



ANNUAL STATEMENT

For the Year Ended December 31, 2014
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 13101	Employer's ID Number..... 51-0140354
Organized under the Laws of Rhode Island	State of Domicile or Port of Entry Rhode Island	Country of Domicile US
Incorporated/Organized..... June 16, 1975	Commenced Business..... July 1, 1975	
Statutory Home Office	One Turks Head Place..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	One Turks Head Place..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-369-8240 <small>(Area Code) (Telephone Number)</small>
Mail Address	One Turks Head Place..... Providence RI 02903 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	One Turks Head Place..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-369-8240 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address		
Statutory Statement Contact	Jerilynn Leahy <small>(Name)</small> jleahy@beechercarlson.com <small>(E-Mail Address)</small>	401-369-8245 <small>(Area Code) (Telephone Number) (Extension)</small> 401-369-8241 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Timothy Knapp	Secretary	2. Robert Suglia #	Chair
3. Jerilynn Leahy	Assistant Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Sang Park #	Molly Flannagan	James Pascalides DPM	Kenneth B Nanian MD
Robert Suglia	Earl Cottam Jr.	Stewart Steffey #	Michael Souza
Timothy Knapp	Don Baldini	Larry Alan #	

State of..... Pennsylvania
County of..... Chester

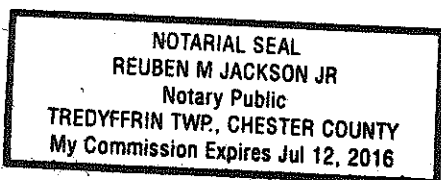
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

<u>Tim Knapp</u> <small>(Signature)</small>	<u>Robert Suglia</u> <small>(Signature)</small>	<u>Jerilynn Leahy</u> <small>(Signature)</small>
1. Timothy Knapp <small>1. (Printed Name)</small>	2. Robert Suglia # <small>2. (Printed Name)</small>	3. Jerilynn Leahy <small>3. (Printed Name)</small>
Secretary <small>(Title)</small>	Chair <small>(Title)</small>	Assistant Secretary <small>(Title)</small>

Subscribed and sworn to before me
This 29 day of January 2015

Reuben M. Jackson Jr.

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





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Internet Web Site Address		
Statutory Statement Contact	Jerilynn Leahy (Name) jleahy@beecher-carlson.com (E-Mail Address)	401-369-8245 (Area Code) (Telephone Number) (Extension) 401-369-8241 (Fax Number)

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3. Jerilynn Leahy	Assistant Secretary	4.	

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Robert Suglia	Earl Cottam Jr.	Stewart Steffey #	Michael Souza
Timothy Knapp	Don Baldini	Larry Alan #	

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

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

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

Subscribed and sworn to before me
This 29th day of January 2015

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 _____

[Signature]
my commission EXPIRES 9-18-18

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code.....0 NAIC Company Code....13101

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....	2,417,196	2,504,136		2,273,956	5,175,456	750,149	41,982,238	926,473	(180,647)	9,495,506	96,152	92,463
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	299,322	318,218		78,980		120,034	605,173	17,936	59,119	197,734	11,884	11,428
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	2,716,518	2,822,354	0	2,352,936	5,175,456	870,183	42,587,411	944,409	(121,528)	9,693,240	108,036	103,891

DETAILS OF WRITE-INS

3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code.....0 NAIC Company Code....13101

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
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3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....	2,417,196	2,504,136		2,273,956	5,175,456	750,149	41,982,238	926,473	(180,647)	9,495,506	96,152	92,463
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
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15.8 Federal employees health benefits plan premium (b).....												
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22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	2,716,518	2,822,354	0	2,352,936	5,175,456	870,183	42,587,411	944,409	(121,528)	9,693,240	108,036	103,891

DETAILS OF WRITE-INS

3401.												
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3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Sch. F-Pt. 1
NONE

Sch. F-Pt. 2
NONE

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized Affiliates-Other (Non-U.S.) - Other																			
AA-1126435	.....	Lloyd'S Syndicate Number 435.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1126623	.....	Lloyd'S Syndicate Number 623.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1128623	.....	Lloyd'S Syndicate Number 2623.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1120084	.....	Lloyd'S Syndicate Number 1955.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1127414	.....	Lloyd'S Syndicate Number 1414.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1126006	.....	Lloyd'S Syndicate Number 4472.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1128987	.....	Lloyd'S Syndicate Number 2987.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-3190795	.....	American Safety Reinsurance Ltd.....	BMU.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0699999		Total Authorized Affiliates - Other (Non-U.S.) - Other.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
0799999		Total Authorized Affiliates - Other (Non-U.S.) - Total.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
0899999		Total Authorized Affiliates.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
Authorized Other U.S. Unaffiliated Insurers																			
86-0528184	17370...	Nautilus Insurance Company.....	AZ.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
41-0121640	23647...	Ironshore Indemnity Inc., U.S.A.....	MN.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0999999		Total Authorized Other U.S. Unaffiliated Insurers.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1399999		Total Authorized.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4099999		Total Authorized, Unauthorized and Certified.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9999999		Totals.....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

22

Note A: Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000.

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
(1)
(2)
(3)
(4)
(5)

Note B: Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated	
			Yes	No
(1)	Yes	No
(2)	Yes	No
(3)	Yes	No
(4)	Yes	No
(5)	Yes	No

**Sch. F-Pt. 4
NONE**

**Sch. F-Pt. 5
NONE**

**Sch. F-Pt. 6-Section 1
NONE**

**Sch. F-Pt. 6-Section 2
NONE**

**Sch. F-Pt. 7
NONE**

**Sch. F-Pt. 8
NONE**

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	147,938,548		147,938,548
2. Premiums and considerations (Line 15).....	524,848		524,848
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	2,423,458		2,423,458
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	150,886,854	0	150,886,854
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	55,302,327		55,302,327
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	256,708		256,708
11. Unearned premiums (Line 9).....	2,352,936		2,352,936
12. Advance premiums (Line 10).....	70,760		70,760
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....	1,871,350		1,871,350
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....			0
19. Total liabilities excluding protected cell business (Line 26).....	59,854,081	0	59,854,081
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	91,032,773	XXX	91,032,773
22. Totals (Line 38).....	150,886,854	0	150,886,854

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [] No [X]

If yes, give full explanation:

**Sch. H-Pt. 1
NONE**

**Sch. H-Pt. 2
NONE**

**Sch. H-Pt. 3
NONE**

**Sch. H-Pt. 4
NONE**

**Sch. H-Pt. 5
NONE**

**Sch. P-Pt. 1A
NONE**

**Sch. P-Pt. 1B
NONE**

**Sch. P-Pt. 1C
NONE**

**Sch. P-Pt. 1D
NONE**

**Sch. P-Pt. 1E
NONE**

SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	860.....	.....	68.....	.....	7.....	.....	.....	935.....	XXX.....
2. 2005.....	7,691.....	.....	7,691.....	6,112.....	.....	1,833.....	.....	590.....	.....	.....	8,535.....	88.....
3. 2006.....	6,634.....	.....	6,634.....	3,263.....	.....	797.....	.....	591.....	.....	.....	4,651.....	60.....
4. 2007.....	7,826.....	.....	7,826.....	1,695.....	.....	757.....	.....	406.....	.....	.....	2,858.....	57.....
5. 2008.....	4,501.....	.....	4,501.....	2,268.....	.....	645.....	.....	389.....	.....	.....	3,302.....	79.....
6. 2009.....	2,856.....	.....	2,856.....	339.....	.....	306.....	.....	251.....	.....	.....	896.....	53.....
7. 2010.....	2,754.....	.....	2,754.....	133.....	.....	146.....	.....	208.....	.....	.....	487.....	39.....
8. 2011.....	2,301.....	.....	2,301.....	2,511.....	.....	173.....	.....	183.....	.....	.....	2,867.....	41.....
9. 2012.....	2,264.....	.....	2,264.....	26.....	.....	80.....	.....	155.....	.....	.....	261.....	39.....
10. 2013.....	2,140.....	.....	2,140.....	35.....	.....	116.....	.....	149.....	.....	.....	300.....	35.....
11. 2014.....	2,023.....	.....	2,023.....	.....	.....	19.....	.....	104.....	.....	.....	123.....	25.....
12. Totals.....	XXX.....	XXX.....	XXX.....	17,242.....	0.....	4,940.....	0.....	3,033.....	0.....	0.....	25,215.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	4,782.....	.....	378.....	.....	99.....	.....	47.....	.....	192.....	.....	.....	5,498.....	4.....
2. 2005.....	175.....	.....	93.....	.....	45.....	.....	39.....	.....	17.....	.....	.....	369.....	3.....
3. 2006.....	20.....	.....	630.....	.....	58.....	.....	29.....	.....	49.....	.....	.....	786.....	2.....
4. 2007.....	1,300.....	.....	947.....	.....	150.....	.....	157.....	.....	126.....	.....	.....	2,680.....	7.....
5. 2008.....	200.....	.....	2,155.....	.....	29.....	.....	380.....	.....	185.....	.....	.....	2,949.....	5.....
6. 2009.....	700.....	.....	1,855.....	.....	155.....	.....	989.....	.....	228.....	.....	.....	3,927.....	7.....
7. 2010.....	775.....	.....	2,289.....	.....	104.....	.....	835.....	.....	248.....	.....	.....	4,251.....	5.....
8. 2011.....	800.....	.....	3,393.....	.....	188.....	.....	914.....	.....	334.....	.....	.....	5,629.....	11.....
9. 2012.....	775.....	.....	3,451.....	.....	176.....	.....	1,216.....	.....	358.....	.....	.....	5,976.....	10.....
10. 2013.....	751.....	.....	3,648.....	.....	164.....	.....	1,059.....	.....	360.....	.....	.....	5,982.....	25.....
11. 2014.....	428.....	.....	3,792.....	.....	66.....	.....	1,185.....	.....	365.....	.....	.....	5,836.....	25.....
12. Totals.....	10,706.....	0.....	22,631.....	0.....	1,234.....	0.....	6,850.....	0.....	2,462.....	0.....	0.....	43,883.....	104.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	5,160.....	338.....
2. 2005.....	8,904.....	0.....	8,904.....	115.8.....	0.0.....	115.8.....	.....	.....	.....	268.....	101.....
3. 2006.....	5,437.....	0.....	5,437.....	82.0.....	0.0.....	82.0.....	.....	.....	.....	650.....	136.....
4. 2007.....	5,538.....	0.....	5,538.....	70.8.....	0.0.....	70.8.....	.....	.....	.....	2,247.....	433.....
5. 2008.....	6,251.....	0.....	6,251.....	138.9.....	0.0.....	138.9.....	.....	.....	.....	2,355.....	594.....
6. 2009.....	4,823.....	0.....	4,823.....	168.9.....	0.0.....	168.9.....	.....	.....	.....	2,555.....	1,372.....
7. 2010.....	4,738.....	0.....	4,738.....	172.0.....	0.0.....	172.0.....	.....	.....	.....	3,064.....	1,187.....
8. 2011.....	8,496.....	0.....	8,496.....	369.2.....	0.0.....	369.2.....	.....	.....	.....	4,193.....	1,436.....
9. 2012.....	6,237.....	0.....	6,237.....	275.5.....	0.0.....	275.5.....	.....	.....	.....	4,226.....	1,750.....
10. 2013.....	6,282.....	0.....	6,282.....	293.6.....	0.0.....	293.6.....	.....	.....	.....	4,399.....	1,583.....
11. 2014.....	5,959.....	0.....	5,959.....	294.6.....	0.0.....	294.6.....	.....	.....	.....	4,220.....	1,616.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	33,337.....	10,546.....

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....								0	XXX.....
2. 2005.....	2,022.....		2,022.....	2,649.....		753.....		137.....			3,539.....	29
3. 2006.....	2,423.....		2,423.....	2,135.....		576.....		167.....			2,878.....	19
4. 2007.....	2,382.....		2,382.....	5,102.....		1,149.....		117.....			6,368.....	112
5. 2008.....	2,947.....		2,947.....	4,267.....		503.....		176.....			4,946.....	76
6. 2009.....	1,983.....		1,983.....	1,327.....		709.....		281.....			2,317.....	29
7. 2010.....	1,781.....		1,781.....	1,813.....		462.....		178.....			2,453.....	30
8. 2011.....	726.....		726.....	298.....		92.....		109.....			499.....	13
9. 2012.....	541.....		541.....	150.....		203.....		80.....			433.....	18
10. 2013.....	597.....		597.....			37.....		109.....			146.....	28
11. 2014.....	481.....		481.....			3.....		95.....			98.....	15
12. Totals.....	XXX.....	XXX.....	XXX.....	17,741.....	0.....	4,487.....	0.....	1,449.....	0.....	0.....	23,677.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....												0	
2. 2005.....												0	
3. 2006.....												0	
4. 2007.....	30.....		17.....		42.....		3.....	4.....				96.....	2
5. 2008.....	100.....		58.....		35.....		9.....	9.....				211.....	2
6. 2009.....	425.....		244.....		70.....		87.....	40.....				866.....	3
7. 2010.....	2,050.....		1,179.....		70.....		122.....	162.....				3,583.....	3
8. 2011.....	350.....		177.....		54.....		86.....	32.....				699.....	2
9. 2012.....	1,100.....		329.....		57.....		161.....	73.....				1,720.....	6
10. 2013.....	425.....		1,103.....		54.....		246.....	110.....				1,938.....	10
11. 2014.....	75.....		985.....		77.....		238.....	91.....				1,466.....	14
12. Totals.....	4,555.....	0.....	4,092.....	0.....	459.....	0.....	952.....	0.....	521.....	0.....	0.....	10,579.....	42

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0.....	0.....
2. 2005.....	3,539.....	0.....	3,539.....	175.0.....	0.0.....	175.0.....				0.....	0.....
3. 2006.....	2,878.....	0.....	2,878.....	118.8.....	0.0.....	118.8.....				0.....	0.....
4. 2007.....	6,464.....	0.....	6,464.....	271.4.....	0.0.....	271.4.....				47.....	49.....
5. 2008.....	5,157.....	0.....	5,157.....	175.0.....	0.0.....	175.0.....				158.....	53.....
6. 2009.....	3,183.....	0.....	3,183.....	160.5.....	0.0.....	160.5.....				669.....	197.....
7. 2010.....	6,036.....	0.....	6,036.....	338.9.....	0.0.....	338.9.....				3,229.....	354.....
8. 2011.....	1,198.....	0.....	1,198.....	165.0.....	0.0.....	165.0.....				527.....	172.....
9. 2012.....	2,153.....	0.....	2,153.....	398.0.....	0.0.....	398.0.....				1,429.....	291.....
10. 2013.....	2,084.....	0.....	2,084.....	349.1.....	0.0.....	349.1.....				1,528.....	410.....
11. 2014.....	1,564.....	0.....	1,564.....	325.2.....	0.0.....	325.2.....				1,060.....	406.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	8,647.....	1,932.....

**SCHEDULE P - PART 1G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)
(\$000 omitted)**

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2005.....			.0								0	XXX
3. 2006.....			.0								0	XXX
4. 2007.....			.0								0	XXX
5. 2008.....			.0								0	XXX
6. 2009.....			.0								0	XXX
7. 2010.....			.0								0	XXX
8. 2011.....			.0								0	XXX
9. 2012.....			.0								0	XXX
10. 2013.....			.0								0	XXX
11. 2014.....			.0								0	XXX
12. Totals....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 2005.....											0		
3. 2006.....											0		
4. 2007.....											0		
5. 2008.....											0		
6. 2009.....											0		
7. 2010.....											0		
8. 2011.....											0		
9. 2012.....											0		
10. 2013.....											0		
11. 2014.....											0		
12. Totals....	0	0	0	0	0	0	0	0	0	0	0	0	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2005.	0	0	0	0.0	0.0	0.0				0	0
3. 2006.	0	0	0	0.0	0.0	0.0				0	0
4. 2007.	0	0	0	0.0	0.0	0.0				0	0
5. 2008.	0	0	0	0.0	0.0	0.0				0	0
6. 2009.	0	0	0	0.0	0.0	0.0				0	0
7. 2010.	0	0	0	0.0	0.0	0.0				0	0
8. 2011.	0	0	0	0.0	0.0	0.0				0	0
9. 2012.	0	0	0	0.0	0.0	0.0				0	0
10. 2013.	0	0	0	0.0	0.0	0.0				0	0
11. 2014.	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....								0	XXX.....
2. 2005.....	273.....		273.....	384.....		205.....		37.....			626	20
3. 2006.....	263.....		263.....	91.....		108.....		52.....			251	16
4. 2007.....	369.....		369.....	28.....		47.....		30.....			105	28
5. 2008.....	999.....		999.....	85.....		42.....		16.....			143	15
6. 2009.....	925.....		925.....	21.....		19.....		26.....			66	9
7. 2010.....	942.....		942.....			8.....		24.....			32	5
8. 2011.....	507.....		507.....			12.....		28.....			40	5
9. 2012.....	428.....		428.....			1.....		19.....			20	3
10. 2013.....	406.....		406.....					15.....			15	4
11. 2014.....	318.....		318.....					13.....			13	4
12. Totals.....	XXX.....	XXX.....	XXX.....	609.....	0.....	442.....	0.....	260.....	0.....	0.....	1,311	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....												0	
2. 2005.....												0	
3. 2006.....												0	
4. 2007.....												0	
5. 2008.....			1.....				1.....					2	
6. 2009.....			1.....				1.....					2	
7. 2010.....	50.....		9.....		46.....		6.....		4.....			115	1
8. 2011.....	150.....		29.....		13.....		13.....		8.....			213	1
9. 2012.....			72.....				41.....		8.....			121	
10. 2013.....	50.....		76.....				42.....		10.....			178	3
11. 2014.....	100.....		65.....				34.....		10.....			209	4
12. Totals.....	350.....	0.....	253.....	0.....	59.....	0.....	138.....	0.....	40.....	0.....	0.....	840	9

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0	0
2. 2005.....	626.....	0.....	626.....	229.3.....	0.0.....	229.3.....				0	0
3. 2006.....	251.....	0.....	251.....	95.4.....	0.0.....	95.4.....				0	0
4. 2007.....	105.....	0.....	105.....	28.5.....	0.0.....	28.5.....				0	0
5. 2008.....	145.....	0.....	145.....	14.5.....	0.0.....	14.5.....				1	1
6. 2009.....	68.....	0.....	68.....	7.4.....	0.0.....	7.4.....				1	1
7. 2010.....	147.....	0.....	147.....	15.6.....	0.0.....	15.6.....				59	56
8. 2011.....	253.....	0.....	253.....	49.9.....	0.0.....	49.9.....				179	34
9. 2012.....	141.....	0.....	141.....	32.9.....	0.0.....	32.9.....				72	49
10. 2013.....	193.....	0.....	193.....	47.5.....	0.0.....	47.5.....				126	52
11. 2014.....	222.....	0.....	222.....	69.8.....	0.0.....	69.8.....				165	44
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	603	237

Sch. P-Pt. 1H-Sn. 2

NONE

Sch. P-Pt. 1I

NONE

Sch. P-Pt. 1J

NONE

Sch. P-Pt. 1K

NONE

Sch. P-Pt. 1L

NONE

Sch. P-Pt. 1M

NONE

Sch. P-Pt. 1N

NONE

Sch. P-Pt. 1O

NONE

Sch. P-Pt. 1P

NONE

Sch. P-Pt. 1R-Sn. 1

NONE

Sch. P-Pt. 1R-Sn. 2

NONE

Sch. P-Pt. 1S

NONE

Sch. P-Pt. 1T

NONE

Sch. P-Pt. 2A

NONE

Sch. P-Pt. 2B

NONE

Sch. P-Pt. 2C

NONE

Sch. P-Pt. 2D

NONE

Sch. P-Pt. 2E

NONE

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	One Year	Two Year
1. Prior.....	49,466	40,282	35,411	29,189	24,004	21,984	21,753	21,699	26,257	25,884	(373)	4,185
2. 2005.....	23,116	20,787	16,972	14,716	11,547	10,381	10,058	9,750	8,963	8,297	(666)	(1,453)
3. 2006.....	XXX	16,958	14,953	13,994	12,132	7,987	7,021	5,907	5,016	4,797	(219)	(1,110)
4. 2007.....	XXX	XXX	16,127	15,164	13,261	9,516	7,240	6,394	5,627	5,006	(621)	(1,388)
5. 2008.....	XXX	XXX	XXX	9,622	10,438	11,560	10,344	8,788	6,937	5,677	(1,260)	(3,111)
6. 2009.....	XXX	XXX	XXX	XXX	6,179	7,500	5,917	6,180	5,102	4,344	(758)	(1,836)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	7,802	6,616	6,277	4,784	4,282	(502)	(1,995)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	6,507	8,129	8,732	7,979	(753)	(150)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,959	6,014	5,724	(290)	(235)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,490	5,773	283	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,490	XXX	XXX
12. Totals											(5,159)	(7,093)

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	6,463	4,343	4,296	3,679	4,006	3,669	3,661	3,661	3,661	3,661	0	0
2. 2005.....	2,638	2,366	2,396	2,906	3,985	3,978	3,826	3,529	3,402	3,402	0	(127)
3. 2006.....	XXX	2,862	3,499	2,869	2,851	2,511	2,430	2,306	2,712	2,711	(1)	405
4. 2007.....	XXX	XXX	6,331	6,066	6,157	7,585	7,633	6,893	6,747	6,343	(404)	(550)
5. 2008.....	XXX	XXX	XXX	4,711	4,333	5,887	6,480	5,848	5,010	4,972	(38)	(876)
6. 2009.....	XXX	XXX	XXX	XXX	3,907	3,526	3,472	3,280	4,054	2,862	(1,192)	(418)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4,027	3,595	5,252	5,177	5,696	519	444
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,741	1,499	1,050	1,057	7	(442)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,925	1,966	2,000	34	75
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,933	1,865	(68)	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,378	XXX	XXX
12. Totals											(1,143)	(1,489)

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)

1. Prior.....											0	0
2. 2005.....											0	0
3. 2006.....	XXX										0	0
4. 2007.....	XXX	XXX									0	0
5. 2008.....	XXX	XXX	XXX								0	0
6. 2009.....	XXX	XXX	XXX	XXX							0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	658	554	654	594	511	536	533	434	434	434	0	0
2. 2005.....	478	582	962	730	690	628	599	592	589	589	0	(3)
3. 2006.....	XXX	355	271	313	300	362	274	202	200	199	(1)	(3)
4. 2007.....	XXX	XXX	406	226	170	258	216	81	76	75	(1)	(6)
5. 2008.....	XXX	XXX	XXX	579	220	207	354	183	133	129	(4)	(54)
6. 2009.....	XXX	XXX	XXX	XXX	328	287	201	120	45	42	(3)	(78)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	758	472	340	104	119	15	(221)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	372	334	161	217	56	(117)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	174	114	(60)	(111)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	168	(24)	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	199	XXX	XXX
12. Totals											(22)	(593)

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....											0	0
2. 2005.....											0	0
3. 2006.....	XXX										0	0
4. 2007.....	XXX	XXX									0	0
5. 2008.....	XXX	XXX	XXX								0	0
6. 2009.....	XXX	XXX	XXX	XXX							0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

**Sch. P-Pt. 2I
NONE**

**Sch. P-Pt. 2J
NONE**

**Sch. P-Pt. 2K
NONE**

**Sch. P-Pt. 2L
NONE**

**Sch. P-Pt. 2M
NONE**

**Sch. P-Pt. 2N
NONE**

**Sch. P-Pt. 2O
NONE**

**Sch. P-Pt. 2P
NONE**

**Sch. P-Pt. 2R-Sn. 1
NONE**

**Sch. P-Pt. 2R-Sn. 2
NONE**

**Sch. P-Pt. 2S
NONE**

**Sch. P-Pt. 2T
NONE**

**Sch. P-Pt. 3A
NONE**

**Sch. P-Pt. 3B
NONE**

**Sch. P-Pt. 3C
NONE**

**Sch. P-Pt. 3D
NONE**

**Sch. P-Pt. 3E
NONE**

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior.....	.....000.....	.....2,949.....	.....8,052.....	.....14,102.....	.....14,804.....	.....15,636.....	.....16,812.....	.....19,257.....	.....19,650.....	.....20,578.....	.....49.....	.....148.....
2. 2005.....	.....63.....	.....109.....	.....275.....	.....703.....	.....1,266.....	.....3,672.....	.....7,358.....	.....7,798.....	.....7,903.....	.....7,945.....	.....40.....	.....45.....
3. 2006.....	.....XXX.....	.....7.....	.....70.....	.....391.....	.....635.....	.....1,192.....	.....2,929.....	.....3,728.....	.....4,059.....	.....4,060.....	.....18.....	.....40.....
4. 2007.....	.....XXX.....	.....XXX.....	.....38.....	.....97.....	.....261.....	.....425.....	.....1,310.....	.....2,109.....	.....2,193.....	.....2,452.....	.....14.....	.....36.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....4.....	.....163.....	.....715.....	.....1,023.....	.....2,424.....	.....2,608.....	.....2,913.....	.....26.....	.....48.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....5.....	.....20.....	.....66.....	.....309.....	.....565.....	.....645.....	.....3.....	.....43.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3.....	.....23.....	.....53.....	.....197.....	.....279.....	.....2.....	.....32.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....14.....	.....224.....	.....523.....	.....2,684.....	.....5.....	.....25.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....49.....	.....76.....	.....106.....	.....1.....	.....28.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....27.....	.....151.....	.....1.....	.....9.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....19.....	.....	.....

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.....000.....	.....457.....	.....1,518.....	.....1,950.....	.....2,127.....	.....3,184.....	.....3,661.....	.....3,661.....	.....3,661.....	.....3,661.....	.....37.....
2. 2005.....	.....28.....	.....147.....	.....279.....	.....1,381.....	.....2,271.....	.....3,323.....	.....3,349.....	.....3,401.....	.....3,402.....	.....3,402.....	.....6.....
3. 2006.....	.....XXX.....	.....38.....	.....222.....	.....577.....	.....1,780.....	.....2,000.....	.....2,018.....	.....2,030.....	.....2,711.....	.....2,711.....	.....6.....
4. 2007.....	.....XXX.....	.....XXX.....	.....90.....	.....676.....	.....1,950.....	.....2,647.....	.....4,376.....	.....5,840.....	.....6,271.....	.....6,251.....	.....16.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....23.....	.....557.....	.....628.....	.....1,736.....	.....3,183.....	.....4,338.....	.....4,770.....	.....15.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....35.....	.....115.....	.....243.....	.....448.....	.....1,724.....	.....2,036.....	.....7.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....16.....	.....419.....	.....1,090.....	.....1,207.....	.....2,275.....	.....6.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....5.....	.....184.....	.....357.....	.....390.....	.....3.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....49.....	.....131.....	.....353.....	.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....20.....	.....37.....	.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3.....	.....

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
2. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
3. 2006.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
4. 2007.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....XXX.....	.....XXX.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....XXX.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.....000.....	.....138.....	.....194.....	.....317.....	.....346.....	.....354.....	.....355.....	.....434.....	.....434.....	.....434.....	.....14.....	.....5.....
2. 2005.....	.....3.....	.....69.....	.....337.....	.....556.....	.....565.....	.....589.....	.....589.....	.....589.....	.....589.....	.....589.....	.....15.....	.....5.....
3. 2006.....	.....XXX.....	.....2.....	.....31.....	.....61.....	.....99.....	.....122.....	.....198.....	.....199.....	.....199.....	.....199.....	.....10.....	.....6.....
4. 2007.....	.....XXX.....	.....XXX.....	.....	.....3.....	.....23.....	.....29.....	.....68.....	.....75.....	.....75.....	.....75.....	.....3.....	.....25.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1.....	.....6.....	.....31.....	.....62.....	.....66.....	.....127.....	.....127.....	.....5.....	.....10.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1.....	.....5.....	.....37.....	.....40.....	.....40.....	.....40.....	.....3.....	.....6.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....2.....	.....8.....	.....	.....4.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....12.....	.....	.....4.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....1.....	.....1.....	.....	.....3.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....1.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2005.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2006.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2007.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2008.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....
9. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....
10. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....
11. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....

NONE

**Sch. P-Pt. 3I
NONE**

**Sch. P-Pt. 3J
NONE**

**Sch. P-Pt. 3K
NONE**

**Sch. P-Pt. 3L
NONE**

**Sch. P-Pt. 3M
NONE**

**Sch. P-Pt. 3N
NONE**

**Sch. P-Pt. 3O
NONE**

**Sch. P-Pt. 3P
NONE**

**Sch. P-Pt. 3R-Sn. 1
NONE**

**Sch. P-Pt. 3R-Sn. 2
NONE**

**Sch. P-Pt. 3S
NONE**

**Sch. P-Pt. 3T
NONE**

**Sch. P-Pt. 4A
NONE**

**Sch. P-Pt. 4B
NONE**

**Sch. P-Pt. 4C
NONE**

**Sch. P-Pt. 4D
NONE**

**Sch. P-Pt. 4E
NONE**

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	33,129	22,848	15,593	10,153	5,399	1,815	1,024	768	841	425
2. 2005.....	22,143	19,720	13,665	9,488	5,542	2,434	1,469	712	495	132
3. 2006.....	XXX	16,350	13,142	11,432	8,904	3,988	2,130	1,746	888	659
4. 2007.....	XXX	XXX	15,869	14,107	11,348	6,342	4,049	2,381	1,566	1,104
5. 2008.....	XXX	XXX	XXX	9,041	7,605	8,052	6,003	4,557	3,090	2,535
6. 2009.....	XXX	XXX	XXX	XXX	6,012	6,809	5,382	4,662	3,318	2,844
7. 2010.....	XXX	XXX	XXX	XXX	XXX	7,497	6,396	5,907	3,773	3,124
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	6,246	6,466	5,051	4,307
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,599	5,333	4,667
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,793	4,707
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,977

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	1,955	1,100	763	113	51	35				
2. 2005.....	1,815	1,313	711	316	132	214	63	8		
3. 2006.....	XXX	2,109	1,318	1,076	626	359	141	17	1	
4. 2007.....	XXX	XXX	2,368	2,246	1,653	1,525	939	237	179	20
5. 2008.....	XXX	XXX	XXX	2,839	2,074	1,904	1,743	1,117	268	67
6. 2009.....	XXX	XXX	XXX	XXX	2,361	1,873	1,384	1,109	1,303	331
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2,550	1,756	1,546	1,225	1,301
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,326	864	480	263
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	848	874	490
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,299	1,349
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,223

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	110	52	25	18	13	13	10			
2. 2005.....	209	127	73	50	21	39	10	3		
3. 2006.....	XXX	237	93	34	16	58	20	3	1	
4. 2007.....	XXX	XXX	330	97	28	66	38	6	1	
5. 2008.....	XXX	XXX	XXX	539	152	91	102	32	6	2
6. 2009.....	XXX	XXX	XXX	XXX	285	204	112	80	5	2
7. 2010.....	XXX	XXX	XXX	XXX	XXX	752	447	315	98	15
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	366	334	161	42
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	120	73	113
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	118
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**Sch. P-Pt. 4I
NONE**

**Sch. P-Pt. 4J
NONE**

**Sch. P-Pt. 4K
NONE**

**Sch. P-Pt. 4L
NONE**

**Sch. P-Pt. 4M
NONE**

**Sch. P-Pt. 4N
NONE**

**Sch. P-Pt. 4O
NONE**

**Sch. P-Pt. 4P
NONE**

**Sch. P-Pt. 4R-Sn. 1
NONE**

**Sch. P-Pt. 4R-Sn. 2
NONE**

**Sch. P-Pt. 4S
NONE**

**Sch. P-Pt. 4T
NONE**

**Sch. P-Pt. 5A-Sn. 1
NONE**

**Sch. P-Pt. 5A-Sn. 2
NONE**

**Sch. P-Pt. 5A-Sn. 3
NONE**

**Sch. P-Pt. 5B-Sn. 1
NONE**

**Sch. P-Pt. 5B-Sn. 2
NONE**

**Sch. P-Pt. 5B-Sn. 3
NONE**

Sch. P-Pt. 5C-Sn. 1
NONE

Sch. P-Pt. 5C-Sn. 2
NONE

Sch. P-Pt. 5C-Sn. 3
NONE

Sch. P-Pt. 5D-Sn. 1
NONE

Sch. P-Pt. 5D-Sn. 2
NONE

Sch. P-Pt. 5D-Sn. 3
NONE

Sch. P-Pt. 5E-Sn. 1
NONE

Sch. P-Pt. 5E-Sn. 2
NONE

Sch. P-Pt. 5E-Sn. 3
NONE

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	35	22	17	30	7	5	3	7	2	2
2. 2005.....	1	13	21	23	26	31	33	38	39	40
3. 2006.....	XXX		2	5	7	9	12	17	18	18
4. 2007.....	XXX	XXX		3	4	6	10	13	13	14
5. 2008.....	XXX	XXX	XXX		1	8	12	20	23	26
6. 2009.....	XXX	XXX	XXX	XXX		1	1	2	3	3
7. 2010.....	XXX	XXX	XXX	XXX	XXX		1	1	2	2
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX		1	2	5
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	165	119	72	40	30	21	16	8	5	4
2. 2005.....	38	37	19	27	25	15	12	9	5	3
3. 2006.....	XXX	16	12	16	22	10	8	2	1	2
4. 2007.....	XXX	XXX	15	14	21	23	15	13	10	7
5. 2008.....	XXX	XXX	XXX	35	45	30	23	18	9	5
6. 2009.....	XXX	XXX	XXX	XXX	22	12	5	10	9	7
7. 2010.....	XXX	XXX	XXX	XXX	XXX	17	6	8	7	5
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	13	11	13	11
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	8	10
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	25
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	39	19	21	5	5	2	3	(1)	1	1
2. 2005.....	39	54	67	78	83	84	85	88	88	88
3. 2006.....	XXX	16	35	44	58	58	59	59	59	60
4. 2007.....	XXX	XXX	20	34	43	53	55	56	57	57
5. 2008.....	XXX	XXX	XXX	36	67	71	75	76	78	79
6. 2009.....	XXX	XXX	XXX	XXX	27	39	41	47	51	53
7. 2010.....	XXX	XXX	XXX	XXX	XXX	23	29	35	38	39
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	18	30	37	41
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	38	39
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	35
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	24	15	(3)	8	1	1	2			
2. 2005.....			1	3	4	5	5	6	6	6
3. 2006.....	XXX			2	4	4	5	5	6	6
4. 2007.....	XXX	XXX		4	6	8	9	14	16	16
5. 2008.....	XXX	XXX	XXX	1	3	4	5	12	14	15
6. 2009.....	XXX	XXX	XXX	XXX		1	1	2	3	7
7. 2010.....	XXX	XXX	XXX	XXX	XXX		3	5	5	6
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX		2	3	3
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	48	27	9	4	3	2				
2. 2005.....	23	23	6	6	6	3	3	1		
3. 2006.....	XXX	15	12	7	3	3	1	1		
4. 2007.....	XXX	XXX	79	22	17	17	10	5	2	2
5. 2008.....	XXX	XXX	XXX	48	20	15	11	6	3	2
6. 2009.....	XXX	XXX	XXX	XXX	21	17	12	10	8	3
7. 2010.....	XXX	XXX	XXX	XXX	XXX	24	10	6	5	3
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	14	4	2	2
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	9	6
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	10
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....		1	(1)							
2. 2005.....	24	25	27	28	29	29	29	29	29	29
3. 2006.....	XXX	15	19	19	19	19	19	19	19	19
4. 2007.....	XXX	XXX	93	112	112	114	112	112	112	112
5. 2008.....	XXX	XXX	XXX	74	76	76	76	76	76	76
6. 2009.....	XXX	XXX	XXX	XXX	29	29	29	29	29	29
7. 2010.....	XXX	XXX	XXX	XXX	XXX	29	30	30	30	30
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	15	13	13	13
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	18	18
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	28
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	30	35	4	10	3			1		
2. 2005.....	1	6	10	14	14	15	15	15	15	15
3. 2006.....	XXX	1	6	7	7	4	9	10	10	10
4. 2007.....	XXX	XXX	1	1	2		3	3	3	3
5. 2008.....	XXX	XXX	XXX	1	2		3	4	5	5
6. 2009.....	XXX	XXX	XXX	XXX		1	3	3	3	3
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	16	12	6	5	1	1	1			
2. 2005.....	11	13	6	3	3					
3. 2006.....	XXX	11	5	3	3	3	1			
4. 2007.....	XXX	XXX	11	3	2	2	2			
5. 2008.....	XXX	XXX	XXX	9	1	2	2	1		
6. 2009.....	XXX	XXX	XXX	XXX	6	3	1			
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2	1	1	1	1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3			1
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	3
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	3	3								
2. 2005.....	12	19	19	20	20	20	20	20	20	20
3. 2006.....	XXX	12	16	16	16	16	16	16	16	16
4. 2007.....	XXX	XXX	20	25	26	27	27	28	28	28
5. 2008.....	XXX	XXX	XXX	16	15	15	15	15	15	15
6. 2009.....	XXX	XXX	XXX	XXX	8	9	9	9	9	9
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2	2	2	4	5
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	5
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	3
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

**Sch. P-Pt. 5H-Sn. 1B
NONE**

**Sch. P-Pt. 5H-Sn. 2B
NONE**

**Sch. P-Pt. 5H-Sn. 3B
NONE**

**Sch. P-Pt. 5R-Sn. 1A
NONE**

**Sch. P-Pt. 5R-Sn. 2A
NONE**

**Sch. P-Pt. 5R-Sn. 3A
NONE**

**Sch. P-Pt. 5R-Sn. 1B
NONE**

**Sch. P-Pt. 5R-Sn. 2B
NONE**

**Sch. P-Pt. 5R-Sn. 3B
NONE**

**Sch. P-Pt. 5T-Sn. 1
NONE**

**Sch. P-Pt. 5T-Sn. 2
NONE**

**Sch. P-Pt. 5T-Sn. 3
NONE**

**Sch. P-Pt. 6C-Sn. 1
NONE**

**Sch. P-Pt. 6C-Sn. 2
NONE**

**Sch. P-Pt. 6D-Sn. 1
NONE**

**Sch. P-Pt. 6D-Sn. 2
NONE**

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....											.0
2. 2005.....											.0
3. 2006.....	.XXX										.0
4. 2007.....	.XXX	.XXX									.0
5. 2008.....	.XXX	.XXX	.XXX								.0
6. 2009.....	.XXX	.XXX	.XXX	.XXX							.0
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
13. Earned Prems.(P-Pt 1)											.XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....											.0
2. 2005.....											.0
3. 2006.....	.XXX										.0
4. 2007.....	.XXX	.XXX									.0
5. 2008.....	.XXX	.XXX	.XXX								.0
6. 2009.....	.XXX	.XXX	.XXX	.XXX							.0
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
13. Earned Prems.(P-Pt 1)											.XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....											.0
2. 2005.....	.273	.273	.273	.273	.273	.273	.273	.273	.273	.273	.273
3. 2006.....	.XXX	.263	.263	.263	.263	.263	.263	.263	.263	.263	.263
4. 2007.....	.XXX	.XXX	.369	.369	.369	.369	.369	.369	.369	.369	.369
5. 2008.....	.XXX	.XXX	.XXX	.999	.999	.999	.999	.999	.999	.999	.999
6. 2009.....	.XXX	.XXX	.XXX	.XXX	.925	.925	.925	.925	.925	.925	.925
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.942	.942	.942	.942	.942	.942
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.507	.507	.507	.507	.507
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.428	.428	.428	.428
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.406	.406	.406
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.318	.318
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.318
13. Earned Prems.(P-Pt 1)	.273	.263	.369	.999	.925	.942	.507	.428	.406	.318	.XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior.....											.0
2. 2005.....											.0
3. 2006.....	.XXX										.0
4. 2007.....	.XXX	.XXX									.0
5. 2008.....	.XXX	.XXX	.XXX								.0
6. 2009.....	.XXX	.XXX	.XXX	.XXX							.0
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.0
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0
13. Earned Prems.(P-Pt 1)											.XXX

**Sch. P-Pt. 6H-Sn. 1B
NONE**

**Sch. P-Pt. 6H-Sn. 2B
NONE**

**Sch. P-Pt. 6M-Sn. 1
NONE**

**Sch. P-Pt. 6M-Sn. 2
NONE**

**Sch. P-Pt. 6N-Sn. 1
NONE**

**Sch. P-Pt. 6N-Sn. 2
NONE**

**Sch. P-Pt. 6O-Sn. 1
NONE**

**Sch. P-Pt. 6O-Sn. 2
NONE**

**Sch. P-Pt. 6R-Sn. 1A
NONE**

**Sch. P-Pt. 6R-Sn. 2A
NONE**

**Sch. P-Pt. 6R-Sn. 1B
NONE**

**Sch. P-Pt. 6R-Sn. 2B
NONE**

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....			.00			0.0
2. Private passenger auto liability/medical.....			.00			0.0
3. Commercial auto/truck liability/medical.....			.00			0.0
4. Workers' compensation.....			.00			0.0
5. Commercial multiple peril.....			.00			0.0
6. Medical professional liability - occurrence.....	43,883		.00	1,888		0.0
7. Medical professional liability - claims-made.....	10,579		.00	529		0.0
8. Special liability.....			.00			0.0
9. Other liability - occurrence.....	840		.00	299		0.0
10. Other liability - claims-made.....			.00			0.0
11. Special property.....			.00			0.0
12. Auto physical damage.....			.00			0.0
13. Fidelity/surety.....			.00			0.0
14. Other.....			.00			0.0
15. International.....			.00			0.0
16. Reinsurance - nonproportional assumed property.....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - nonproportional assumed liability.....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products liability - occurrence.....			.00			0.0
20. Products liability - claims-made.....			.00			0.0
21. Financial guaranty/mortgage guaranty.....			.00			0.0
22. Warranty.....			.00			0.0
23. Totals.....	55,302	0	0.0	2,717	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 5

Years in Which Policies Were Issued	Net Reserve for Premium Adjustments and Accrued Retrospective Premiums at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....			0.0			0.0
2. Private passenger auto liability/medical.....			0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....	43,883		0.0	1,888		0.0
7. Medical professional liability - claims-made.....	10,579		0.0	529		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	840		0.0	299		0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....			0.0			0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....			0.0			0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....			0.0			0.0
17. Reinsurance - nonproportional assumed liability.....			0.0			0.0
18. Reinsurance - nonproportional assumed financial lines.....			0.0			0.0
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals	55,302	0	0.0	2,717	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	.XXX									
4. 2007.....	.XXX	.XXX								
5. 2008.....	.XXX	.XXX	.XXX							
6. 2009.....	.XXX	.XXX	.XXX	.XXX						
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	.XXX									
4. 2007.....	.XXX	.XXX								
5. 2008.....	.XXX	.XXX	.XXX							
6. 2009.....	.XXX	.XXX	.XXX	.XXX						
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	.XXX									
4. 2007.....	.XXX	.XXX								
5. 2008.....	.XXX	.XXX	.XXX							
6. 2009.....	.XXX	.XXX	.XXX	.XXX						
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....										
2. 2005.....										
3. 2006.....	.XXX									
4. 2007.....	.XXX	.XXX								
5. 2008.....	.XXX	.XXX	.XXX							
6. 2009.....	.XXX	.XXX	.XXX	.XXX						
7. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.
- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [X] No []
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.
- 1.2 What is the total amount of the reserve for that provision (DDR reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$.....1,185,047
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [X] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [X] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior.....	.....	.....
1.602	2005.....	.....	.....
1.603	2006.....	.....	.....
1.604	2007.....	.....	.....
1.605	2008.....	.....	.....
1.606	2009.....	.....	.....
1.607	2010.....	.....	.....
1.608	2011.....	.....	.....
1.609	2012.....	.....	.....
1.610	2013.....	.....	.....
1.611	2014.....	.....	.....
1.612	Totals.....	.....0	.....0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
- 5.1 Fidelity
- 5.2 Surety

6. Claim count information is reported per claim or per claimant. (Indicate which). PER CLAIM
 If not the same in all years, explain in Interrogatory 7.

- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

- 7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1.	Alabama.....AL						0
2.	Alaska.....AK						0
3.	Arizona.....AZ						0
4.	Arkansas.....AR						0
5.	California.....CA						0
6.	Colorado.....CO						0
7.	Connecticut.....CT						0
8.	Delaware.....DE						0
9.	District of Columbia.....DC						0
10.	Florida.....FL						0
11.	Georgia.....GA						0
12.	Hawaii.....HI						0
13.	Idaho.....ID						0
14.	Illinois.....IL						0
15.	Indiana.....IN						0
16.	Iowa.....IA						0
17.	Kansas.....KS						0
18.	Kentucky.....KY						0
19.	Louisiana.....LA						0
20.	Maine.....ME						0
21.	Maryland.....MD						0
22.	Massachusetts.....MA						0
23.	Michigan.....MI						0
24.	Minnesota.....MN						0
25.	Mississippi.....MS						0
26.	Missouri.....MO						0
27.	Montana.....MT						0
28.	Nebraska.....NE						0
29.	Nevada.....NV						0
30.	New Hampshire.....NH						0
31.	New Jersey.....NJ						0
32.	New Mexico.....NM						0
33.	New York.....NY						0
34.	North Carolina.....NC						0
35.	North Dakota.....ND						0
36.	Ohio.....OH						0
37.	Oklahoma.....OK						0
38.	Oregon.....OR						0
39.	Pennsylvania.....PA						0
40.	Rhode Island.....RI						0
41.	South Carolina.....SC						0
42.	South Dakota.....SD						0
43.	Tennessee.....TN						0
44.	Texas.....TX						0
45.	Utah.....UT						0
46.	Vermont.....VT						0
47.	Virginia.....VA						0
48.	Washington.....WA						0
49.	West Virginia.....WV						0
50.	Wisconsin.....WI						0
51.	Wyoming.....WY						0
52.	American Samoa.....AS						0
53.	Guam.....GU						0
54.	Puerto Rico.....PR						0
55.	US Virgin Islands.....VI						0
56.	Northern Mariana Islands.....MP						0
57.	Canada.....CAN						0
58.	Aggregate Other Alien.....OT						0
59.	Totals.....	0	0	0	0	0	0

NONE

Sch. Y-Pt. 1A
NONE

Sch. Y-Pt. 2
NONE

Annual Statement for the year 2014 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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

MARCH FILING

	Responses
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will the Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES

MAY FILING

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	NO
---	----

JUNE FILING

9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
--	-----

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.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	YES
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
--	-----------------

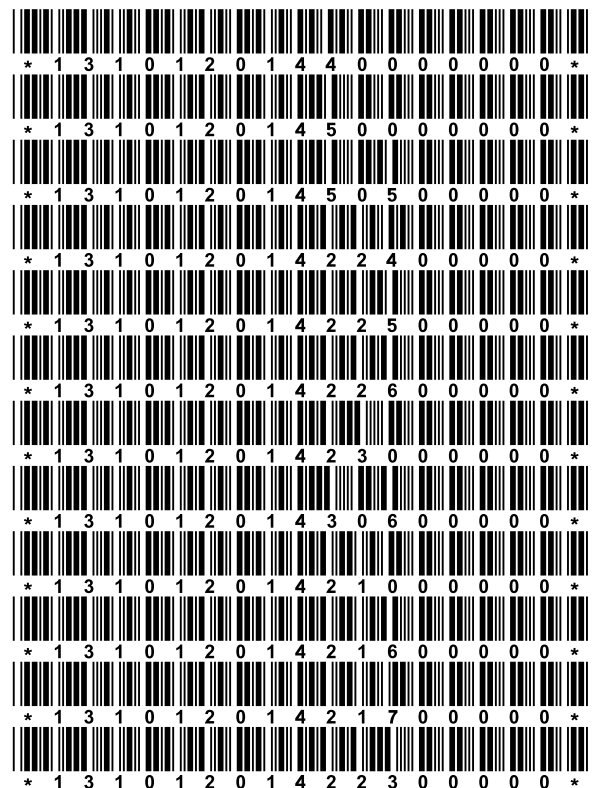
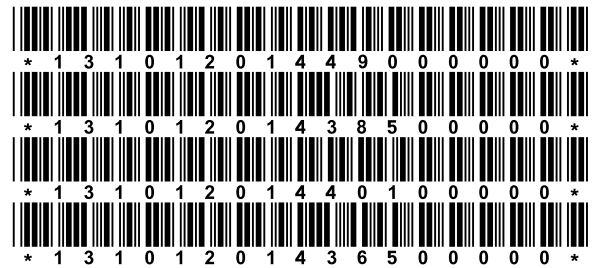
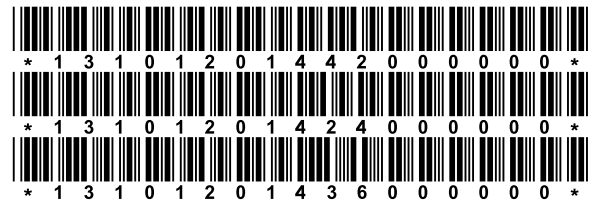
Annual Statement for the year 2014 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

EXPLANATIONS:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 33. Does not meet the annual premium threshold of \$500,000,000 required for filing.



Annual Statement for the year 2014 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**
Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Risk management expense.....		13,185		13,185
2405. Other expense.....		60,727		60,727
2497. Summary of remaining write-ins for Line 24.....	0	73,912	0	73,912

100L

NONE



SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

Physicians - Including Surgeons and Osteopaths

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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	2,029,972	2,108,709	3,701,012	11	2,060,365	10,981,011	37	22,057,333
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	2,029,972	2,108,709	3,701,012	11	2,060,365	10,981,011	37	22,057,333

DETAILS OF WRITE-INS

58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 + 58998) (Line 58 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

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

Hospitals

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	387,224	395,427	1,474,444	10	(1,310,216)	4,277,500	23	4,666,394
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	387,224	395,427	1,474,444	10	(1,310,216)	4,277,500	23	4,666,394

DETAILS OF WRITE-INS

58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 + 58998) (Line 58 above).....	0	0	0	0	0	0	0	0

**Supp. A to Sch. T-Other Health Care Professionals, Including Dentists
NONE**

**Supp. A to Sch. T-Other Health Care Facilities
NONE**



**REINSURANCE SUMMARY SUPPLEMENTAL FILING
FOR GENERAL INTERROGATORY 9 (PART 2)**

FOR THE YEAR ENDED DECEMBER 31, 2014

To Be Filed by March 1

NAIC Group Code: 0

NAIC Company Code: 13101....

	(A) Financial Impact		
	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets.....	150,886,854		150,886,854
A02. Liabilities.....	59,854,081		59,854,081
A03. Surplus as regards to policyholders.....	91,032,773		91,032,773
A04. Income before taxes.....	5,607,939		5,607,939

B. Summary of Reinsurance Contract Terms

C. Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

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