



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 13101	Employer's ID Number..... 51-0140354
Organized under the Laws of RI	State of Domicile or Port of Entry RI	Country of Domicile US
Incorporated/Organized..... June 16, 1975	Commenced Business..... July 1, 1975	
Statutory Home Office	One Turks Head Place..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	One Turks Head Place..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-369-8240 <small>(Area Code) (Telephone Number)</small>
Mail Address	One Turks Head Place..... Providence RI 02903 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	One Turks Head Place..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-369-8240 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address		
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. Larry Alan	Secretary	2. Robert Suglia	Chair
3. Jerilynn Leahy	Assistant Secretary	4. Timothy Knapp	Vice Chair

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright	Krista Tropea #	James Pascalides DPM	Kenneth B Nanian MD
Robert Suglia	Earl Cottam Jr.	Timothy Knapp	Don Baldini
Larry Alan	Barbara M Cavicchio DDS		

State of..... Connecticut
County of.... Tolland

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>Larry Alan</u> <small>(Signature)</small> Larry Alan 1. (Printed Name) Secretary <small>(Title)</small>	<u>Robert Suglia</u> <small>(Signature)</small> Robert Suglia 2. (Printed Name) Chair <small>(Title)</small>	<u>Jerilynn Leahy</u> <small>(Signature)</small> Jerilynn Leahy 3. (Printed Name) Assistant Secretary <small>(Title)</small>
---	---	---

Subscribed and sworn to before me
This 27 day of February 2017

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 _____

* Only For Larry Alan *



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

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

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_____ (Signature) Larry Alan	_____ (Signature) Robert Suglia	_____ (Signature) Jerilynn Leahy
1. (Printed Name) Secretary	2. (Printed Name) Chair	3. (Printed Name) Assistant Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This 1st day of February 2017
Jaqueline K. Plante

JACQUELINE K. PLANTE
NOTARY PUBLIC OF RHODE ISLAND
My Commission Expires 3/13/2020

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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(Signature)
Larry Alan

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 2nd day of February 2017

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 _____

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



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.....												
2.5 Private flood.....												
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.....	1,733,853	2,071,741		1,862,427	3,333,940	(1,857,159)	35,516,853	997,620	185,790	8,680,868	58,589	120,852
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.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	257,368	266,304		70,707	54,000	(3,543)	1,012,540	60,066	(3,425)	259,628	8,755	18,058
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).....	1,991,221	2,338,045	0	1,933,134	3,387,940	(1,860,702)	36,529,393	1,057,686	182,365	8,940,496	67,344	138,910

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 through 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)



BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

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

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26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
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DETAILS OF WRITE-INS

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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 through 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

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 Special Code	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 through 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-1120098		Lloyd'S Syndicate Number 3624	GBR																
AA-1120158		Lloyd'S Syndicate Number 2014	GBR																
AA-0051778		Aspen Re CO Ltd	TCA																
AA-1780104		Ironshore Europe Ltd	IRL																
0699999	Total Authorized Affiliates - Other (Non-U.S.) - Other					.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
0899999	Total Authorized Affiliates					.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

Authorized Other U.S. Unaffiliated Insurers																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
86-0528184	17370	Nautilus Insurance Company	AZ											.0	.0	.0	.0	.0
0999999	Total Authorized Other U.S. Unaffiliated Insurers					.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
4099999	Total Authorized, Unauthorized and Certified					.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

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)		

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	
(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 - Sn. 1
NONE**

**Sch. F - Pt. 6 - Sn. 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).....	150,659,362		150,659,362
2. Premiums and considerations (Line 15).....	289,990		289,990
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.....	1,806,316		1,806,316
6. Net amount recoverable from reinsurers.....			.0
7. Protected cell assets (Line 27).....			.0
8. Totals (Line 28).....	152,755,668	.0	152,755,668
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	48,625,079		48,625,079
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	491,348		491,348
11. Unearned premiums (Line 9).....	1,933,134		1,933,134
12. Advance premiums (Line 10).....	62,155		62,155
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).....	1,711,187		1,711,187
17. Provision for reinsurance (Line 16).....			.0
18. Other liabilities.....	1,490,639		1,490,639
19. Total liabilities excluding protected cell business (Line 26).....	54,313,542	.0	54,313,542
20. Protected cell liabilities (Line 27).....			.0
21. Surplus as regards policyholders (Line 37).....	98,442,126	XXX	98,442,126
22. Totals (Line 38).....	152,755,668	.0	152,755,668

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.....	(239).....	.....	76.....	.....	7.....	.....	(156).....	XXX.....
2. 2007.....	7,826.....	.....	7,826.....	1,713.....	.....	821.....	.....	425.....	.....	2,959.....	57.....
3. 2008.....	4,501.....	.....	4,501.....	2,297.....	.....	703.....	.....	404.....	.....	3,404.....	80.....
4. 2009.....	2,856.....	.....	2,856.....	341.....	.....	313.....	.....	262.....	.....	916.....	53.....
5. 2010.....	2,754.....	.....	2,754.....	133.....	.....	228.....	.....	220.....	.....	581.....	39.....
6. 2011.....	2,301.....	.....	2,301.....	2,511.....	.....	305.....	.....	208.....	.....	3,024.....	42.....
7. 2012.....	2,264.....	.....	2,264.....	766.....	.....	373.....	.....	204.....	.....	1,343.....	45.....
8. 2013.....	2,140.....	.....	2,140.....	805.....	.....	323.....	.....	224.....	.....	1,352.....	41.....
9. 2014.....	2,023.....	.....	2,023.....	950.....	.....	91.....	.....	168.....	.....	1,209.....	29.....
10. 2015.....	1,815.....	.....	1,815.....	40.....	.....	60.....	.....	151.....	.....	251.....	29.....
11. 2016.....	1,489.....	.....	1,489.....	.....	.....	20.....	.....	67.....	.....	87.....	14.....
12. Totals.....	XXX.....	XXX.....	XXX.....	9,317.....	0.....	3,313.....	0.....	2,340.....	0.....	14,970.....	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.....	4,576.....	.....	352.....	.....	48.....	.....	27.....	.....	217.....	.....	5,220.....	4.....
2. 2007.....	500.....	.....	288.....	.....	19.....	.....	14.....	.....	47.....	.....	868.....	4.....
3. 2008.....	150.....	.....	840.....	.....	80.....	.....	187.....	.....	97.....	.....	1,354.....	2.....
4. 2009.....	550.....	.....	794.....	.....	78.....	.....	247.....	.....	114.....	.....	1,783.....	5.....
5. 2010.....	150.....	.....	1,218.....	.....	19.....	.....	872.....	.....	184.....	.....	2,443.....	1.....
6. 2011.....	1,150.....	.....	1,736.....	.....	111.....	.....	447.....	.....	237.....	.....	3,681.....	7.....
7. 2012.....	1,050.....	.....	1,745.....	.....	127.....	.....	681.....	.....	254.....	.....	3,857.....	12.....
8. 2013.....	1,055.....	.....	2,527.....	.....	258.....	.....	983.....	.....	351.....	.....	5,174.....	13.....
9. 2014.....	175.....	.....	3,159.....	.....	89.....	.....	1,076.....	.....	371.....	.....	4,870.....	9.....
10. 2015.....	567.....	.....	2,812.....	.....	53.....	.....	956.....	.....	345.....	.....	4,733.....	18.....
11. 2016.....	.....	.....	2,822.....	.....	42.....	.....	799.....	.....	310.....	.....	3,973.....	13.....
12. Totals.....	9,923.....	0.....	18,293.....	0.....	924.....	0.....	6,289.....	0.....	2,527.....	0.....	37,956.....	88.....	

	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.....	4,928.....	292.....
2. 2007.....	3,827.....	0.....	3,827.....	48.9.....	0.0.....	48.9.....	.....	.....	.....	788.....	80.....
3. 2008.....	4,758.....	0.....	4,758.....	105.7.....	0.0.....	105.7.....	.....	.....	.....	990.....	364.....
4. 2009.....	2,699.....	0.....	2,699.....	94.5.....	0.0.....	94.5.....	.....	.....	.....	1,344.....	439.....
5. 2010.....	3,024.....	0.....	3,024.....	109.8.....	0.0.....	109.8.....	.....	.....	.....	1,368.....	1,075.....
6. 2011.....	6,705.....	0.....	6,705.....	291.4.....	0.0.....	291.4.....	.....	.....	.....	2,886.....	795.....
7. 2012.....	5,200.....	0.....	5,200.....	229.7.....	0.0.....	229.7.....	.....	.....	.....	2,795.....	1,062.....
8. 2013.....	6,526.....	0.....	6,526.....	305.0.....	0.0.....	305.0.....	.....	.....	.....	3,582.....	1,592.....
9. 2014.....	6,079.....	0.....	6,079.....	300.5.....	0.0.....	300.5.....	.....	.....	.....	3,334.....	1,536.....
10. 2015.....	4,984.....	0.....	4,984.....	274.6.....	0.0.....	274.6.....	.....	.....	.....	3,379.....	1,354.....
11. 2016.....	4,060.....	0.....	4,060.....	272.7.....	0.0.....	272.7.....	.....	.....	.....	2,822.....	1,151.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	28,216.....	9,740.....

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. 2007.....	2,382.....		2,382.....	5,132.....		1,137.....		117.....			6,386.....	111.....
3. 2008.....	2,947.....		2,947.....	4,302.....		511.....		180.....			4,993.....	76.....
4. 2009.....	1,983.....		1,983.....	1,437.....		745.....		288.....			2,470.....	29.....
5. 2010.....	1,781.....		1,781.....	2,588.....		606.....		179.....			3,373.....	29.....
6. 2011.....	726.....		726.....	1,188.....		162.....		113.....			1,463.....	13.....
7. 2012.....	541.....		541.....	1,350.....		288.....		92.....			1,730.....	18.....
8. 2013.....	597.....		597.....	130.....		59.....		129.....			318.....	28.....
9. 2014.....	481.....		481.....			73.....		119.....			192.....	15.....
10. 2015.....	583.....		583.....			141.....		115.....			256.....	22.....
11. 2016.....	583.....		583.....			72.....		81.....			153.....	17.....
12. Totals.....	XXX.....	XXX.....	XXX.....	16,127.....	0.....	3,794.....	0.....	1,413.....	0.....	0.....	21,334.....	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. 2007.....												0	
3. 2008.....					4.....		1.....					5	1
4. 2009.....	50.....		29.....		48.....		15.....		8.....			150	2
5. 2010.....	1,000.....		575.....		5.....		5.....		90.....			1,675	2
6. 2011.....	100.....		78.....		34.....		9.....		13.....			234	2
7. 2012.....			34.....		46.....		37.....		8.....			125	3
8. 2013.....	150.....		591.....		57.....		197.....		75.....			1,070	3
9. 2014.....	1,075.....		734.....		83.....		157.....		123.....			2,172	8
10. 2015.....	785.....		603.....		162.....		192.....		106.....			1,848	14
11. 2016.....	680.....		817.....		178.....		237.....		124.....			2,036	16
12. Totals.....	3,840.....	0.....	3,461.....	0.....	617.....	0.....	850.....	0.....	547.....	0.....	0.....	9,315	51

	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. 2007.....	6,386.....	0.....	6,386.....	268.1.....	0.0.....	268.1.....				0.....	0.....
3. 2008.....	4,998.....	0.....	4,998.....	169.6.....	0.0.....	169.6.....				0.....	5.....
4. 2009.....	2,620.....	0.....	2,620.....	132.1.....	0.0.....	132.1.....				79.....	71.....
5. 2010.....	5,048.....	0.....	5,048.....	283.4.....	0.0.....	283.4.....				1,575.....	100.....
6. 2011.....	1,697.....	0.....	1,697.....	233.7.....	0.0.....	233.7.....				178.....	56.....
7. 2012.....	1,855.....	0.....	1,855.....	342.9.....	0.0.....	342.9.....				34.....	91.....
8. 2013.....	1,388.....	0.....	1,388.....	232.5.....	0.0.....	232.5.....				741.....	329.....
9. 2014.....	2,364.....	0.....	2,364.....	491.5.....	0.0.....	491.5.....				1,809.....	363.....
10. 2015.....	2,104.....	0.....	2,104.....	360.9.....	0.0.....	360.9.....				1,388.....	460.....
11. 2016.....	2,189.....	0.....	2,189.....	375.5.....	0.0.....	375.5.....				1,497.....	539.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	7,301.....	2,014.....

**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. 2007.....			.0								0	XXX
3. 2008.....			.0								0	XXX
4. 2009.....			.0								0	XXX
5. 2010.....			.0								0	XXX
6. 2011.....			.0								0	XXX
7. 2012.....			.0								0	XXX
8. 2013.....			.0								0	XXX
9. 2014.....			.0								0	XXX
10. 2015.....			.0								0	XXX
11. 2016.....			.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. 2007.....												.0	
3. 2008.....												.0	
4. 2009.....												.0	
5. 2010.....												.0	
6. 2011.....												.0	
7. 2012.....												.0	
8. 2013.....												.0	
9. 2014.....												.0	
10. 2015.....												.0	
11. 2016.....												.0	
12. Totals....	0	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. 2007.	0	0	0	0.0	0.0	0.0				0	0
3. 2008.	0	0	0	0.0	0.0	0.0				0	0
4. 2009.	0	0	0	0.0	0.0	0.0				0	0
5. 2010.	0	0	0	0.0	0.0	0.0				0	0
6. 2011.	0	0	0	0.0	0.0	0.0				0	0
7. 2012.	0	0	0	0.0	0.0	0.0				0	0
8. 2013.	0	0	0	0.0	0.0	0.0				0	0
9. 2014.	0	0	0	0.0	0.0	0.0				0	0
10. 2015.	0	0	0	0.0	0.0	0.0				0	0
11. 2016.	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			2		1			3	XXX
2. 2007.....	369		369	233		71		36			340	29
3. 2008.....	999		999	85		42		16			143	15
4. 2009.....	925		925	21		158		31			210	10
5. 2010.....	942		942			84		31			115	6
6. 2011.....	507		507			42		30			72	5
7. 2012.....	428		428			1		19			20	3
8. 2013.....	406		406			14		20			34	4
9. 2014.....	318		318	58				20			78	4
10. 2015.....	353		353	54				28			82	5
11. 2016.....	266		266								0	
12. Totals.....	XXX	XXX	XXX	451	0	414	0	232	0	0	1,097	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.....			16		40		7		4			67	1
2. 2007.....												0	
3. 2008.....												0	
4. 2009.....	100		51		11		13		10			185	1
5. 2010.....	85		48		20		13		9			175	2
6. 2011.....	150		72		8		18		14			262	1
7. 2012.....			4				1					5	
8. 2013.....	50		30		36		9		7			132	1
9. 2014.....			53				15		6			74	
10. 2015.....	100		144				38		20			302	3
11. 2016.....			110				30		12			152	
12. Totals.....	485	0	528	0	115	0	144	0	82	0	0	1,354	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	16	51
2. 2007.....	340	0	340	92.1	0.0	92.1				0	0
3. 2008.....	143	0	143	14.3	0.0	14.3				0	0
4. 2009.....	395	0	395	42.7	0.0	42.7				151	34
5. 2010.....	290	0	290	30.8	0.0	30.8				133	42
6. 2011.....	334	0	334	65.9	0.0	65.9				222	40
7. 2012.....	25	0	25	5.8	0.0	5.8				4	1
8. 2013.....	166	0	166	40.9	0.0	40.9				80	52
9. 2014.....	152	0	152	47.8	0.0	47.8				53	21
10. 2015.....	384	0	384	108.8	0.0	108.8				244	58
11. 2016.....	152	0	152	57.1	0.0	57.1				110	42
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,013	341

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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior.....	58,939	49,502	39,286	31,955	30,435	28,959	31,839	30,581	29,843	29,097	(746)	(1,484)
2. 2007.....	16,127	15,164	13,261	9,516	7,240	6,394	5,627	5,006	4,009	3,355	(654)	(1,651)
3. 2008.....	XXX	9,622	10,438	11,560	10,344	8,788	6,937	5,677	5,014	4,257	(757)	(1,420)
4. 2009.....	XXX	XXX	6,179	7,500	5,917	6,180	5,102	4,344	3,116	2,323	(793)	(2,021)
5. 2010.....	XXX	XXX	XXX	7,802	6,616	6,277	4,784	4,282	3,860	2,620	(1,240)	(1,662)
6. 2011.....	XXX	XXX	XXX	XXX	6,507	8,129	8,732	7,979	7,296	6,260	(1,036)	(1,719)
7. 2012.....	XXX	XXX	XXX	XXX	XXX	5,959	6,014	5,724	5,343	4,742	(601)	(982)
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	5,490	5,773	6,103	5,951	(152)	178
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,490	5,916	5,540	(376)	50
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,509	4,488	(21)	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,683	XXX	XXX
12. Totals											(6,376)	(10,711)

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

1. Prior.....	8,172	7,435	8,823	8,139	7,898	7,477	7,756	7,755	7,755	7,755	0	0
2. 2007.....	6,331	6,066	6,157	7,585	7,633	6,893	6,747	6,343	6,326	6,269	(57)	(74)
3. 2008.....	XXX	4,711	4,333	5,887	6,480	5,848	5,010	4,972	4,940	4,818	(122)	(154)
4. 2009.....	XXX	XXX	3,907	3,526	3,472	3,280	4,054	2,862	2,630	2,324	(306)	(538)
5. 2010.....	XXX	XXX	XXX	4,027	3,595	5,252	5,177	5,696	5,705	4,779	(926)	(917)
6. 2011.....	XXX	XXX	XXX	XXX	1,741	1,499	1,050	1,057	2,104	1,571	(533)	514
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1,925	1,966	2,000	1,624	1,755	131	(245)
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,933	1,865	1,553	1,184	(369)	(681)
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,378	1,244	2,122	878	744
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,542	1,883	341	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,984	XXX	XXX
12. Totals											(963)	(1,351)

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

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	XXX										0	0
4. 2009.....	XXX	XXX									0	0
5. 2010.....	XXX	XXX	XXX								0	0
6. 2011.....	XXX	XXX	XXX	XXX							0	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2016.....	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.....	1,325	1,075	939	964	844	666	661	660	766	734	(32)	74
2. 2007.....	406	226	170	258	216	81	76	75	304	304	0	229
3. 2008.....	XXX	579	220	207	354	183	133	129	128	127	(1)	(2)
4. 2009.....	XXX	XXX	328	287	201	120	45	42	365	354	(11)	312
5. 2010.....	XXX	XXX	XXX	758	472	340	104	119	260	250	(10)	131
6. 2011.....	XXX	XXX	XXX	XXX	372	334	161	217	305	290	(15)	73
7. 2012.....	XXX	XXX	XXX	XXX	XXX	225	174	114	16	6	(10)	(108)
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	192	168	160	139	(21)	(29)
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	199	167	126	(41)	(73)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	336	(7)	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	140	XXX	XXX
12. Totals											(148)	607

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

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	XXX										0	0
4. 2009.....	XXX	XXX									0	0
5. 2010.....	XXX	XXX	XXX								0	0
6. 2011.....	XXX	XXX	XXX	XXX							0	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior.....	.000.....	6,799.....	8,308.....	12,103.....	18,702.....	22,386.....	23,215.....	24,186.....	24,257.....	24,094.....	79.....	93.....
2. 2007.....	38.....	97.....	261.....	425.....	1,310.....	2,109.....	2,193.....	2,452.....	2,332.....	2,534.....	17.....	36.....
3. 2008.....	XXX.....	4.....	163.....	715.....	1,023.....	2,424.....	2,608.....	2,913.....	2,977.....	3,000.....	27.....	51.....
4. 2009.....	XXX.....	XXX.....	5.....	20.....	66.....	309.....	565.....	645.....	619.....	654.....	3.....	45.....
5. 2010.....	XXX.....	XXX.....	XXX.....	3.....	23.....	53.....	197.....	279.....	322.....	361.....	2.....	36.....
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	14.....	224.....	523.....	2,684.....	2,762.....	2,816.....	6.....	29.....
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	49.....	76.....	106.....	213.....	1,139.....	1.....	32.....
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	27.....	151.....	1,007.....	1,128.....	3.....	25.....
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	19.....	1,019.....	1,041.....	.....	20.....
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	29.....	100.....	.....	11.....
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	.....	1.....

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

1. Prior.....	.000.....	1,889.....	4,159.....	6,488.....	7,009.....	7,073.....	7,755.....	7,755.....	7,755.....	7,755.....	16.....	15.....
2. 2007.....	90.....	676.....	1,950.....	2,647.....	4,376.....	5,840.....	6,271.....	6,251.....	6,281.....	6,269.....	18.....	93.....
3. 2008.....	XXX.....	23.....	557.....	628.....	1,736.....	3,183.....	4,338.....	4,770.....	4,773.....	4,813.....	16.....	59.....
4. 2009.....	XXX.....	XXX.....	35.....	115.....	243.....	448.....	1,724.....	2,036.....	2,178.....	2,182.....	8.....	19.....
5. 2010.....	XXX.....	XXX.....	XXX.....	16.....	419.....	1,090.....	1,207.....	2,275.....	2,397.....	3,194.....	7.....	20.....
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	5.....	184.....	357.....	390.....	434.....	1,350.....	3.....	8.....
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	49.....	131.....	353.....	639.....	1,638.....	2.....	13.....
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	37.....	176.....	189.....	1.....	24.....
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3.....	21.....	73.....	.....	7.....
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	42.....	141.....	.....	8.....
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	72.....	.....	1.....

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

1. Prior.....	.000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
3. 2008.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
4. 2009.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
5. 2010.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	XXX.....	XXX.....
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	XXX.....	XXX.....
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	XXX.....	XXX.....

NONE

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

1. Prior.....	.000.....	372.....	448.....	503.....	580.....	660.....	660.....	660.....	669.....	671.....	15.....	4.....
2. 2007.....	.....	3.....	23.....	29.....	68.....	75.....	75.....	75.....	304.....	304.....	4.....	25.....
3. 2008.....	XXX.....	1.....	6.....	31.....	62.....	66.....	127.....	127.....	127.....	127.....	5.....	10.....
4. 2009.....	XXX.....	XXX.....	1.....	5.....	37.....	40.....	40.....	40.....	163.....	179.....	3.....	6.....
5. 2010.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	8.....	84.....	.....	4.....
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	12.....	29.....	42.....	4.....
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	1.....	1.....	1.....	3.....
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	3.....	14.....	.....	3.....
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	58.....	58.....	1.....	3.....
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	54.....	1.....	1.....
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

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

1. Prior.....	.000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2008.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2009.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2010.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2016.....	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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....	42,400	31,073	19,845	8,237	4,623	3,226	2,224	1,216	579	379
2. 2007.....	15,869	14,107	11,348	6,342	4,049	2,381	1,566	1,104	686	302
3. 2008.....	XXX	9,041	7,605	8,052	6,003	4,557	3,090	2,535	1,845	1,027
4. 2009.....	XXX	XXX	6,012	6,809	5,382	4,662	3,318	2,844	1,791	1,041
5. 2010.....	XXX	XXX	XXX	7,497	6,396	5,907	3,773	3,124	2,729	2,090
6. 2011.....	XXX	XXX	XXX	XXX	6,246	6,466	5,051	4,307	3,213	2,183
7. 2012.....	XXX	XXX	XXX	XXX	XXX	5,599	5,333	4,667	3,037	2,426
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	4,793	4,707	4,165	3,510
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,977	4,795	4,235
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,279	3,768
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,621

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

1. Prior.....	2,792	1,505	809	608	204	25	1			
2. 2007.....	2,368	2,246	1,653	1,525	939	237	179	20	30	
3. 2008.....	XXX	2,839	2,074	1,904	1,743	1,117	268	67	59	1
4. 2009.....	XXX	XXX	2,361	1,873	1,384	1,109	1,303	331	189	44
5. 2010.....	XXX	XXX	XXX	2,550	1,756	1,546	1,225	1,301	1,251	580
6. 2011.....	XXX	XXX	XXX	XXX	1,326	864	480	263	619	87
7. 2012.....	XXX	XXX	XXX	XXX	XXX	848	874	490	715	71
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,299	1,349	1,101	788
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,223	800	891
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	567	795
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,054

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....	191	102	50	110	40	6	1		36	23
2. 2007.....	330	97	28	66	38	6	1			
3. 2008.....	XXX	539	152	91	102	32	6		1	
4. 2009.....	XXX	XXX	285	204	112	80	5	2	74	64
5. 2010.....	XXX	XXX	XXX	752	447	315	98	15	71	61
6. 2011.....	XXX	XXX	XXX	XXX	366	334	161	42	105	90
7. 2012.....	XXX	XXX	XXX	XXX	XXX	120	73	113	15	5
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	141	118	60	39
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	109	68
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143	182
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	140

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

**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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	27	35	12	12	8	17	4	3		(28)
2. 2007.....		3	4	6	10	13	13	14	14	17
3. 2008.....	XXX		1	8	12	20	23	26	27	27
4. 2009.....	XXX	XXX		1	1	2	3	3	3	3
5. 2010.....	XXX	XXX	XXX		1	1	2	2	2	2
6. 2011.....	XXX	XXX	XXX	XXX		1	2	5	6	6
7. 2012.....	XXX	XXX	XXX	XXX	XXX		1	1	1	1
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX		1	2	3
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	103	83	77	46	36	19	11	9	6	4
2. 2007.....	15	14	21	23	15	13	10	7	7	4
3. 2008.....	XXX	35	45	30	23	18	9	5	3	2
4. 2009.....	XXX	XXX	22	12	5	10	9	7	4	5
5. 2010.....	XXX	XXX	XXX	17	6	8	7	5	4	1
6. 2011.....	XXX	XXX	XXX	XXX	13	11	13	11	8	7
7. 2012.....	XXX	XXX	XXX	XXX	XXX	19	8	10	15	12
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	30	25	14	13
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	12	9
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	18
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	53	25	24	3	5	2	1	2	(2)	
2. 2007.....	20	34	43	53	55	56	57	57	56	57
3. 2008.....	XXX	36	67	71	75	76	78	79	80	80
4. 2009.....	XXX	XXX	27	39	41	47	51	53	52	53
5. 2010.....	XXX	XXX	XXX	23	29	35	38	39	39	39
6. 2011.....	XXX	XXX	XXX	XXX	18	30	37	41	42	42
7. 2012.....	XXX	XXX	XXX	XXX	XXX	31	38	39	45	45
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	32	35	38	41
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	28	29
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	29
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	(2)	12	4	2	3	1	1		8	
2. 2007.....		4	6	8	9	14	16	16	17	18
3. 2008.....	XXX	1	3	4	5	12	14	15	16	16
4. 2009.....	XXX	XXX		1	1	2	3	7	7	8
5. 2010.....	XXX	XXX	XXX		3	5	5	6	7	7
6. 2011.....	XXX	XXX	XXX	XXX		2	3	3	3	3
7. 2012.....	XXX	XXX	XXX	XXX	XXX				2	2
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				1
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	27	17	12	8	4	2				
2. 2007.....	79	22	17	17	10	5	2	2	1	
3. 2008.....	XXX	48	20	15	11	6	3	2	1	1
4. 2009.....	XXX	XXX	21	17	12	10	8	3	3	2
5. 2010.....	XXX	XXX	XXX	24	10	6	5	3	2	2
6. 2011.....	XXX	XXX	XXX	XXX	14	4	2	2	2	2
7. 2012.....	XXX	XXX	XXX	XXX	XXX	13	9	6	3	3
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	20	10	5	3
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	9	8
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	14
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	5	1	1							
2. 2007.....	93	112	112	114	112	112	112	112	112	111
3. 2008.....	XXX	74	76	76	76	76	76	76	76	76
4. 2009.....	XXX	XXX	29	29	29	29	29	29	29	29
5. 2010.....	XXX	XXX	XXX	29	30	30	30	30	29	29
6. 2011.....	XXX	XXX	XXX	XXX	15	13	13	13	13	13
7. 2012.....	XXX	XXX	XXX	XXX	XXX	17	18	18	18	18
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	28	28	28	28
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15	15
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	13	15	3	(2)	5	2				
2. 2007.....	1	1	2		3	3	3	3	4	4
3. 2008.....	XXX	1	2		3	4	5	5	5	5
4. 2009.....	XXX	XXX		1	3	3	3	3	3	3
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	17	11	7	4	2				1	1
2. 2007.....	11	3	2	2	2					
3. 2008.....	XXX	9	1	2	2	1				
4. 2009.....	XXX	XXX	6	3	1				1	1
5. 2010.....	XXX	XXX	XXX	2	1	1	1	1	2	2
6. 2011.....	XXX	XXX	XXX	XXX	3			1	1	1
7. 2012.....	XXX	XXX	XXX	XXX	XXX	2	1			
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	4	3	1	1
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4		
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	4	1							2	
2. 2007.....	20	25	26	27	27	28	28	28	29	29
3. 2008.....	XXX	16	15	15	15	15	15	15	15	15
4. 2009.....	XXX	XXX	8	9	9	9	9	9	10	10
5. 2010.....	XXX	XXX	XXX	2	2	2	4	5	6	6
6. 2011.....	XXX	XXX	XXX	XXX	4	4	4	5	5	5
7. 2012.....	XXX	XXX	XXX	XXX	XXX	2	2	3	3	3
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior.....											.0	
2. 2007.....											.0	
3. 2008.....	XXX										.0	
4. 2009.....	XXX	XXX									.0	
5. 2010.....	XXX	XXX	XXX								.0	
6. 2011.....	XXX	XXX	XXX	XXX							.0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior.....											.0	
2. 2007.....											.0	
3. 2008.....	XXX										.0	
4. 2009.....	XXX	XXX									.0	
5. 2010.....	XXX	XXX	XXX								.0	
6. 2011.....	XXX	XXX	XXX	XXX							.0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior.....											.0	
2. 2007.....	369	369	369	369	369	369	369	369	369	369	369	
3. 2008.....	XXX	999	999	999	999	999	999	999	999	999	999	
4. 2009.....	XXX	XXX	925	925	925	925	925	925	925	925	925	
5. 2010.....	XXX	XXX	XXX	942	942	942	942	942	942	942	942	
6. 2011.....	XXX	XXX	XXX	XXX	507	507	507	507	507	507	507	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	428	428	428	428	428	428	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	406	406	406	406	406	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	318	318	318	318	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	353	353	353	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	266	266	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	266	
13. Earned Prems.(P-Pt 1)	369	999	925	942	507	428	406	318	353	266		.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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior.....											.0	
2. 2007.....											.0	
3. 2008.....	XXX										.0	
4. 2009.....	XXX	XXX									.0	
5. 2010.....	XXX	XXX	XXX								.0	
6. 2011.....	XXX	XXX	XXX	XXX							.0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2016.....	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.....			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.....	37,956		0.0	1,235		0.0
7. Medical professional liability - claims-made.....	9,315		0.0	499		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	1,354		0.0	257		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.....	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.....			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.....	48,625	0	0.0	1,991	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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.....	37,956		0.0	1,235		0.0
7. Medical professional liability - claims-made.....	9,315		0.0	499		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	1,354		0.0	257		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	48,625	0	0.0	1,991	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.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)? \$.....1,186,840
- 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	2007.....	.....	.....
1.603	2008.....	.....	.....
1.604	2009.....	.....	.....
1.605	2010.....	.....	.....
1.606	2011.....	.....	.....
1.607	2012.....	.....	.....
1.608	2013.....	.....	.....
1.609	2014.....	.....	.....
1.610	2015.....	.....	.....
1.611	2016.....	.....	.....
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					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 2016 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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) 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
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. 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
33. 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
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

35. 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 2016 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. The data for this supplement is not required to be filed.



9.

10.

11.

12. The data for this supplement is not required to be filed.



13. The data for this supplement is not required to be filed.



14. The data for this supplement is not required to be filed.



15.

16. The data for this supplement is not required to be filed.



17. The data for this supplement is not required to be filed.



18. The data for this supplement is not required to be filed.



19. The data for this supplement is not required to be filed.



20.

21.

22. The data for this supplement is not required to be filed.



23. The data for this supplement is not required to be filed.



24. The data for this supplement is not required to be filed.



25. The data for this supplement is not required to be filed.



26. The data for this supplement is not required to be filed.



27. The data for this supplement is not required to be filed.



28. The data for this supplement is not required to be filed.



29. The data for this supplement is not required to be filed.



30. The data for this supplement is not required to be filed.



31. The data for this supplement is not required to be filed.



32. The data for this supplement is not required to be filed.



33. The data for this supplement is not required to be filed.



34. The data for this supplement is not required to be filed.



35. Does not meet the annual premium threshold of \$500,000,000 required for filing.



Annual Statement for the year 2016 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.....		2,370		2,370
2405. Other expense.....		50,086		50,086
2497. Summary of remaining write-ins for Line 24.....	0	52,456	0	52,456

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	1,371,029	1,637,560	3,130,093	9	(1,745,080)	9,688,133	37	17,268,657
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.....	1,371,029	1,637,560	3,130,093	9	(1,745,080)	9,688,133	37	17,268,657

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	362,824	434,181	203,847	6	(112,079)	4,075,000	16	4,485,063
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.....	362,824	434,181	203,847	6	(112,079)	4,075,000	16	4,485,063

DETAILS OF WRITE-INS

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

Supp. A to Sch. T
NONE

Supp. A to Sch. T
NONE



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

FOR THE YEAR ENDED DECEMBER 31, 2016

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.....	152,755,668		152,755,668
A02. Liabilities.....	54,313,542		54,313,542
A03. Surplus as regards to policyholders.....	98,442,126		98,442,126
A04. Income before taxes.....	7,378,917		7,378,917

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.

2016 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Assets	2	Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	58
Cash Flow	5	Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made	58
Exhibit of Net Investment Income	12	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	59
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2J-Auto Physical Damage	59
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2K-Fidelity, Surety	59
Five-Year Historical Data	17	Schedule P-Part 2L-Other (Including Credit, Accident and Health)	59
General Interrogatories	15	Schedule P-Part 2M-International	59
Jurat Page	1	Schedule P-Part 2N-Reinsurance - Nonproportional Assumed Property	60
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2O-Reinsurance - Nonproportional Assumed Liability	60
Notes To Financial Statements	14	Schedule P-Part 2P-Reinsurance - Nonproportional Assumed Financial Lines	60
Overflow Page For Write-ins	100	Schedule P-Part 2R-Section 1-Products Liability-Occurrence	61
Schedule A-Part 1	E01	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made	61
Schedule A-Part 2	E02	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty	61
Schedule A-Part 3	E03	Schedule P-Part 2T-Warranty	61
Schedule A-Verification Between Years	SI02	Schedule P-Part 3A-Homeowners/Farmowners	62
Schedule B-Part 1	E04	Schedule P-Part 3B-Private Passenger Auto Liability/Medical	62
Schedule B-Part 2	E05	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical	62
Schedule B-Part 3	E06	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)	62
Schedule B-Verification Between Years	SI02	Schedule P-Part 3E-Commercial Multiple Peril	62
Schedule BA-Part 1	E07	Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence	63
Schedule BA-Part 2	E08	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made	63
Schedule BA-Part 3	E09	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	63
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3H-Section 1-Other Liability-Occurrence	63
Schedule D-Part 1	E10	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made	63
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	64
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3J-Auto Physical Damage	64
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3K-Fidelity/Surety	64
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3L-Other (Including Credit, Accident and Health)	64
Schedule D-Part 3	E13	Schedule P-Part 3M-International	64
Schedule D-Part 4	E14	Schedule P-Part 3N-Reinsurance - Nonproportional Assumed Property	65
Schedule D-Part 5	E15	Schedule P-Part 3O-Reinsurance - Nonproportional Assumed Liability	65
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3P-Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence	66
Schedule D-Summary By Country	SI04	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made	66
Schedule D-Verification Between Years	SI03	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty	66
Schedule DA-Part 1	E17	Schedule P-Part 3T-Warranty	66
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4A-Homeowners/Farmowners	67
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4B-Private Passenger Auto Liability/Medical	67
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical	67
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)	67
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4E-Commercial Multiple Peril	67
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence	68
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made	68
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4H-Section 1-Other Liability-Occurrence	68
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made	68
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	69
Schedule DB-Verification	SI14	Schedule P-Part 4J-Auto Physical Damage	69
Schedule DL-Part 1	E24	Schedule P-Part 4K-Fidelity/Surety	69
Schedule DL-Part 2	E25	Schedule P-Part 4L-Other (Including Credit, Accident and Health)	69
Schedule E-Part 1-Cash	E26	Schedule P-Part 4M-International	69
Schedule E-Part 2-Cash Equivalents	E27	Schedule P-Part 4N-Reinsurance - Nonproportional Assumed Property	70
Schedule E-Part 3-Special Deposits	E28	Schedule P-Part 4O-Reinsurance - Nonproportional Assumed Liability	70
Schedule E-Verification Between Years	SI15	Schedule P-Part 4P-Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule F-Part 1	20	Schedule P-Part 4R-Section 1-Products Liability-Occurrence	71
Schedule F-Part 2	21	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made	71
Schedule F-Part 3	22	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty	71
Schedule F-Part 4	23	Schedule P-Part 4T-Warranty	71
Schedule F-Part 5	24	Schedule P-Part 5A-Homeowners/Farmowners	72
Schedule F-Part 6-Section 1	25	Schedule P-Part 5B-Private Passenger Auto Liability/Medical	73
Schedule F-Part 6-Section 2	26	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical	74
Schedule F-Part 7	27	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule F-Part 8	28	Schedule P-Part 5E-Commercial Multiple Peril	76
Schedule F-Part 9	29	Schedule P-Part 5F-Medical Professional Liability-Claims-Made	78
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5F-Medical Professional Liability-Occurrence	77
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5H-Other Liability-Claims-Made	80
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5H-Other Liability-Occurrence	79
Schedule P-Part 1-Summary	33	Schedule P-Part 5R-Products Liability-Claims-Made	82
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5R-Products Liability-Occurrence	81
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5T-Warranty	83
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)	84
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6E-Commercial Multiple Peril	85
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6H-Other Liability-Claims-Made	86
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6H-Other Liability-Occurrence	85
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6M-International	86
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6N-Reinsurance - Nonproportional Assumed Property	87
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6O-Reinsurance - Nonproportional Assumed Liability	87
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6R-Products Liability-Occurrence	88
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 7A-Primary Loss Sensitive Contracts	89
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts	91
Schedule P-Part 1M-International	49	Schedule P Interrogatories	93
Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property	50	Schedule T-Exhibit of Premiums Written	94
Schedule P-Part 1O-Reinsurance - Nonproportional Assumed Liability	51	Schedule T-Part 2-Interstate Compact	95
Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines	52	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule Y-Detail of Insurance Holding Company System	97
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates	98
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Statement of Income	4
Schedule P-Part 1T-Warranty	56	Summary Investment Schedule	SI01
Schedule P-Part 2, Part 3 and Part 4 - Summary	34	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P-Part 2A-Homeowners/Farmowners	57	Underwriting and Investment Exhibit Part 1	6
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Underwriting and Investment Exhibit Part 1A	7
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1B	8
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 2	9
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 2A	10
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 3	11
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58		