



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 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 06/16/1975 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
 (Street and Number)
Providence, RI, US 02903 401-369-8240
 (City or Town, State, Country and Zip Code) (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
 (Street and Number)
Providence, RI, US 02903 401-369-8240
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Melissa Menard, 401-369-8245
 (Name) (Area Code) (Telephone Number)
mmenard@beechercarlson.com 401-369-8241
 (E-mail Address) (FAX Number)

OFFICERS

Vice Chair Timothy Knapp Assistant Secretary Melissa Menard #
 Chair Earl Cottam Jr. Secretary James Pascalides DPM

OTHER

DIRECTORS OR TRUSTEES

<u>Daniel Wright</u>	<u>James Pascalides 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 Payntor</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
 Vice Chair

Earl Cottam Jr.
 Chair

Melissa Menard
 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.....



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 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 06/16/1975 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
 (Street and Number)
Providence, RI, US 02903 401-369-8240
 (City or Town, State, Country and Zip Code) (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
 (Street and Number)
Providence, RI, US 02903 401-369-8240
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Melissa Menard, 401-369-8245
 (Name) (Area Code) (Telephone Number)
mmenard@beechercarlson.com 401-369-8241
 (E-mail Address) (FAX Number)

OFFICERS

Vice Chair Timothy Knapp Assistant Secretary Melissa Menard #
 Chair Earl Cottam Jr. Secretary James Pascalides DPM

OTHER

DIRECTORS OR TRUSTEES

<u>Daniel Wright</u>	<u>James Pascalides 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 Payntor</u>	<u>Laurie Kuiper</u>	

State of Massachusetts SS:
 County of Suffolk

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
 Vice Chair

Earl Cottam Jr.
 Chair

Melissa Menard
 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.....

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	89,224,418		89,224,418	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 (\$336,196), cash equivalents (\$335,516) and short-term investments (\$0)	671,712		671,712	1,070,659
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	73,621,383		73,621,383	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)	163,517,513	0	163,517,513	159,874,951
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,238,365		1,238,365	1,272,773
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	(89,851)		(89,851)	(94,314)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	180,588		180,588	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	1,184	0	1,184	9,193
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	164,847,799	0	164,847,799	161,209,577
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	164,847,799	0	164,847,799	161,209,577
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Miscellaneous Accounts Receivable	1,184		1,184	3,783
2502. Prepaid Losses	0		0	0
2503. Prepaid premium tax	0		0	5,410
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)	1,184	0	1,184	9,193

STATEMENT AS OF JUNE 30, 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 \$ 1,220,601)	17,331,543	18,550,205
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	6,059,764	6,452,963
4. Commissions payable, contingent commissions and other similar charges	76,139	76,673
5. Other expenses (excluding taxes, licenses and fees)	206,658	164,735
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	199,117	351,945
7.2 Net deferred tax liability	1,253,391	794,463
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	2,339,497	2,028,336
10. Advance premium	121,704	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	650,650	672,923
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives	0	0
21. Payable for securities	275,836	
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	0	5,132
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	28,514,299	29,550,256
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	28,514,299	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)	136,333,500	131,659,321
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	136,333,500	131,659,321
38. Totals (Page 2, Line 28, Col. 3)	164,847,799	161,209,577
DETAILS OF WRITE-INS		
2501. Unearned Finance Charge		0
2502. Premium Deficiency Reserve		0
2503. Losses Payable		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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 1,367,622)	1,056,461	962,095	1,882,793
1.2 Assumed (written \$)			
1.3 Ceded (written \$)			
1.4 Net (written \$ 1,367,622)	1,056,461	962,095	1,882,793
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 1,220,601):			
2.1 Direct	(921,745)	(1,323,555)	(2,063,070)
2.2 Assumed			
2.3 Ceded			
2.4 Net	(921,745)	(1,323,555)	(2,063,070)
3. Loss adjustment expenses incurred	(127,053)	(630,444)	(428,457)
4. Other underwriting expenses incurred	982,080	785,383	1,681,324
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	(66,718)	(1,168,616)	(810,203)
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	1,123,179	2,130,711	2,692,996
INVESTMENT INCOME			
9. Net investment income earned	2,101,874	2,385,926	4,646,818
10. Net realized capital gains (losses) less capital gains tax of \$ 291,450	1,096,408	481,850	1,523,994
11. Net investment gain (loss) (Lines 9 + 10)	3,198,282	2,867,776	6,170,812
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0	0	0
13. Finance and service charges not included in premiums	13,575	13,175	20,201
14. Aggregate write-ins for miscellaneous income	(564,020)	(571,000)	(571,000)
15. Total other income (Lines 12 through 14)	(550,445)	(557,825)	(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)	3,771,016	4,440,662	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)	3,771,016	4,440,662	8,313,009
19. Federal and foreign income taxes incurred	420,722	720,817	1,331,200
20. Net income (Line 18 minus Line 19)(to Line 22)	3,350,294	3,719,845	6,981,809
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	131,659,321	123,365,118	123,365,118
22. Net income (from Line 20)	3,350,294	3,719,845	6,981,809
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 374,391	1,408,422	(940,431)	1,271,119
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(84,537)	(46,050)	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)	4,674,179	2,733,364	8,294,203
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	136,333,500	126,098,482	131,659,321
DETAILS OF WRITE-INS			
0501. Change in Premium Deficiency Reserve		0	0
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Gain or loss on retroactive reinsurance	(564,020)	(571,000)	(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)	(564,020)	(571,000)	(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 JUNE 30, 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
Cash from Operations			
1. Premiums collected net of reinsurance	998,368	1,275,003	2,417,012
2. Net investment income	2,425,353	2,572,782	5,209,518
3. Miscellaneous income	(564,709)	(843,461)	(842,017)
4. Total (Lines 1 to 3)	2,859,012	3,004,324	6,784,513
5. Benefit and loss related payments	296,917	738,575	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	1,211,966	1,419,455	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)	865,000	460,000	1,410,000
10. Total (Lines 5 through 9)	2,373,883	2,618,030	4,316,221
11. Net cash from operations (Line 4 minus Line 10)	485,129	386,294	2,468,292
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	8,312,031	6,835,281	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	275,836	3,992	3,992
12.8 Total investment proceeds (Lines 12.1 to 12.7)	8,587,867	6,839,273	16,653,926
13. Cost of investments acquired (long-term only):			
13.1 Bonds	8,597,201	3,993,763	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	874,742	2,540,062	1,468,660
13.7 Total investments acquired (Lines 13.1 to 13.6)	9,471,943	6,533,825	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)	(884,076)	305,448	(2,576,338)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(398,947)	691,742	(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)	671,712	1,870,447	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
NET INCOME					
(1) The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 3,350,294	\$ 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	\$ 3,350,294	\$ 6,981,809
SURPLUS					
(5) The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 136,333,500	\$ 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	\$ 136,333,500	\$ 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	\$ 1,367,622
Total	XXX	XXX	XXX	XXX	\$ 1,367,622

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	\$ 95,240,483	\$ 89,224,418	\$ -	\$ 95,240,483	\$	\$	\$
Cash, cash equivalents and short-term investments	\$ 671,712	\$ 671,712	\$ 671,712	\$ -	\$	\$	\$
Other Invested Assets	\$ 76,753,395	\$ 73,621,383	\$ 26,271,601	\$ 50,481,794	\$	\$	\$

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 August 11, 2021 for these statutory financial statements which are to be issued on August 13, 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 \$2.9 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.

NOTES TO FINANCIAL STATEMENTS

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 JUNE 30, 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. 12/31/2019
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/21/2021
- 6.4 By what department or departments?
State of Rhode Island Department of Business Regulation, Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [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 JUNE 30, 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: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 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 JUNE 30, 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 [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

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

- 18.2 If no, list exceptions:

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

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

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

STATEMENT AS OF JUNE 30, 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
NONE						

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
2. Alaska AK	N		0		0		0
3. Arizona AZ	N		0		0		0
4. Arkansas AR	N		0		0		0
5. California CA	N		0		0		0
6. Colorado CO	N		0		0		0
7. Connecticut CT	N		0		0		0
8. Delaware DE	N		0		0		0
9. District of Columbia DC	N		0		0		0
10. Florida FL	N		0		0		0
11. Georgia GA	N		0		0		0
12. Hawaii HI	N		0		0		0
13. Idaho ID	N		0		0		0
14. Illinois IL	N		0		0		0
15. Indiana IN	N		0		0		0
16. Iowa IA	N		0		0		0
17. Kansas KS	N		0		0		0
18. Kentucky KY	N		0		0		0
19. Louisiana LA	N		0		0		0
20. Maine ME	N		0		0		0
21. Maryland MD	N		0		0		0
22. Massachusetts MA	N		0		0		0
23. Michigan MI	N		0		0		0
24. Minnesota MN	N		0		0		0
25. Mississippi MS	N		0		0		0
26. Missouri MO	N		0		0		0
27. Montana MT	N		0		0		0
28. Nebraska NE	N		0		0		0
29. Nevada NV	N		0		0		0
30. New Hampshire NH	N		0		0		0
31. New Jersey NJ	N		0		0		0
32. New Mexico NM	N		0		0		0
33. New York NY	N		0		0		0
34. North Carolina NC	N		0		0		0
35. North Dakota ND	N		0		0		0
36. Ohio OH	N		0		0		0
37. Oklahoma OK	N		0		0		0
38. Oregon OR	N		0		0		0
39. Pennsylvania PA	N		0		0		0
40. Rhode Island RI	L	1,367,622	1,279,984	296,917	738,574	17,331,543	18,940,459
41. South Carolina SC	N		0		0		0
42. South Dakota SD	N		0		0		0
43. Tennessee TN	N		0		0		0
44. Texas TX	N		0		0		0
45. Utah UT	N		0		0		0
46. Vermont VT	N		0		0		0
47. Virginia VA	N		0		0		0
48. Washington WA	N		0		0		0
49. West Virginia WV	N		0		0		0
50. Wisconsin WI	N		0		0		0
51. Wyoming WY	N		0		0		0
52. American Samoa AS	N		0		0		0
53. Guam GU	N		0		0		0
54. Puerto Rico PR	N		0		0		0
55. U.S. Virgin Islands VI	N		0		0		0
56. Northern Mariana Islands MP	N		0		0		0
57. Canada CAN	N		0		0		0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	XXX	1,367,622	1,279,984	296,917	738,574	17,331,543	18,940,459
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 - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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

N O N E

Schedule Y - Part 1A - Explanations

N O N E

STATEMENT AS OF JUNE 30, 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	520,383	(1,596,503)	(306.8)	(230.4)
11.2 Medical professional liability - claims-made	321,510	756,503	235.3	(61.1)
12. Earthquake			0.0	0.0
13. Group accident and health		0	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	214,568	(81,745)	(38.1)	78.4
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	1,056,461	(921,745)	(87.2)	(137.6)
DETAILS OF WRITE-INS				
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	99,039	453,771	546,406
11.2 Medical professional liability - claims-made	187,473	586,612	597,089
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	41,078	327,239	136,489
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	327,590	1,367,622	1,279,984
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF JUNE 30, 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	492	0	492	8,472	0	6,332	14,804	(959)	(2,405)	(3,364)
2. 2019	812	2,408	3,220	52	0	52	1,807	0	2,133	3,940	1,047	(275)	772
3. Subtotals 2019 + Prior	10,735	11,145	21,880	544	0	544	10,279	0	8,465	18,744	88	(2,680)	(2,592)
4. 2020	336	2,787	3,123	19	0	19	295	25	2,434	2,754	(22)	(328)	(350)
5. Subtotals 2020 + Prior	11,071	13,932	25,003	563	0	563	10,574	25	10,899	21,498	66	(3,008)	(2,942)
6. 2021	XXX	XXX	XXX	XXX	0	0	XXX	20	1,873	1,893	XXX	XXX	XXX
7. Totals	11,071	13,932	25,003	563	0	563	10,574	45	12,772	23,391	66	(3,008)	(2,942)
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. 0.6	2. (21.6)	3. (11.8)
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. (2.2)

STATEMENT AS OF JUNE 30, 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.

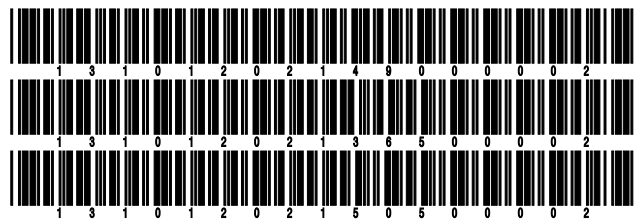
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state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



OVERFLOW PAGE FOR WRITE-INS

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	2,255,448	3,413,340
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	1,782,813	1,609,012
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation	69,764	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)	73,621,383	69,652,886
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	73,621,383	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	8,597,201	17,761,604
3. Accrual of discount	20,004	37,371
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	7,149	(15,559)
6. Deduct consideration for bonds and stocks disposed of	8,345,953	16,745,281
7. Deduct amortization of premium	239,311	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	33,922	95,347
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	89,224,418	89,151,406
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)	89,224,418	89,151,406

STATEMENT AS OF JUNE 30, 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
BONDS								
1. NAIC 1 (a)	70,372,155	3,529,613	3,838,774	(108,289)	70,372,155	69,954,705		71,098,415
2. NAIC 2 (a)	18,512,726	1,012,801	549,929	(885)	18,512,726	18,974,713		17,757,991
3. NAIC 3 (a)	295,000				295,000	295,000		295,000
4. NAIC 4 (a)	0				0	0		0
5. NAIC 5 (a)	0				0	0		0
6. NAIC 6 (a)	0				0	0		0
7. Total Bonds	89,179,881	4,542,414	4,388,703	(109,174)	89,179,881	89,224,418	0	89,151,406
PREFERRED STOCK								
8. NAIC 1	0				0	0		0
9. NAIC 2	0				0	0		0
10. NAIC 3	0				0	0		0
11. NAIC 4	0				0	0		0
12. NAIC 5	0				0	0		0
13. NAIC 6	0				0	0		0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	89,179,881	4,542,414	4,388,703	(109,174)	89,179,881	89,224,418	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 \$

S102

SCHEDULE DA - PART 1

Short-Term Investments

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

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	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 - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	314,604	81,886
2. Cost of cash equivalents acquired	3,722,415	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	3,701,503	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)	335,516	314,604
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	335,516	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

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
3133AD-SX-5	FR 0B6834		.04/26/2021	CITIGROUP GLOBAL MARKETS		258,739	249,575	468	1.A
3140L6-VM-2	FN BR7851		.05/17/2021	WELLS FARGO SECURITIES LLC		777,686	750,000	938	1.A
3140QK-SA-7	FN CB0512		.05/10/2021	CITIGROUP GLOBAL MARKETS		260,557	249,747	208	1.A
3140XA-Z4-7	FN FM7062		.04/29/2021	WELLS FARGO SECURITIES LLC		623,531	600,000	1,208	1.A
3140XB-C7-3	FN FM7293		.05/24/2021	MIITSUBISHI UFJ SECURITIES USA		311,836	300,000	521	1.A
64990F-WZ-3	NEW YGRK ST DORM AUTH ST PERSO		.05/03/2021	EXCHANGE		516,551	500,000	4,333	1.C FE
3199999. Subtotal - Bonds - U.S. Special Revenues						2,748,900	2,649,322	7,676	XXX
02666T-AC-1	AMERICAN HOMES 4 RENT		.06/30/2021	BANK AMERICA		275,836	280,000		2.C FE
10921U-2C-1	BRIGHTHSE FIN GLBL FUND		.05/17/2021	J.P. MORGAN		284,359	285,000		1.G FE
11135F-BH-3	BROADCOM INC		.06/28/2021	GOLDMAN SACHS		736,965	750,000	8,218	2.C FE
46592T-AC-7	JPMINT 2021-8 A3		.06/24/2021	J.P. MORGAN		496,355	490,000	967	1.A FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,793,515	1,805,000	9,205	XXX
8399997. Total - Bonds - Part 3						4,542,415	4,454,322	16,881	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						4,542,415	4,454,322	16,881	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						4,542,415	XXX	16,881	XXX

STATEMENT AS OF JUNE 30, 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	G2 4188		06/01/2021	MBS PAYMENT		.3	.3	.3	.3				.0		.3			.0		07/20/2038	1.A
36205K-WI-E-8	GN 393145		06/01/2021	MBS PAYMENT		.475	.475	.473	.474		.1		.1		.475			.0	.15	05/15/2024	1.A
36208C-7L-5	GN 447399		06/01/2021	MBS PAYMENT		.138	.138	.140	.138				.0		.138			.0	.4	07/15/2027	1.A
912828-S2-7	US TREASURY N/B		06/30/2021	VARIOUS		500,064	500,000	493,750	498,432		1,533		1,533		499,965		.99	.99	2,750	06/30/2021	1.A
0599999 Subtotal - Bonds - U.S. Governments						500,680	500,616	494,366	499,047	0	1,534	0	1,534	0	500,581	0	99	99	2,769	XXX	XXX
93974C-G5-3	WASHINGTON ST		06/01/2021	CALLED BY ISSUER at 100.000		400,000	400,000	450,228	403,234				(3,234)		400,000			.0	10,000	06/01/2030	1.B FE
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions						400,000	400,000	450,228	403,234	0	(3,234)	0	(3,234)	0	400,000	0	0	0	10,000	XXX	XXX
3128K6-7K-0	FG A46298		06/01/2021	MBS PAYMENT		1,207	1,207	1,219	1,209			(2)	(2)		1,207			.0	.28	07/01/2035	1.A
3128KV-MN-2	FG A64865		06/01/2021	MBS PAYMENT		.245	.245	.247	.245				.0		.245			.0	.6	08/01/2037	1.A
3128M4-4Q-3	FG G03231		06/01/2021	MBS PAYMENT		1,073	1,073	1,057	1,072		.1		.1		1,073			.0	.28	08/01/2037	1.A
3128M5-UZ-1	FG G03900		06/01/2021	MBS PAYMENT		1,145	1,145	1,139	1,145				.0		1,145			.0	.25	02/01/2038	1.A
3128M7-XB-7	FG G05774		06/01/2021	MBS PAYMENT		4,328	4,328	4,596	4,350		(23)		(23)		4,328			.0	.88	01/01/2040	1.A
3128M8-AZ-7	FG G06024		06/01/2021	MBS PAYMENT		3,463	3,463	3,657	3,492		(29)		(29)		3,463			.0	.63	08/01/2040	1.A
3128ME-3F-6	FG G15998		06/01/2021	MBS PAYMENT		5,393	5,393	5,404	5,394		(1)		(1)		5,393			.0	.57	01/01/2032	1.A
3128MJ-R3-6	FG G08505		06/01/2021	MBS PAYMENT		32,490	32,490	34,109	32,727		(237)		(237)		32,490			.0	.386	09/01/2042	1.A
3128MJ-U3-2	FG G08601		06/01/2021	MBS PAYMENT		7,253	7,253	7,758	7,359		(106)		(106)		7,253			.0	.119	08/01/2044	1.A
3128MJ-X4-7	FG G08698		06/01/2021	MBS PAYMENT		11,294	11,294	11,790	11,411		(117)		(117)		11,294			.0	.158	03/01/2046	1.A
3128MJ-X5-4	FG G08699		06/01/2021	MBS PAYMENT		9,852	9,852	10,573	10,002		(150)		(150)		9,852			.0	.160	03/01/2046	1.A
3128MJ-YM-6	FG G08715		06/01/2021	MBS PAYMENT		11,073	11,073	11,519	11,159		(86)		(86)		11,073			.0	.134	08/01/2046	1.A
3128MJ-ZH-6	FG G08743		06/01/2021	MBS PAYMENT		11,401	11,401	12,002	11,508		(106)		(106)		11,401			.0	.185	01/01/2047	1.A
3128MJ-ZM-5	FG G08747		06/01/2021	MBS PAYMENT		25,236	25,236	24,931	25,194		.42		.42		25,236			.0	.302	02/01/2047	1.A
3128MM-VZ-3	FG G18631		06/01/2021	MBS PAYMENT		13,370	13,370	13,403	13,373		(3)		(3)		13,370			.0	.135	02/01/2032	1.A
3128MM-WJ-8	FG G18648		06/01/2021	MBS PAYMENT		22,033	22,033	23,045	22,166		(134)		(134)		22,033			.0	.315	06/01/2032	1.A
3128MM-W5-8	FG G18656		06/01/2021	MBS PAYMENT		17,194	17,194	17,602	17,237		(43)		(43)		17,194			.0	.245	08/01/2032	1.A
3128PQ-ZH-7	FG J11644		06/01/2021	MBS PAYMENT		1,264	1,264	1,286	1,266		(2)		(2)		1,264			.0	.21	02/01/2025	1.A
3128PY-JD-7	FG J18360		06/01/2021	MBS PAYMENT		6,131	6,131	6,340	6,150		(20)		(20)		6,131			.0	.77	03/01/2027	1.A
31292H-VU-5	FG C01527		06/01/2021	MBS PAYMENT		1,779	1,779	1,811	1,782		(3)		(3)		1,779			.0	.41	04/01/2033	1.A
31292L-KQ-7	FG C03903		06/01/2021	MBS PAYMENT		9,062	9,062	9,066	9,062				.0		9,062			.0	.136	04/01/2042	1.A
31292L-L6-0	FG C03949		06/01/2021	MBS PAYMENT		9,868	9,868	10,122	9,890		(22)		(22)		9,868			.0	.137	05/01/2042	1.A
312940-2H-1	FG A92576		06/01/2021	MBS PAYMENT		2,653	2,653	2,724	2,662		(9)		(9)		2,653			.0	.42	07/01/2040	1.A
312941-NJ-2	FG A93093		06/01/2021	MBS PAYMENT		4,747	4,747	4,994	4,766		(19)		(19)		4,747			.0	.86	07/01/2040	1.A
312942-NF-8	FG A93990		06/01/2021	MBS PAYMENT		3,597	3,597	3,721	3,614		(18)		(18)		3,597			.0	.58	09/01/2040	1.A
31294M-DW-8	FG E02817		06/01/2021	MBS PAYMENT		3,997	3,997	3,891	3,987		.10		.10		3,997			.0	.49	01/01/2026	1.A
31296M-PA-1	FG A13117		06/01/2021	MBS PAYMENT		.866	.866	.857	.865		.1		.1		.866			.0	.18	09/01/2033	1.A
31296Q-4R-8	FG A16232		06/01/2021	MBS PAYMENT		529	529	540	529				.0		529			.0	.12	11/01/2033	1.A
3132GL-VB-7	FG G05410		06/01/2021	MBS PAYMENT		6,807	6,807	6,806	6,807				.0		6,807			.0	.98	01/01/2042	1.A
3132J2-5H-2	FG K90848		06/01/2021	MBS PAYMENT		8,263	8,263	8,580	8,233		(31)		(31)		8,263			.0	.97	07/01/2033	1.A
31335A-QK-7	FG G60458		06/01/2021	MBS PAYMENT		13,841	13,841	14,565	13,970		(129)		(129)		13,841			.0	.199	01/01/2044	1.A
31335A-UL-0	FG G60587		06/01/2021	MBS PAYMENT		1,951	1,951	2,087	1,974		(23)		(23)		1,951			.0	.34	02/01/2046	1.A
31335H-SU-3	FG C90859		06/01/2021	MBS PAYMENT		1,498	1,498	1,540	1,503		(5)		(5)		1,498			.0	.34	10/01/2024	1.A
3133AD-SX-5	FR Q68834		06/01/2021	MBS PAYMENT		8,459	8,459	8,770	8,459		(4)		(4)		8,459			.0	.30	12/01/2050	1.A
3133KK-7C-7	FR RA4491		06/01/2021	MBS PAYMENT		6,964	6,964	7,017	6,964		(2)		(2)		6,964			.0	.36	02/01/2051	1.A
31371H-B6-4	FN 252161		06/01/2021	MBS PAYMENT		1,360	1,360	1,344	1,359		.1		.1		1,360			.0	.33	12/01/2028	1.A
31371K-AA-3	FN 253927		06/01/2021	MBS PAYMENT		.851	.851	.845	.851				.0		.851			.0	.19	07/01/2031	1.A
31371M-CG-0	FN 255771		06/01/2021	MBS PAYMENT		1,546	1,546	1,577	1,548		(2)		(2)		1,546			.0	.41	07/01/2035	1.A
3138AN-CW-1	FN A18184		06/01/2021	MBS PAYMENT		12,964	12,964	13,592	13,028		(64)		(64)		12,964			.0	.221	08/01/2041	1.A
3138AN-YU-1	FN A18822		06/01/2021	MBS PAYMENT		1,344	1,344	1,424	1,361		(18)		(18)		1,344			.0	.25	08/01/2041	1.A
3138AV-TB-1	FN AJ4145		06/01/2021	MBS PAYMENT		2,232	2,232	2,329	2,243		(11)		(11)		2,232			.0	.34	11/01/2041	1.A
3138AV-RQ-8	FN AJ4994		06/01/2021	MBS PAYMENT		8,985	8,985	9,671	9,058		(73)		(73)		8,985			.0	.163	11/01/2041	1.A
3138EO-SF-7	FN AJ7717		06/01/2021	MBS PAYMENT		4,691	4,691	4,834	4,703		(12)		(12)		4,691			.0	.58	12/01/2026	1.A
3138EG-HY-5	FN AL0245		06/01/2021	MBS PAYMENT		5,356	5,356	5,518	5,368		(12)		(12)		5,356			.0	.86	04/01/2041	1.A
3138EH-US-9	FN AL1492		06/01/2021	MBS PAYMENT		12,920	12,920	13,516	13,014		(94)		(94)		12,920			.0	.204	03/01/2042	1.A
3138EJ-3Y-2	FN AL2614		06/01/2021	MBS PAYMENT		3,253	3,253	3,363	3,267		(14)		(14)		3,253			.0	.47	11/01/2042	1.A

E05

STATEMENT AS OF JUNE 30, 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-ign	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 Design-ation, NAIC Design-ation Modifier and SVO Admini-strative Symbol
3138EJ-RA-8	FN AL2280		06/01/2021	MBS PAYMENT		7,920	7,920	8,434	8,000		(80)		(80)		7,920			.0	143	09/01/2042	1.A
3138EK-FB-6	FN AL2861		06/01/2021	MBS PAYMENT		11,477	11,477	11,789	11,510		(33)		(33)		11,477			.0	167	12/01/2042	1.A
3138EK-HJ-7	FN AL2932		06/01/2021	MBS PAYMENT		3,628	3,628	3,816	3,651		(22)		(22)		3,628			.0	58	07/01/2042	1.A
3138EK-YW-9	FN AL3424		06/01/2021	MBS PAYMENT		8,369	8,369	8,785	8,409		(39)		(39)		8,369			.0	134	01/01/2043	1.A
3138ET-ZJ-4	FN AL8876		06/01/2021	MBS PAYMENT		11,657	11,657	12,131	11,711		(54)		(54)		11,657			.0	142	10/01/2044	1.A
3138LR-AE-2	FN A00904		06/01/2021	MBS PAYMENT		4,328	4,328	4,449	4,334		(6)		(6)		4,328			.0	81	04/01/2042	1.A
3138LU-SX-4	FN A04133		06/01/2021	MBS PAYMENT		11,340	11,340	11,329	11,339		1		1		11,340			.0	171	06/01/2042	1.A
3138MK-2E-5	FN A04372		06/01/2021	MBS PAYMENT		5,460	5,460	5,454	5,459		1		1		5,460			.0	55	11/01/2027	1.A
3138W0-L6-4	FN AR3048		06/01/2021	MBS PAYMENT		4,399	4,399	4,364	4,395		4		4		4,399			.0	44	01/01/2028	1.A
3138W4-CR-0	FN AR6379		06/01/2021	MBS PAYMENT		10,433	10,433	10,800	10,453		(20)		(20)		10,433			.0	127	02/01/2043	1.A
3138W6-SU-1	FN AR8630		06/01/2021	MBS PAYMENT		9,378	9,378	9,661	9,411		(33)		(33)		9,378			.0	115	04/01/2043	1.A
3138W9-HW-3	FN AS0244		06/01/2021	MBS PAYMENT		3,524	3,524	3,645	3,558		(34)		(34)		3,524			.0	51	08/01/2043	1.A
3138W9-KR-0	FN AS0303		06/01/2021	MBS PAYMENT		10,436	10,436	10,403	10,431		5		5		10,436			.0	125	08/01/2043	1.A
3138W9-MT-4	FN AS0369		06/01/2021	MBS PAYMENT		7,348	7,348	7,874	7,389		(41)		(41)		7,348			.0	130	09/01/2043	1.A
3138WA-FR-3	FN AS1075		06/01/2021	MBS PAYMENT		10,221	10,221	10,534	10,253		(32)		(32)		10,221			.0	120	11/01/2043	1.A
3138WA-WT-0	FN AS1557		06/01/2021	MBS PAYMENT		13,833	13,833	14,693	13,933		(101)		(101)		13,833			.0	227	01/01/2044	1.A
3138WB-LK-9	FN AS2385		06/01/2021	MBS PAYMENT		6,009	6,009	6,344	6,067		(59)		(59)		6,009			.0	87	05/01/2044	1.A
3138WE-ZJ-1	FN AS2244		06/01/2021	MBS PAYMENT		12,067	12,067	12,498	12,108		(42)		(42)		12,067			.0	171	06/01/2045	1.A
3138WG-DN-1	FN AS6408		06/01/2021	MBS PAYMENT		11,138	11,138	11,778	11,279		(142)		(142)		11,138			.0	151	01/01/2046	1.A
3138WJ-PC-6	FN AS8518		06/01/2021	MBS PAYMENT		12,851	12,851	12,786	12,841		10		10		12,851			.0	157	12/01/2046	1.A
3138WJ-QE-1	FN AS8552		06/01/2021	MBS PAYMENT		17,801	17,801	18,210	17,831		(30)		(30)		17,801			.0	218	12/01/2036	1.A
3138WM-KY-6	FN AT0310		06/01/2021	MBS PAYMENT		14,523	14,523	15,467	14,590		(67)		(67)		14,523			.0	193	03/01/2043	1.A
3138WX-FK-8	FN AT9169		06/01/2021	MBS PAYMENT		8,471	8,471	8,421	8,467		4		4		8,471			.0	85	07/01/2028	1.A
3138WZ-TZ-5	FN AU0567		06/01/2021	MBS PAYMENT		3,585	3,585	3,550	3,583		2		2		3,585			.0	58	08/01/2043	1.A
3138X0-Y2-8	FN AU1628		06/01/2021	MBS PAYMENT		9,934	9,934	9,739	9,913		21		21		9,934			.0	121	07/01/2043	1.A
3138X1-3A-2	FN AU2592		06/01/2021	MBS PAYMENT		10,281	10,281	10,649	10,316		(36)		(36)		10,281			.0	144	08/01/2043	1.A
3138X3-XM-9	FN AU4283		06/01/2021	MBS PAYMENT		9,482	9,482	9,515	9,484		(2)		(2)		9,482			.0	133	09/01/2043	1.A
3138Y6-3S-1	FN AX5308		06/01/2021	MBS PAYMENT		6,910	6,910	7,252	6,959		(49)		(49)		6,910			.0	88	01/01/2042	1.A
3138YH-U6-5	FN AY4204		06/01/2021	MBS PAYMENT		9,935	9,935	10,261	9,966		(31)		(31)		9,935			.0	146	05/01/2045	1.A
31394V-LV-0	FNR 2005-123 PG		06/01/2021	MBS PAYMENT		10,010	10,010	9,710	9,993		16		16		10,010			.0	222	01/25/2036	1.A
31400Y-3Q-7	FN 702007		06/01/2021	MBS PAYMENT		1,323	1,323	1,355	1,324		0		0		1,323			.0	28	05/01/2033	1.A
31406U-HH-4	FN 820232		06/01/2021	MBS PAYMENT		4,883	4,883	4,956	4,884		(2)		(2)		4,883			.0	92	06/01/2035	1.A
31409Y-UL-9	FN 882687		06/01/2021	MBS PAYMENT		251	251	249	251		0		0		251			.0	6	06/01/2036	1.A
3140FP-C9-8	FN BE3695		06/01/2021	MBS PAYMENT		42,960	42,960	42,738	42,892		68		68		42,960			.0	606	06/01/2047	1.A
3140HB-FX-9	FN BJ9169		06/01/2021	MBS PAYMENT		45,513	45,513	46,377	45,749		(236)		(236)		45,513			.0	730	05/01/2048	1.A
3140HB-GZ-5	FN BJ9215		06/01/2021	MBS PAYMENT		15,612	15,612	15,892	15,688		(77)		(77)		15,612			.0	255	06/01/2048	1.A
3140J7-T5-4	FN BM3271		06/01/2021	MBS PAYMENT		28,480	28,480	28,952	28,526		(46)		(46)		28,480			.0	359	12/01/2032	1.A
3140J8-HZ-9	FN BM3847		06/01/2021	MBS PAYMENT		30,832	30,832	31,574	30,945		(113)		(113)		30,832			.0	505	05/01/2048	1.A
3140JG-LQ-6	FN BN0334		06/01/2021	MBS PAYMENT		96,179	96,179	100,030	97,192		(1,013)		(1,013)		96,179			.0	1,537	12/01/2048	1.A
3140K5-MD-6	FN B09355		06/01/2021	MBS PAYMENT		54,423	54,423	57,280	54,945		(522)		(522)		54,423			.0	648	03/01/2050	1.A
3140KL-LG-5	FN B01226		06/01/2021	MBS PAYMENT		11,620	11,620	12,023	11,645		(25)		(25)		11,620			.0	93	09/01/2050	1.A
3140L6-WM-2	FN BR7851		06/01/2021	MBS PAYMENT		2,511	2,511	2,603	2,511		0		0		2,511			.0	5	05/01/2051	1.A
31400F-2P-1	FN CA0781		06/01/2021	MBS PAYMENT		30,543	30,543	31,154	30,618		(75)		(75)		30,543			.0	384	11/01/2032	1.A
31400F-A2-5	FN CA7224		06/01/2021	MBS PAYMENT		3,019	3,019	3,131	3,025		(6)		(6)		3,019			.0	24	10/01/2050	1.A
31400G-D4-6	FN CA8222		06/01/2021	MBS PAYMENT		4,106	4,106	4,140	4,109		(2)		(2)		4,106			.0	26	12/01/2050	1.A
31400K-SA-7	FN CB0512		06/01/2021	MBS PAYMENT		627	627	654	627		0		0		627			.0	1	05/01/2051	1.A
3140X4-Y8-3	FN FM1634		06/01/2021	MBS PAYMENT		65,489	65,489	67,546	66,101		(612)		(612)		65,489			.0	912	06/01/2049	1.A
3140V6-2N-0	FN FM3480		06/01/2021	MBS PAYMENT		57,957	57,957	60,457	58,067		(110)		(110)		57,957			.0	587	06/01/2050	1.A
3140XA-Z4-7	FN FM7062		06/01/2021	MBS PAYMENT		14,317	14,317	14,878	14,317		(5)		(5)		14,317			.0	44	01/01/2051	1.A
3140XB-C7-3	FN FM7293		06/01/2021	MBS PAYMENT		1,314	1,314	1,366	1,314		0		0		1,314			.0	3	05/01/2051	1.A
31410U-KA-9	FN 897689		06/01/2021	MBS PAYMENT		418	418	409	418		0		0		418			.0	10	06/01/2037	1.A
31413R-2P-0	FN 953582		06/01/2021	MBS PAYMENT		143	143	150	143		0		0		143			.0	4	12/01/2037	1.A
31416J-ZM-6	FN AA1647		06/01/2021	MBS PAYMENT		167	167	173	168		(1)		(1)		167			.0	3	02/01/2039	1.A
31416M-SA-8	FN AA4440		06/01/2021	MBS PAYMENT		52	52	54	52		0		0		52			.0	1	03/01/2039	1.A

STATEMENT AS OF JUNE 30, 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		
31417C-JL-0	FN AB5666		06/01/2021	MBS PAYMENT		7,917	7,917	8,073	7,946		(28)		(28)		7,917			0	109	07/01/2042	1.A		
31417C-KM-6	FN AB5699		06/01/2021	MBS PAYMENT		2,116	2,116	2,108	2,116		1		1		2,116			0	27	07/01/2042	1.A		
31417D-VS-1	FN AB6024		06/01/2021	MBS PAYMENT		10,984	10,984	11,486	11,092		(108)		(108)		10,984			0	158	08/01/2042	1.A		
31417D-TR-4	FN AB6859		06/01/2021	MBS PAYMENT		8,445	8,445	8,778	8,504		(59)		(59)		8,445			0	120	11/01/2042	1.A		
31417E-MZ-1	FN AB7575		06/01/2021	MBS PAYMENT		9,939	9,939	9,903	9,935		4		4		9,939			0	115	01/01/2043	1.A		
31417E-N9-8	FN AB7615		06/01/2021	MBS PAYMENT		13,899	13,899	14,524	13,961		(62)		(62)		13,899			0	199	01/01/2043	1.A		
31417F-3E-6	FN AB8896		06/01/2021	MBS PAYMENT		10,423	10,423	10,190	10,397		27		27		10,423			0	131	04/01/2043	1.A		
31417G-5A-0	FN AB8840		06/01/2021	MBS PAYMENT		10,676	10,676	11,192	10,767		(90)		(90)		10,676			0	158	07/01/2043	1.A		
31417H-B5-2	FN AB9959		06/01/2021	MBS PAYMENT		5,005	5,005	5,222	5,026		(21)		(21)		5,005			0	87	07/01/2043	1.A		
31418C-OB-3	FN MA3149		06/01/2021	MBS PAYMENT		14,194	14,194	14,737	14,324		(130)		(130)		14,194			0	230	10/01/2047	1.A		
31418W-CY-4	FN AD8186		06/01/2021	MBS PAYMENT		3,537	3,537	3,665	3,550		(13)		(13)		3,537			0	51	09/01/2025	1.A		
31419E-UD-9	FN AE4179		06/01/2021	MBS PAYMENT		4,526	4,526	4,685	4,554		(28)		(28)		4,526			0	63	10/01/2025	1.A		
31419J-SV-1	FN AE7731		06/01/2021	MBS PAYMENT		6,266	6,266	6,682	6,321		(55)		(55)		6,266			0	117	11/01/2040	1.A		
64971Q-AR-4	NEW YORK CITY NY TRANSITIONAL		05/07/2021	100.000 CALLED BY ISSUER at		500,000	500,000	523,135	500,236		(236)		(236)		500,000			0	19,167	02/01/2025	1.A FE		
64990F-GP-3	NEW YORK ST DORM AUTH ST PERSO		05/03/2021	EXCHANGE CALLED BY ISSUER at		516,551	500,000	523,835	517,348		(797)		(797)		516,551			0	14,333	02/15/2046	1.C FE		
650014-UQ-4	NEW YORK ST THRUWAY AUTH 2ND G		04/25/2021	100.000 CALLED BY ISSUER at		500,000	500,000	549,850	501,507		(1,507)		(1,507)		500,000			0	14,236	04/01/2025	1.B FE		
3199999. Subtotal - Bonds - U.S. Special Revenues						2,739,793	2,723,242	2,857,268	2,713,922	0	(8,337)	0	(8,337)	0	2,739,793	0	0	0	64,604	XXX	XXX		
26208M-AF-3	DRIVE 2018-5 C		06/15/2021	MBS PAYMENT		97,395	97,395	97,373	97,248		146		146		97,395			0	1,595	01/15/2025	1.A FE		
26614N-AA-0	DUPONT DE NEMOURS INC		05/13/2021	100.000 CALLED BY ISSUER at		300,000	300,000	300,000	300,000				0		300,000			0	3,470	05/01/2023	2.A FE		
31428X-BU-9	FEDEX CORP		04/30/2021	102.251 CALLED BY ISSUER at		255,627	250,000	249,710	249,896		33		33		249,929		71	71	12,380	01/14/2022	2.B FE		
36261M-AB-5	GSMBS 2021-PJ1 A2		06/01/2021	MBS PAYMENT		15,348	15,348	15,988			(19)		(19)		15,348			0	122	06/25/2051	1.A FE		
47215B-AD-9	JCPL 2006-A A4		06/05/2021	MBS PAYMENT		85,663	85,663	85,587	86,198		(535)		(535)		85,663			0	2,403	06/05/2023	1.A FE		
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						754,033	748,406	748,658	733,342	0	(375)	0	(375)	0	748,335	0	71	71	19,970	XXX	XXX		
8399997. Total - Bonds - Part 4						4,394,506	4,372,264	4,550,520	4,349,545	0	(10,412)	0	(10,412)	0	4,388,709	0	170	170	97,343	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						4,394,506	4,372,264	4,550,520	4,349,545	0	(10,412)	0	(10,412)	0	4,388,709	0	170	170	97,343	XXX	XXX		
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	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	XXX
8999999. Total - Preferred Stocks						0	XXX	0	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	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	XXX
9799999. Total - Common Stocks						0	XXX	0	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	0	XXX	XXX
9999999 - Totals						4,394,506	XXX	4,550,520	4,349,545	0	(10,412)	0	(10,412)	0	4,388,709	0	170	170	97,343	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

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
Bank of America Providence, RI					329,773	671,489	336,197	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	329,773	671,489	336,197	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	329,773	671,489	336,197	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	329,773	671,489	336,197	XXX



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	926,677	648,907	296,917	2	(952,979)	7,650,815	22	6,071,329
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	926,677	648,907	296,917	2	(952,979)	7,650,815	22	6,071,329
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	113,706	192,986	0	0	112,979	1,635,000	15	1,662,873
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	113,706	192,986	0	0	112,979	1,635,000	15	1,662,873
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