028	1.A
3138W4-CR-0	FN AR6379		03/01/2021	MBS PAYMENT		10,764	10,764	11,143	10,770			(5)	(5)		10,764			.0	.51	02/01/2043	1.A
3138W6-SU-1	FN AR8630		03/01/2021	MBS PAYMENT		5,632	5,632	5,802	5,636			(4)	(4)		5,632			.0	.27	04/01/2043	1.A
3138W9-HH-3	FN AS0244		03/01/2021	MBS PAYMENT		6,791	6,791	7,026	6,802			(11)	(11)		6,791			.0	.33	08/01/2043	1.A
3138W9-KR-0	FN AS0303		03/01/2021	MBS PAYMENT		14,970	14,970	14,923	14,968			2	2		14,970			.0	.70	08/01/2043	1.A
3138W9-MT-4	FN AS0369		03/01/2021	MBS PAYMENT		313	313	335	313				0		313			.0	.2	09/01/2043	1.A
3138WA-FR-3	FN AS1075		03/01/2021	MBS PAYMENT		12,194	12,194	12,567	12,203			(9)	(9)		12,194			.0	.66	11/01/2043	1.A
3138WA-WT-0	FN AS1557		03/01/2021	MBS PAYMENT		11,463	11,463	11,482	11,463			(19)	(19)		11,463			.0	.78	01/01/2044	1.A
3138WB-LK-9	FN AS2385		03/01/2021	MBS PAYMENT		11,603	11,603	12,250	11,625			(22)	(22)		11,603			.0	.94	05/01/2044	1.A
3138WE-ZJ-1	FN ASS244		03/01/2021	MBS PAYMENT		12,667	12,667	13,120	12,678			(11)	(11)		12,667			.0	.70	06/01/2045	1.A
3138WG-DN-1	FN AS6408		03/01/2021	MBS PAYMENT		10,624	10,624	11,235	10,654			(30)	(30)		10,624			.0	.57	01/01/2046	1.A
3138WJ-PC-6	FN AS8518		03/01/2021	MBS PAYMENT		19,058	19,058	18,961	19,054			4	4		19,058			.0	.95	12/01/2046	1.A
3138WJ-QE-1	FN AS8552		03/01/2021	MBS PAYMENT		15,097	15,097	15,443	15,103			(6)	(6)		15,097			.0	.67	12/01/2036	1.A
3138WM-KY-6	FN AT0310		03/01/2021	MBS PAYMENT		7,109	7,109	7,571	7,116			(7)	(7)		7,109			.0	.38	03/01/2043	1.A
3138WX-FK-8	FN AT9169		03/01/2021	MBS PAYMENT		8,633	8,633	8,582	8,632			.1	.1		8,633			.0	.35	07/01/2028	1.A
3138WZ-TZ-5	FN AU0567		03/01/2021	MBS PAYMENT		3,312	3,312	3,280	3,312				0		3,312			.0	.27	08/01/2043	1.A
3138X0-Y2-8	FN AU1628		03/01/2021	MBS PAYMENT		11,430	11,430	11,205	11,424			6	6		11,430			.0	.52	07/01/2043	1.A
3138X1-3A-2	FN AU2592		03/01/2021	MBS PAYMENT		10,084	10,084	10,445	10,092			(9)	(9)		10,084			.0	.58	08/01/2043	1.A
3138X3-XM-9	FN AU4283		03/01/2021	MBS PAYMENT		9,560	9,560	9,593	9,561			(1)	(1)		9,560			.0	.56	09/01/2043	1.A
3138Y6-3S-1	FN AX5308		03/01/2021	MBS PAYMENT		13,220	13,220	13,875	13,246			(26)	(26)		13,220			.0	.68	01/01/2042	1.A
3138YH-U6-5	FN AY4204		03/01/2021	MBS PAYMENT		9,121	9,121	9,420	9,128			(7)	(7)		9,121			.0	.50	05/01/2045	1.A
31394V-LV-0	FNR 2005-123 PG		03/01/2021	MBS PAYMENT		19,967	19,967	19,370	19,958			.9	.9		19,967			.0	.190	01/25/2036	1.A
31400Y-30-7	FN 702007		03/01/2021	MBS PAYMENT		233	233	239	233				0		233			.0	.2	05/01/2033	1.A
31406U-HH-4	FN B20232		03/01/2021	MBS PAYMENT		410	410	417	410				0		410			.0	.4	06/01/2035	1.A
31409Y-UL-9	FN B82687		03/01/2021	MBS PAYMENT		254	254	252	254				0		254			.0	.3	06/01/2036	1.A
3140FP-C9-8	FN BE3695		03/01/2021	MBS PAYMENT		68,999	68,999	68,643	68,971			28	28		68,999			.0	.383	06/01/2047	1.A
3140HB-FK-9	FN BJ9169		03/01/2021	MBS PAYMENT		49,578	49,578	50,519	49,638			(61)	(61)		49,578			.0	.325	05/01/2048	1.A
3140HB-GZ-5	FN BJ9215		03/01/2021	MBS PAYMENT		18,722	18,722	19,058	18,744			(22)	(22)		18,722			.0	.126	06/01/2048	1.A
3140J7-T5-4	FN BM3271		03/01/2021	MBS PAYMENT		20,747	20,747	21,091	20,755			(8)	(8)		20,747			.0	.93	12/01/2032	1.A
3140J8-HZ-9	FN BM3847		03/01/2021	MBS PAYMENT		23,254	23,254	23,813	23,272			(19)	(19)		23,254			.0	.146	05/01/2048	1.A
3140JG-LQ-6	FN BN0334		03/01/2021	MBS PAYMENT		128,633	128,633	133,784	128,968			(334)	(334)		128,633			.0	.801	12/01/2048	1.A
3140K5-MD-6	FN BO9355		03/01/2021	MBS PAYMENT		46,338	46,338	48,771	46,438			(100)	(100)		46,338			.0	.240	03/01/2050	1.A
3140KL-LG-5	FN BQ1226		03/01/2021	MBS PAYMENT		8,265	8,265	8,552	8,271			(5)	(5)		8,265			.0	.26	09/01/2050	1.A
314007-2P-1	FN CA0781		03/01/2021	MBS PAYMENT		37,102	37,102	37,844	37,126			(25)	(25)		37,102			.0	.189	11/01/2032	1.A
31400F-A2-5	FN CA7224		03/01/2021	MBS PAYMENT		1,594	1,594	1,653	1,595			(1)	(1)		1,594			.0	.5	10/01/2050	1.A
31400G-D4-6	FN CA8222		03/01/2021	MBS PAYMENT		6,915	6,915	6,972	6,916			(1)	(1)		6,915			.0	.7	12/01/2050	1.A
3140X4-Y8-3	FN FM1634		03/01/2021	MBS PAYMENT		60,421	60,421	62,318	60,545			(124)	(124)		60,421			.0	.348	06/01/2049	1.A
3140X6-2N-0	FN FM3480		03/01/2021	MBS PAYMENT		51,260	51,260	53,471	51,291			(31)	(31)		51,260			.0	.209	06/01/2050	1.A
31410U-KA-9	FN B97689		03/01/2021	MBS PAYMENT		412	412	402	412				0		412			.0	.4	06/01/2037	1.A
31413R-2P-0	FN B93582		03/01/2021	MBS PAYMENT		141	141	149	141				0		141			.0	.1	12/01/2037	1.A
31416J-ZM-6	FN AA1647		03/01/2021	MBS PAYMENT		3,349	3,349	3,462	3,350			(1)	(1)		3,349			.0	.15	02/01/2039	1.A
31416M-5A-8	FN AA4440		03/01/2021	MBS PAYMENT		425	425	440	425				0		425			.0	.4	03/01/2039	1.A
31417C-JL-0	FN AB5666		03/01/2021	MBS PAYMENT		5,377	5,377	5,483	5,381			(4)	(4)		5,377			.0	.32	07/01/2042	1.A
31417C-KM-6	FN AB5699		03/01/2021	MBS PAYMENT		4,630	4,630	4,612	4,629				0		4,630			.0	.31	07/01/2042	1.A
31417C-VS-1	FN AB6024		03/01/2021	MBS PAYMENT		10,826	10,826	11,320	10,845			(19)	(19)		10,826			.0	.48	08/01/2042	1.A
31417D-TR-4	FN AB6859		03/01/2021	MBS PAYMENT		12,753	12,753	13,255	12,775			(22)	(22)		12,753			.0	.64	11/01/2042	1.A
31417E-MZ-1	FN AB7575		03/01/2021	MBS PAYMENT		8,621	8,621	8,590	8,620			.1	.1		8,621			.0	.45	01/01/2043	1.A
31417E-N9-8	FN AB7615		03/01/2021	MBS PAYMENT		15,578	15,578	16,279	15,594			(16)	(16)		15,578			.0	.105	01/01/2043	1.A
31417F-3E-6	FN AB8896		03/01/2021	MBS PAYMENT		10,233	10,233	9,945	10,226			.6	.6		10,233			.0	.51	04/01/2043	1.A
31417G-5A-0	FN AB9840		03/01/2021	MBS PAYMENT		12,146	12,146	12,732	12,169			(24)	(24)		12,146			.0	.68	07/01/2043	1.A

STATEMENT AS OF MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
31417H-B5-2	FN AB9959		03/01/2021	MBS PAYMENT		6,104	6,104	6,369	6,111		(7)		(7)		6,104			0	40	07/01/2043	1.A	
31418C-QB-3	FN MA3149		03/01/2021	MBS PAYMENT		16,700	16,700	17,339	16,737		(37)		(37)		16,700			0	105	10/01/2047	1.A	
31418W-CY-4	FN AD8186		03/01/2021	MBS PAYMENT		2,152	2,152	2,230	2,154		(2)		(2)		2,152			0	13	09/01/2025	1.A	
31419E-UD-9	FN AE4179		03/01/2021	MBS PAYMENT		4,326	4,326	4,478	4,332		(5)		(5)		4,326			0	20	10/01/2025	1.A	
31419J-SV-1	FN AE7731		03/01/2021	MBS PAYMENT		6,844	6,844	7,298	6,858		(14)		(14)		6,844			0	53	11/01/2040	1.A	
919061-EY-3	VALDEZ AK MARINE TERMINAL REVE		01/01/2021	MATURITY		500,000	500,000	563,936	500,000				0		500,000			0	12,500	01/01/2021	1.G FE	
3199999	Subtotal - Bonds - U.S. Special Revenues					1,807,814	1,807,814	1,909,569	1,805,937	0	(1,537)	0	(1,537)	0	1,807,814	0	0	0	19,918	XXX	XXX	
05568B-AA-6	BURLINGTON NO SF 06-1 TR		01/15/2021	MBS PAYMENT		65,371	65,371	65,552	65,371				0		65,371			0	1,870	01/15/2024	1.B FE	
09247X-AH-4	BLACKROCK INC		03/29/2021	J.P. MORGAN		200,998	200,000	198,856	199,945		35		35		199,980		1,018	1,018	2,999	05/24/2021	1.D FE	
172967-FT-3	CITIGROUP INC		03/29/2021	J.P. MORGAN		258,208	250,000	271,248	253,227		(771)		(771)		252,456		5,752	5,752	8,031	01/14/2022	2.A FE	
26208M-AF-3	DRIVE 2018-5 C		03/15/2021	MBS PAYMENT		64,680	64,680	64,665	64,581		99		99		64,680			0	515	01/15/2025	1.A FE	
314353-AA-1	FEDEX 2020-1 CLASS AA		02/20/2021	SINK		6,684	6,684	6,684	6,684				0		6,684			0	65	08/20/2035	1.D FE	
36261M-AB-5	GSMS 2021-PJ1 A2		03/01/2021	MBS PAYMENT		3,897	3,897	4,059			(1)		(1)		3,897			0	12	06/25/2051	1.A FE	
47215B-AD-9	JCP L 2006-A A4		03/05/2021	MBS PAYMENT		84,478	84,478	84,403	84,439		39		39		84,478			0	1,185	06/05/2023	1.A FE	
742741-AA-9	PROCTER & GAMBLE - ESOP		01/01/2021	MATURITY		61,150	61,150	61,150	61,150				0		61,150			0	2,862	01/01/2021	1.D FE	
74340X-BE-0	PROLOGIS LP		03/08/2021	CALLED BY ISSUER at 112.465		112,465	100,000	99,381	99,672		12		12		99,683		317	317	13,788	11/01/2025	1.G FE	
90783X-AA-9	UNION PACIFIC RR CO 07-3		01/02/2021	MBS PAYMENT		63,525	63,525	63,525	63,525				0		63,525			0	1,962	01/02/2031	1.D FE	
909318-AA-5	UNITED AIR 2018-1 AA PTT		03/01/2021	MBS PAYMENT		5,452	5,452	5,452	5,452				0		5,452			0	95	09/01/2031	1.E FE	
05565Q-CZ-9	BP CAPITAL MARKETS PLC	C	01/22/2021	CALLED BY ISSUER at 103.166		515,830	500,000	500,602	500,113		(5)		(5)		500,108		(108)	(108)	21,146	03/17/2022	1.G FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,442,738	1,405,237	1,425,577	1,404,159	0	(592)	0	(592)	0	1,407,464	0	6,979	6,979	54,530	XXX	XXX	
8399997	Total - Bonds - Part 4					3,951,453	3,913,952	4,031,889	3,910,954	0	(2,087)	0	(2,087)	0	3,916,179	0	6,979	6,979	102,023	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					3,951,453	3,913,952	4,031,889	3,910,954	0	(2,087)	0	(2,087)	0	3,916,179	0	6,979	6,979	102,023	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					3,951,453	XXX	4,031,889	3,910,954	0	(2,087)	0	(2,087)	0	3,916,179	0	6,979	6,979	102,023	XXX	XXX	

E05.2

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

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**







SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

Designate the type of health care providers reported on this page:  
Physicians, including surgeons and osteopaths

**SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama ..... AL								
2. Alaska ..... AK								
3. Arizona ..... AZ								
4. Arkansas ..... AR								
5. California ..... CA								
6. Colorado ..... CO								
7. Connecticut ..... CT								
8. Delaware ..... DE								
9. District of Columbia ..... DC								
10. Florida ..... FL								
11. Georgia ..... GA								
12. Hawaii ..... HI								
13. Idaho ..... ID								
14. Illinois ..... IL								
15. Indiana ..... IN								
16. Iowa ..... IA								
17. Kansas ..... KS								
18. Kentucky ..... KY								
19. Louisiana ..... LA								
20. Maine ..... ME								
21. Maryland ..... MD								
22. Massachusetts ..... MA								
23. Michigan ..... MI								
24. Minnesota ..... MN								
25. Mississippi ..... MS								
26. Missouri ..... MO								
27. Montana ..... MT								
28. Nebraska ..... NE								
29. Nevada ..... NV								
30. New Hampshire ..... NH								
31. New Jersey ..... NJ								
32. New Mexico ..... NM								
33. New York ..... NY								
34. North Carolina ..... NC								
35. North Dakota ..... ND								
36. Ohio ..... OH								
37. Oklahoma ..... OK								
38. Oregon ..... OR								
39. Pennsylvania ..... PA								
40. Rhode Island ..... RI	654,634	333,945	10,958	1	(728,869)	7,186,774	24	7,045,438
41. South Carolina ..... SC								
42. South Dakota ..... SD								
43. Tennessee ..... TN								
44. Texas ..... TX								
45. Utah ..... UT								
46. Vermont ..... VT								
47. Virginia ..... VA								
48. Washington ..... WA								
49. West Virginia ..... WV								
50. Wisconsin ..... WI								
51. Wyoming ..... WY								
52. American Samoa ..... AS								
53. Guam ..... GU								
54. Puerto Rico ..... PR								
55. U.S. Virgin Islands ..... VI								
56. Northern Mariana Islands ..... MP								
57. Canada ..... CAN								
58. Aggregate Other Aliens ..... OT	0	0	0	0	0	0	0	0
59. Totals	654,634	333,945	10,958	1	(728,869)	7,186,774	24	7,045,438
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

Designate the type of health care providers reported on this page:  
Hospitals

**SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI	99,237	93,219	0	0	166,396	1,710,000	15	1,641,290
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate Other Aliens OT	0	0	0	0	0	0	0	0
59. Totals	99,237	93,219	0	0	166,396	1,710,000	15	1,641,290
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0