



QUARTERLY STATEMENT

As of June 30, 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 Rhode Island Incorporated/Organized..... June 16, 1975	State of Domicile or Port of Entry Rhode Island Commenced Business..... July 1, 1975	Country of Domicile US
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@beecheercarlson.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

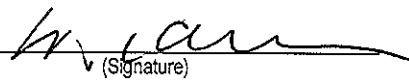
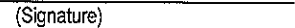

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright	Krista Tropea #	James Pascalides DPM	Kenneth B Nanian MD
Robert Suglia	Earl Cottam Jr.	Cecelia Pelkey #	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.

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

Subscribed and sworn to before me
This July day of 20th 2016

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

COURTNEY PELLETIER
NOTARY PUBLIC
MY COMMISSION EXPIRES
APR. 30, 2020



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 Statutory Statement Contact

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Jerilynn Leahy
 (Name)
 jleahy@beecheercarlson.com
 (E-Mail Address)

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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)
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Subscribed and sworn to before me
This 20th day of July, 2016

Jacqueline K. Plante

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 _____

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



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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 21st day of July 2016

Donna J. Cacicia
My commission expires 9-18-18

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	94,643,296		94,643,296	93,728,443
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....639,003), cash equivalents (\$.....0) and short-term investments (\$....816,333).....	1,455,336		1,455,336	1,855,461
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	53,466,962		53,466,962	52,895,483
9. Receivables for securities.....			0	72
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	149,565,594	0	149,565,594	148,479,459
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,472,571		1,472,571	1,467,352
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	122,352		122,352	167,059
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	183,083		183,083	245,046
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	1,370,896
18.2 Net deferred tax asset.....	154,296		154,296	184,241
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	32,043	0	32,043	8,906
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	151,529,939	0	151,529,939	151,922,959
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	151,529,939	0	151,529,939	151,922,959

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Accounts Receivable.....	32,043		32,043	8,906
2502. Prepaid Losses.....			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	32,043	0	32,043	8,906

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....2,830,819).....	38,637,870	41,778,035
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	12,282,283	12,955,778
4. Commissions payable, contingent commissions and other similar charges.....	62,553	61,375
5. Other expenses (excluding taxes, licenses and fees).....	166,240	176,824
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	38,775	
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	2,119,785	2,279,956
10. Advance premium.....	55,508	31,866
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	1,707,873	1,707,873
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....	323,353	
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	81,689	131,000
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	55,475,929	59,122,707
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	55,475,929	59,122,707
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus).....	96,054,010	92,800,252
36. Less treasury stock, at cost:		
36.10.000 shares common (value included in Line 30 \$.....0).....		
36.20.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	96,054,010	92,800,252
38. Totals (Page 2, Line 28, Col. 3).....	151,529,939	151,922,959

DETAILS OF WRITE-INS

2501. Unearned Finance Charge.....		
2502. Premium Deficiency Reserve.....		
2503. Losses Payable.....	81,689	131,000
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	81,689	131,000
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$....1,076,935).....	1,237,107	1,381,286	2,750,985
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$....1,076,935).....	1,237,107	1,381,286	2,750,985
DEDUCTIONS:			
2. Losses incurred (current accident year \$....2,830,819):			
2.1 Direct.....	(2,042,151)	964,251	1,634,614
2.2 Assumed.....			
2.3 Ceded.....			
2.4 Net.....	(2,042,151)	964,251	1,634,614
3. Loss adjustment expenses incurred.....	(139,668)	(86,466)	1,217,507
4. Other underwriting expenses incurred.....	860,968	950,596	1,908,472
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	(1,320,851)	1,828,381	4,760,593
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	2,557,958	(447,095)	(2,009,608)
INVESTMENT INCOME			
9. Net investment income earned.....	2,472,736	2,401,322	4,789,874
10. Net realized capital gains (losses) less capital gains tax of \$....179,550.....	348,539	301,775	449,456
11. Net investment gain (loss) (Lines 9 + 10).....	2,821,275	2,703,097	5,239,330
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....	15,631	14,966	28,216
14. Aggregate write-ins for miscellaneous income.....	(670,000)	(670,000)	(569,500)
15. Total other income (Lines 12 through 14).....	(654,369)	(655,034)	(541,284)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	4,724,864	1,600,968	2,688,438
17. Dividends to policyholders.....			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	4,724,864	1,600,968	2,688,438
19. Federal and foreign income taxes incurred.....	1,180,122	231,331	279,129
20. Net income (Line 18 minus Line 19) (to Line 22).....	3,544,742	1,369,637	2,409,309
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	92,800,252	91,032,773	91,032,773
22. Net income (from Line 20).....	3,544,742	1,369,637	2,409,309
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....(88,753).....	(172,286)	233,699	(522,849)
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	(118,698)	(21,698)	(118,982)
27. Change in nonadmitted assets.....			
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	3,253,758	1,581,638	1,767,478
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	96,054,010	92,614,411	92,800,252

DETAILS OF WRITE-INS

0501. Change in Premium Deficiency Reserve.....			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Gain or loss on retroactive reinsurance.....	(670,000)	(670,000)	(569,500)
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	(670,000)	(670,000)	(569,500)
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	1,207,248	1,357,377	2,751,845
2. Net investment income.....	2,750,369	2,712,744	5,438,410
3. Miscellaneous income.....	(653,944)	(816,317)	(705,405)
4. Total (Lines 1 through 3).....	3,303,673	3,253,804	7,484,850
5. Benefit and loss related payments.....	1,098,014	1,195,935	2,443,990
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,477,072	1,483,014	2,760,556
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(50,000)	1,000,000	1,000,000
10. Total (Lines 5 through 9).....	2,525,086	3,678,949	6,204,546
11. Net cash from operations (Line 4 minus Line 10).....	778,587	(425,145)	1,280,304
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	9,044,010	9,413,112	16,210,831
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	323,425		16
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	9,367,435	9,413,112	16,210,847
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	10,009,888	9,345,069	16,679,623
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	536,259	297,102	804,110
13.7 Total investments acquired (Lines 13.1 to 13.6).....	10,546,147	9,642,171	17,483,733
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(1,178,712)	(229,059)	(1,272,886)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(400,125)	(654,204)	7,418
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,855,461	1,848,043	1,848,043
19.2 End of period (Line 18 plus Line 19.1).....	1,455,336	1,193,839	1,855,461

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

20.0001			
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NOTES TO FINANCIAL STATEMENTS**Note 1 - Summary of Significant Accounting Policies**

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

The Association is authorized to issue medical malpractice policies on a "claims made" or "occurrence" basis with limits not to exceed \$1,000,000 for each medical incident under one policy and in the aggregate of \$3,000,000 under one policy in any one year. The Association is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the Association's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the Association is authorized to provide Commercial General Liability coverage to the health care providers with limits of \$1,000,000 per incident and \$2,000,000 aggregate under a one year policy. All policies are on an annual basis and shall be subject to the Group Retrospective Rating Plan and Stabilization Reserve Fund as authorized by Regulation 21. The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

A. Accounting Practices, impact of NAIC/state differences

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) Medical Malpractice Joint Underwriting Association of Rhode Island state basis (Page 4, Line 20, Columns 1 & 3)	RI	\$ 3,544,742	\$ 2,409,309
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 - 2 - 3 = 4)		\$ 3,544,742	\$ 2,409,309
SURPLUS			
(5) Medical Malpractice Joint Underwriting Association of Rhode Island state basis (Page 3, line 37, Columns 1 & 2)		\$ 96,054,010	\$ 92,800,252
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 - 6 - 7 = 8)		\$ 96,054,010	\$ 92,800,252

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

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

B. Use of Estimates in the Preparation of the Financial Statements

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

C. Accounting Policies

The Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3 - 6 which are reported at the lower of amortized cost or fair market value. Amortization is calculated using the scientific constant yield to worst method.
3. The Association holds no investments in common stocks.
4. The Association holds no investments in preferred stocks.

NOTES TO FINANCIAL STATEMENTS

5. The Association holds no investments in first lien mortgage loans on real estate.
6. Investment grade loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.
7. The Association has no subsidiaries.
8. The Association holds no interest in joint ventures or partnerships.
9. The Association does not invest in derivative instruments.
10. The Association does not have a premium deficiency reserve.
11. The reserve for unpaid losses and loss adjustment expenses represents the estimated unpaid ultimate liability for claims reported to the Association plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the Association utilizes the findings of an independent consulting actuary. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case basis valuations and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency.
12. The Association does not have a capitalization policy.
13. Not applicable as the Association does not write major medical insurance with prescription drug coverage.

Note 2 - Accounting Changes and Corrections of Errors

No significant change

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

Not applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

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

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

No significant change

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

Not applicable

Note 11 - Debt

Not applicable

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

Not applicable

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

Not applicable

NOTES TO FINANCIAL STATEMENTS**Note 14 - Contingencies**

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. The association is contingently liable under certain structured settlement agreements. These unassigned annuity agreements were purchased for 31 claimants. In many of these cases, these structured settlements require payments in 2015 and beyond. The contingent liability reserve is verified with the annuity carriers and updated annually. The Association currently has one annuity with Executive Life Insurance of New York (ELNY) purchased prior to 1985 where ELNY has been in rehabilitation since 1991. On September 1, 2011, the Superintendent of Insurance for the State of New York petitioned the Supreme Court of Nassau County, New York, for an Approval of Restructuring Agreement for ELNY. Based on this petition, an Order to show cause hearing was held on March 15, 2012 as to why orders should not be made declaring ELNY to be insolvent, and converting the rehabilitation proceeding to a liquidation proceeding. On April 16, 2012, a move to liquidation was approved. It has been determined that the Association will be liable for 60.4% of this annuity value. The Association obtained quotes on purchasing a replacement annuity with qualified assignment and release, however, in evaluating the cost of such an annuity, the Association determined that it was financially prudent to retain the liability at this time and consider looking at alternatives in the future. During 2013, the Association booked its liability for the annuity, amounting to \$4,613,681. All annuities purchased after 1985 included a uniform qualified assignment and release from all future obligations. (See Note 27)
- E. Not applicable
- F. Not applicable

Note 15 - Leases

Not applicable

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

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

Not applicable

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

Not applicable

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

The Association uses Beecher Carlson Insurance Services LLC as managing general agent. The FEIN for Beecher Carlson Insurance Services LLC is 95-3679538. Beecher Carlson Insurance Services LLC has an exclusive contract for all medical malpractice and general liability business written. The total direct premiums written in 2016 equal \$1,076,935. The terms of the contract give Beecher Carlson Insurance Services LLC authority for premium collection (P), claims adjustment (CA), claims payment (C), binding (B), reinsurance ceding (R) and underwriting authority (U).

Note 20 - Fair Value Measurement

A. 1. Inputs Used for Assets and Liabilities Measured at Fair Value

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

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 - Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

Assets Measured at Fair Value	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Bonds	0	381,167	0	381,167

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

NOTES TO FINANCIAL STATEMENTS

2. Rollforward of Level 3 Items

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

3. Policy on Transfers Into and Out of Level 3

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

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

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

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

5. Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures

Not applicable

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

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

Type of Financial Instrument	Fair Value	Admitted Value	Level 1	Level 2	Level 3	Not Practical (Carrying Value)
Financial Instruments - assets						
Bonds	103,753,734	94,643,296	-	103,753,734	-	-
Cash, cash equivalents and short-term investments	1,455,336	1,455,336	1,455,336	-	-	-
Other invested assets	54,663,241	53,466,962	16,495,869	38,167,372	-	-
Total assets	159,872,311	149,565,594	17,951,205	141,921,106	-	-

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not applicable

Note 21 - Other Items

A. Extraordinary items

Not applicable

B. Troubled debt restructuring for debtors

Not applicable

C. Other disclosures

Not applicable

D. Uncollectable premiums receivable

Not applicable

E. Business interruption insurance recoveries

Not applicable

F. State transferable and non-transferable tax credits

Not applicable

NOTES TO FINANCIAL STATEMENTS

G. Subprime mortgage related risk exposure

(1) The Company's exposure to subprime lending in the fixed maturity (bond) investment portfolio which contains securities collateralized by mortgages that have characteristics of subprime lending such as low FICO score, adjustable rate mortgages and alternative documentation mortgages. These investments are in the form of asset-backed securities and collateralized mortgage obligations which are collateralized by subprime mortgages. The carrying value of these investments is approximately \$114 thousand as of June 30, 2016.

(2) Direct exposure through investments in subprime mortgage loans (Schedule B)

Not applicable

(3) Direct exposure through other investments

	<u>Amortized Cost</u>	<u>Book/Adj. Carry Value</u>	<u>Fair Mkt Value</u>	<u>OTTI Recognized</u>
Residential MBS Sub Prime	114,815	114,167	114,167	

Note 22 - Events Subsequent

Not applicable

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

Not applicable

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

Not applicable

D. Uncollectable Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

No significant change

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change

NOTES TO FINANCIAL STATEMENTS**Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses**

Activity in the liability for unpaid losses and LAE is summarized as follows:

Losses & LAE (000's omitted)	6/30/2016	12/31/2015
Unpaid losses and LAE at beginning of year	54,734	55,302
Losses and LAE incurred in current year:	(2,182)	2,852
Income Statement amounts	(2,182)	2,852
Losses and LAE paid in current year:	(1,632)	(3,420)
Underwriting exhibits paid amounts	(1,632)	(3,420)
Unpaid losses and LAE at end of period	50,920	54,734

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

- A. No significant change
- B. No significant change

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not applicable

Note 31 - High Deductibles

Not applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 - Asbestos/Environmental Reserves

Not applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guarantee Insurance

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [X] N/A []
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/11/2012
- 6.4 By what department or departments?
State of Rhode Island Department of Business Regulation, Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

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

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

1 Name of Custodian(s)	2 Custodian Address
Bank of America	100 Westminister St., Providence, RI 02903
The Washington Trust Company	23 Broad Street, Westerly, RI 02891

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

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

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

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

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
107423	Conning Inc.	One Financial Plaza, Hartford, CT 06103-2627

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
 If yes, attach an explanation.
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
- 3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

- 5.1 Operating Percentages:
- | | |
|---|--------|
| 5.1 A&H loss percent | 0.000% |
| 5.2 A&H cost containment percent | 0.000% |
| 5.3 A&H expense percent excluding cost containment expenses | 0.000% |
- 6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	N						
4. Arkansas.....AR	N						
5. California.....CA	N						
6. Colorado.....CO	N						
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	N						
11. Georgia.....GA	N						
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	N						
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	N						
19. Louisiana.....LA	N						
20. Maine.....ME	N						
21. Maryland.....MD	N						
22. Massachusetts.....MA	N						
23. Michigan.....MI	N						
24. Minnesota.....MN	N						
25. Mississippi.....MS	N						
26. Missouri.....MO	N						
27. Montana.....MT	N						
28. Nebraska.....NE	N						
29. Nevada.....NV	N						
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	N						
32. New Mexico.....NM	N						
33. New York.....NY	N						
34. North Carolina.....NC	N						
35. North Dakota.....ND	N						
36. Ohio.....OH	N						
37. Oklahoma.....OK	N						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	L	1,076,935	1,401,055	1,098,014	1,195,935	38,637,870	42,355,727
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	N						
44. Texas.....TX	N						
45. Utah.....UT	N						
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	N						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. US Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....	(a).....1	1,076,935	1,401,055	1,098,014	1,195,935	38,637,870	42,355,727

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

Sch. Y - Pt. 1
NONE

Sch. Y - Pt. 1A
NONE

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.0	
2. Allied lines.....			0.0	
3. Farmowners multiple peril.....			0.0	
4. Homeowners multiple peril.....			0.0	
5. Commercial multiple peril.....			0.0	
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....			0.0	
9. Inland marine.....			0.0	
10. Financial guaranty.....			0.0	
11.1. Medical professional liability - occurrence.....	822,744	(1,789,677)	(217.5)	(15.1)
11.2. Medical professional liability - claims-made.....	277,581	(171,650)	(61.8)	295.6
12. Earthquake.....			0.0	
13. Group accident and health.....			0.0	
14. Credit accident and health.....			0.0	
15. Other accident and health.....			0.0	
16. Workers' compensation.....			0.0	
17.1. Other liability-occurrence.....	136,782	(80,824)	(59.1)	129.9
17.2. Other liability-claims made.....			0.0	
17.3. Excess workers' compensation.....			0.0	
18.1. Products liability-occurrence.....			0.0	
18.2. Products liability-claims made.....			0.0	
19.1., 19.2. Private passenger auto liability.....			0.0	
19.3., 19.4. Commercial auto liability.....			0.0	
21. Auto physical damage.....			0.0	
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....			0.0	
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Warranty.....			0.0	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.0	
35. Totals.....	1,237,107	(2,042,151)	(165.1)	69.8

DETAILS OF WRITE-INS

3401.....			0.0	
3402.....			0.0	
3403.....			0.0	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....	203,980	617,888	800,290
11.2. Medical professional liability - claims made.....	60,038	269,710	329,909
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1. Other liability-occurrence.....	64,051	189,337	270,856
17.2. Other liability-claims made.....			
17.3. Excess workers' compensation.....			
18.1. Products liability-occurrence.....			
18.2. Products liability-claims made.....			
19.1. 19.2. Private passenger auto liability.....			
19.3. 19.4. Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	328,069	1,076,935	1,401,055

DETAILS OF WRITE-INS

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

Medical Malpractice Joint Underwriting Association of Rhode Island

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2016 Loss and LAE Payments on Claims Reported as of Prior Year-End	2016 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2016 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2013 + Prior.....	16,670	24,644	41,314	1,508	8	1,516	13,826	282	19,591	33,699	(1,336)	(4,763)	(6,099)
2. 2014.....	525	6,150	6,675	39		39	470		5,652	6,122	(16)	(498)	(514)
3. Subtotals 2014 + Prior.....	17,195	30,794	47,989	1,547	8	1,555	14,296	282	25,243	39,821	(1,352)	(5,261)	(6,613)
4. 2015.....	1,334	5,411	6,745	62		62	1,438	75	5,583	7,096	166	247	413
5. Subtotals 2015 + Prior.....	18,529	36,205	54,734	1,609	8	1,617	15,734	357	30,826	46,917	(1,186)	(5,014)	(6,200)
6. 2016.....	XXX	XXX	XXX	XXX	15	15	XXX	925	3,078	4,003	XXX	XXX	XXX
7. Totals.....	18,529	36,205	54,734	1,609	23	1,632	15,734	1,282	33,904	50,920	(1,186)	(5,014)	(6,200)
8. Prior Year-End's Surplus As Regards Policyholders.....	92,800												
											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1.(6.4)%	2.(13.8)%	3.(11.3)%
													Col. 13, Line 7 Line 8
													4.(6.7)%

014

Statement for June 30, 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. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

Explanation:

1. The data for this supplement is not required to be filed.
- 2.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.

Bar Code:



NONE

Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	52,895,483	51,992,085
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....	1,073,560	1,486,852
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....	(469,869)	(530,636)
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....	32,212	52,818
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	53,466,962	52,895,483
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	53,466,962	52,895,483

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	93,728,443	94,098,332
2. Cost of bonds and stocks acquired.....	10,009,889	16,679,623
3. Accrual of discount.....	56,340	76,718
4. Unrealized valuation increase (decrease).....	208,830	(261,558)
5. Total gain (loss) on disposals.....	(9,219)	(2,246)
6. Deduct consideration for bonds and stocks disposed of.....	9,044,003	16,210,831
7. Deduct amortization of premium.....	306,984	651,595
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	94,643,296	93,728,443
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	94,643,296	93,728,443

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	81,885,782	4,093,695	4,310,191	(1,208,363)	81,885,782	80,460,923		81,311,671
2. NAIC 2 (a).....	12,661,887	2,474,739	1,625,285	1,106,198	12,661,887	14,617,539		12,099,540
3. NAIC 3 (a).....	204,000		6,807	(83,026)	204,000	114,167		348,750
4. NAIC 4 (a).....	207,000		289,301	349,301	207,000	267,000		
5. NAIC 5 (a).....	120,923			(120,922)	120,923	1		128,530
6. NAIC 6 (a).....						0		
7. Total Bonds.....	95,079,592	6,568,434	6,231,584	43,188	95,079,592	95,459,630	0	93,888,491
PREFERRED STOCK								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	95,079,592	6,568,434	6,231,584	43,188	95,079,592	95,459,630	0	93,888,491

QS102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....816,333; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	816,333	XXX.....	816,333		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	160,051	
2. Cost of short-term investments acquired.....	3,414,298	4,940,906
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	2,758,016	4,780,855
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	816,333	160,051
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	816,333	160,051

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	1,043,725
2. Cost of cash equivalents acquired.....		3,526,200
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		4,569,405
7. Deduct amortization of premium.....		520
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**Sch. A - Pt. 2
NONE**

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

**Sch. B - Pt. 2
NONE**

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

**Sch. BA - Pt. 2
NONE**

**Sch. BA - Pt. 3
NONE**

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 3

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

1	2		3	4	5	6	7	8	9	10
CUSIP Identification	Description		Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment										
167736 F7 7	CHICAGO IL WTRWKS REVENUE.....			05/13/2016...	PNC CAPITAL MARKETS.....		296,740	250,000		1FE.....
3128MJ X4 7	FG G08698.....			03/29/2016...	WELLS FARGO SECURITIES LLC.....		(764)	(732)		1.....
3128MJ X5 4	FG G08699.....			06/10/2016...	WELLS FARGO SECURITIES LLC.....		263,324	245,345	382	1.....
31335A QK 7	FG G60458.....			04/13/2016...	J.P. MORGAN.....		371,238	352,773	583	1.....
31335A UL 0	FG G60587.....			06/01/2016...	CITIGROUP GLOBAL MARKETS.....		78,707	73,590	16	1.....
3138WG HY 3	FN AS6546.....			05/09/2016...	BANK AMERICA.....		200,425	194,205	229	1.....
3199999	Total Bonds - U.S. Special Revenue and Special Assessment.....						1,209,670	1,115,181	1,210	XXX
Bonds - Industrial and Miscellaneous										
00206R CS 9	AT&T INC.....			05/03/2016...	MIZUHO SECURITIES.....		260,008	250,000	2,325	2FE.....
29364W AX 6	ENTERGY LOUISIANA LLC.....			05/16/2016...	GOLDMAN SACHS.....		497,010	500,000		1FE.....
30219G AQ 1	EXPRESS SCRIPTS HOLDING.....			06/29/2016...	BANK AMERICA.....		324,711	325,000		2FE.....
60871R AE 0	MOLSON COORS BREWING CO.....			06/28/2016...	BANK AMERICA.....		499,750	500,000		2FE.....
84610W AB 1	SOVRAN ACQUISITION LP.....			06/13/2016...	WELLS FARGO SECURITIES LLC.....		333,147	335,000		2FE.....
91529Y AM 8	UNUM GROUP.....			05/04/2016...	J.P. MORGAN.....		294,357	295,000		2FE.....
929089 AB 6	VOYA FINANCIAL INC.....			06/07/2016...	VARIOUS.....		499,517	500,000		2FE.....
81180W AP 6	SEAGATE HDD CAYMAN.....		F	04/11/2016...	MORGAN STANLEY.....		263,250	260,000	4,035	2FE.....
3899999	Total Bonds - Industrial and Miscellaneous.....						2,971,750	2,965,000	6,360	XXX
8399997	Total Bonds - Part 3.....						4,181,420	4,080,181	7,570	XXX
8399999	Total Bonds.....						4,181,420	4,080,181	7,570	XXX
9999999	Total Bonds, Preferred and Common Stocks.....						4,181,420	XXX	7,570	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

QE04

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Forfeiture	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
36202E	UM 9 G2 4188		06/01/2016	MBS PAYMENT		571	571	569	571				0		571			0	12	07/20/2038	1
36205K	WE 8 GN 393145		06/01/2016	MBS PAYMENT		844	844	840	844				0		844			0	25	05/15/2024	1
36208C	7L 5 GN 447399		06/01/2016	MBS PAYMENT		235	235	239	235				0		235			0	7	07/15/2027	1
36210A	VC 8 GN 486711		06/01/2016	MBS PAYMENT		391	391	387	390				0		391			0	10	11/15/2028	1
0599999. Total Bonds - U.S. Government						2,041	2,041	2,035	2,040	0	0	0	0	0	2,041	0	0	0	54	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
13066Y	QA 0 CALIFORNIA ST DEPT OF WTR RESO		04/11/2016	BARCLAYS AMERICAN		501,045	500,000	578,980	505,672		(4,868)		(4,868)		500,804		241	241	11,319	05/01/2016	1FE
3128GW	SY 5 FG E92335		06/01/2016	MBS PAYMENT		818	818	849	821		(2)		(2)		818			0	18	11/01/2017	1
3128K6	7K 0 FG A46298		06/01/2016	MBS PAYMENT		5,794	5,794	5,852	5,799		(5)		(5)		5,794			0	149	07/01/2035	1
3128KV	MN 2 FG A64865		06/01/2016	MBS PAYMENT		9,162	9,162	9,242	9,163		(1)		(1)		9,162			0	229	08/01/2037	1
3128M4	4Q 3 FG G03231		06/01/2016	MBS PAYMENT		6,395	6,395	6,299	6,384		11		11		6,395			0	147	08/01/2037	1
3128M5	UZ 1 FG G03900		06/01/2016	MBS PAYMENT		1,436	1,436	1,428	1,435		1		1		1,436			0	35	02/01/2038	1
3128M7	XB 7 FG G05774		06/01/2016	MBS PAYMENT		9,803	9,803	10,411	9,844		(41)		(41)		9,803			0	204	01/01/2040	1
3128M8	AZ 7 FG G06024		06/01/2016	MBS PAYMENT		9,612	9,612	10,150	9,647		(35)		(35)		9,612			0	208	08/01/2040	1
3128MJ	R3 6 FG G08505		06/01/2016	MBS PAYMENT		20,721	20,721	21,753	20,760		(39)		(39)		20,721			0	264	09/01/2042	1
3128MJ	U3 2 FG G08601		06/01/2016	MBS PAYMENT		15,473	15,473	16,551	15,549		(76)		(76)		15,473			0	255	08/01/2044	1
3128MJ	X4 7 FG G08698		06/01/2016	MBS PAYMENT		2,873	2,873	2,999			(1)		(1)		2,873			0	13	03/01/2046	1
3128NJ	G9 4 FH 1J2024		05/01/2016	VARIOUS		40	40	42	40						40			0	1	04/01/2039	1
3128PQ	ZH 7 FG J11644		06/01/2016	MBS PAYMENT		6,027	6,027	6,135	6,037		(9)		(9)		6,027			0	92	02/01/2025	1
3128PY	JD 7 FG J18360		06/01/2016	MBS PAYMENT		11,655	11,655	12,052	11,684		(29)		(29)		11,655			0	146	03/01/2027	1
3128QJ	UC 8 FH 1G1479		06/01/2016	VARIOUS		230	230	232	230				0		230			0	3	01/01/2037	1
31292H	VU 5 FG C01527		06/01/2016	MBS PAYMENT		4,167	4,167	4,241	4,173		(6)		(6)		4,167			0	94	04/01/2033	1
31292L	KQ 7 FG C03903		06/01/2016	MBS PAYMENT		7,604	7,604	7,607	7,604				0		7,604			0	111	04/01/2042	1
31292L	L6 0 FG C03949		06/01/2016	MBS PAYMENT		6,211	6,211	6,371	6,218		(7)		(7)		6,211			0	90	05/01/2042	1
312940	2H 1 FG A92576		06/01/2016	MBS PAYMENT		7,813	7,813	8,022	7,828		(14)		(14)		7,813			0	140	07/01/2040	1
312941	NJ 2 FG A93093		06/01/2016	MBS PAYMENT		11,195	11,195	11,779	11,235		(40)		(40)		11,195			0	214	07/01/2040	1
312942	NF 8 FG A93990		06/01/2016	MBS PAYMENT		7,037	7,037	7,280	7,055		(18)		(18)		7,037			0	120	09/01/2040	1
31294M	DW 8 FG E02817		06/01/2016	MBS PAYMENT		8,895	8,895	8,660	8,878		17		17		8,895			0	113	01/01/2026	1
312964	DE 6 FG B11901		06/01/2016	MBS PAYMENT		6,171	6,171	6,320	6,182		(11)		(11)		6,171			0	129	01/01/2019	1
312964	H5 1 FG B12052		06/01/2016	MBS PAYMENT		3,850	3,850	3,950	3,860		(9)		(9)		3,850			0	79	01/01/2019	1
31296M	PA 1 FG A13117		06/01/2016	MBS PAYMENT		7,287	7,287	7,209	7,280		7		7		7,287			0	132	09/01/2033	1
31296Q	4R 8 FG A16232		06/01/2016	MBS PAYMENT		4,060	4,060	4,142	4,062		(2)		(2)		4,060			0	107	11/01/2033	1
3132GL	VB 7 FG Q05410		06/01/2016	MBS PAYMENT		7,961	7,961	7,960	7,961				0		7,961			0	121	01/01/2042	1
3132J2	5H 2 FG K90848		06/01/2016	MBS PAYMENT		7,521	7,521	7,810	7,539		(18)		(18)		7,521			0	92	07/01/2033	1
31335A	QK 7 FG G60458		06/01/2016	MBS PAYMENT		11,494	11,494	12,096			(5)		(5)		11,494			0	51	01/01/2044	1
31335H	SU 3 FG C90859		06/01/2016	MBS PAYMENT		3,701	3,701	3,804	3,712		(11)		(11)		3,701			0	83	10/01/2024	1
31371G	SS 0 FN 251729		06/01/2016	MBS PAYMENT		1,544	1,544	1,536	1,543		1		1		1,544			0	42	05/01/2018	1
31371H	B6 4 FN 252161		06/01/2016	MBS PAYMENT		5,776	5,776	5,709	5,772		4		4		5,776			0	149	12/01/2028	1
31371K	A4 3 FN 253927		06/01/2016	MBS PAYMENT		109	109	108	109				0		109			0	3	07/01/2031	1
31371M	CG 0 FN 255771		06/01/2016	MBS PAYMENT		2,591	2,591	2,642	2,594		(3)		(3)		2,591			0	63	07/01/2035	1
3138AN	CW 1 FN A18184		06/01/2016	MBS PAYMENT		10,416	10,416	10,921	10,445		(29)		(29)		10,416			0	173	08/01/2041	1
3138AN	YU 1 FN A18822		06/01/2016	MBS PAYMENT		9,538	9,538	10,107	9,558		(20)		(20)		9,538			0	187	08/01/2041	1
3138AV	TB 1 FN AJ4145		06/01/2016	MBS PAYMENT		7,809	7,809	8,147	7,825		(16)		(16)		7,809			0	118	11/01/2041	1
3138AW	RQ 8 FN AJ4994		06/01/2016	MBS PAYMENT		9,927	9,927	10,685	9,980		(53)		(53)		9,927			0	163	11/01/2041	1
3138E0	SF 7 FN AJ7717		06/01/2016	MBS PAYMENT		8,293	8,293	8,547	8,312		(19)		(19)		8,293			0	104	12/01/2026	1

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SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For re ig n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Design- ation or Market Indicator (a)
3138EG	HX 5 FN AL0245		06/01/2016	MBS PAYMENT		5,985	5,985	6,166	5,993		(8)		(8)		5,985			0	99	04/01/2041	1
3138EH	US 9 FN AL1492		06/01/2016	MBS PAYMENT		9,096	9,096	9,515	9,116		(21)		(21)		9,096			0	170	03/01/2042	1
3138EJ	3Y 2 FN AL2614		06/01/2016	MBS PAYMENT		2,276	2,276	2,354	2,280		(4)		(4)		2,276			0	30	11/01/2042	1
3138EJ	RA 8 FN AL2280		06/01/2016	MBS PAYMENT		20,000	20,000	21,297	20,103		(103)		(103)		20,000			0	361	09/01/2042	1
3138EK	FB 6 FN AL2861		06/01/2016	MBS PAYMENT		14,065	14,065	14,447	14,082		(17)		(17)		14,065			0	208	12/01/2042	1
3138EK	HJ 7 FN AL2932		06/01/2016	MBS PAYMENT		3,042	3,042	3,200	3,051		(8)		(8)		3,042			0	50	07/01/2042	1
3138EK	YW 9 FN AL3424		06/01/2016	MBS PAYMENT		11,275	11,275	11,836	11,307		(31)		(31)		11,275			0	190	01/01/2043	1
3138LR	AE 2 FN AO0904		06/01/2016	MBS PAYMENT		6,712	6,712	6,899	6,723		(11)		(11)		6,712			0	112	04/01/2042	1
3138LU	SX 4 FN AO4133		06/01/2016	MBS PAYMENT		10,785	10,785	10,774	10,785				0		10,785			0	159	06/01/2042	1
3138MK	2E 5 FN AQ4372		06/01/2016	MBS PAYMENT		7,797	7,797	7,788	7,796		1		1		7,797			0	81	11/01/2027	1
3138W0	L6 4 FN AR3048		06/01/2016	MBS PAYMENT		5,056	5,056	5,015	5,053		2		2		5,056			0	50	01/01/2028	1
3138W4	CR 0 FN AR6379		06/01/2016	MBS PAYMENT		10,916	10,916	11,299	10,928		(12)		(12)		10,916			0	124	02/01/2043	1
3138W9	HW 3 FN AS0244		06/01/2016	MBS PAYMENT		11,656	11,656	12,058	11,674		(18)		(18)		11,656			0	209	08/01/2043	1
3138W9	KR 0 FN AS0303		06/01/2016	MBS PAYMENT		5,692	5,692	5,674	5,691				0		5,692			0	72	08/01/2043	1
3138W9	MT 4 FN AS0369		06/01/2016	MBS PAYMENT		8,483	8,483	9,090	8,536		(53)		(53)		8,483			0	157	09/01/2043	1
3138WA	FR 3 FN AS1075		06/01/2016	MBS PAYMENT		7,852	7,852	8,092	7,862		(10)		(10)		7,852			0	103	11/01/2043	1
3138WA	WT 0 FN AS1557		06/01/2016	MBS PAYMENT		20,268	20,268	21,528	20,342		(74)		(74)		20,268			0	342	01/01/2044	1
3138WB	UK 9 FN AS2385		06/01/2016	MBS PAYMENT		7,339	7,339	7,749	7,351		(12)		(12)		7,339			0	129	05/01/2044	1
3138WE	ZJ 1 FN AS5244		06/01/2016	MBS PAYMENT		3,864	3,864	4,002	3,869		(5)		(5)		3,864			0	55	06/01/2045	1
3138WG	HY 3 FN AS6546		06/01/2016	MBS PAYMENT		1,430	1,430	1,476					0		1,430			0	3	01/01/2031	1
3138WM	KY 6 FN AT0310		06/01/2016	MBS PAYMENT		5,040	5,040	5,368	5,050		(10)		(10)		5,040			0	67	03/01/2043	1
3138WX	FK 8 FN AT9169		06/01/2016	MBS PAYMENT		14,712	14,712	14,626	14,707		5		5		14,712			0	154	07/01/2028	1
3138WZ	TZ 5 FN AU0567		06/01/2016	MBS PAYMENT		5,158	5,158	5,108	5,156		3		3		5,158			0	75	08/01/2043	1
3138X0	Y2 8 FN AU1628		06/01/2016	MBS PAYMENT		6,116	6,116	5,996	6,111		5		5		6,116			0	77	07/01/2043	1
3138X1	3A 2 FN AU2592		06/01/2016	MBS PAYMENT		9,192	9,192	9,522	9,208		(16)		(16)		9,192			0	138	08/01/2043	1
3138X3	XM 9 FN AU4283		06/01/2016	MBS PAYMENT		7,809	7,809	7,836	7,810		(1)		(1)		7,809			0	115	09/01/2043	1
3138Y6	3S 1 FN AX5308		06/01/2016	MBS PAYMENT		17,470	17,470	18,336	17,500		(29)		(29)		17,470			0	252	01/01/2042	1
3138YH	U6 5 FN AY4204		06/01/2016	MBS PAYMENT		7,433	7,433	7,677	7,443		(11)		(11)		7,433			0	109	05/01/2045	1
31394V	LV 0 FNR 2005-123 PG		06/01/2016	MBS PAYMENT		88,277	88,277	85,635	88,041		235		235		88,277			0	1,904	01/25/2036	1
31400Y	3Q 7 FN 702007		06/01/2016	MBS PAYMENT		1,060	1,060	1,085	1,061		(1)		(1)		1,060			0	20	05/01/2033	1
31404V	4L 9 FN 780327		06/01/2016	MBS PAYMENT		6,378	6,378	6,425	6,383		(6)		(6)		6,378			0	133	07/01/2019	1
31404W	UE 4 FN 780981		06/01/2016	MBS PAYMENT		7,063	7,063	7,050	7,061		2		2		7,063			0	132	06/01/2019	1
31406U	HH 4 FN 820232		06/01/2016	MBS PAYMENT		4,658	4,658	4,728	4,660		(2)		(2)		4,658			0	125	06/01/2035	1
31407B	BK 4 FN 825442		06/01/2016	MBS PAYMENT		311	311	314	311				0		311			0	7	05/01/2035	1
31409Y	UL 9 FN 882687		06/01/2016	MBS PAYMENT		3,970	3,970	3,941	3,970				0		3,970			0	117	06/01/2036	1
31410U	KA 9 FN 897689		06/01/2016	MBS PAYMENT		801	801	783	800				0		801			0	18	06/01/2037	1
31413R	2P 0 FN 953582		06/01/2016	MBS PAYMENT		326	326	344	328		(2)		(2)		326			0	8	12/01/2037	1
31416J	ZM 6 FN AA1647		06/01/2016	MBS PAYMENT		457	457	472	457				0		457			0	10	02/01/2039	1
31416M	5A 8 FN AA4440		06/01/2016	MBS PAYMENT		1,032	1,032	1,069	1,034		(2)		(2)		1,032			0	18	03/01/2039	1
31417C	JL 0 FN AB5666		06/01/2016	MBS PAYMENT		8,147	8,147	8,308	8,157		(9)		(9)		8,147			0	124	07/01/2042	1
31417C	KM 6 FN AB5699		06/01/2016	MBS PAYMENT		7,130	7,130	7,103	7,128		2		2		7,130			0	8	07/01/2042	1
31417C	VS 1 FN AB6024		06/01/2016	MBS PAYMENT		12,546	12,546	13,119			(12)		(12)		12,546			0	65	08/01/2042	1
31417D	TR 4 FN AB6859		06/01/2016	MBS PAYMENT		6,361	6,361	6,611			(10)		(10)		6,361			0	72	11/01/2042	1
31417E	MZ 1 FN AB7575		06/01/2016	MBS PAYMENT		5,677	5,677	5,657	5,677		1		1		5,677			0	67	01/01/2043	1
31417E	N9 8 FN AB7615		06/01/2016	MBS PAYMENT		8,872	8,872	9,271	8,883		(11)		(11)		8,872			0	115	01/01/2043	1
31417F	3E 6 FN AB8896		06/01/2016	MBS PAYMENT		7,645	7,645	7,430	7,635		10		10		7,645			0	99	04/01/2043	1

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SCHEDULE D - PART 4

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

1	2			3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
												11	12	13	14	15							
CUSIP Identification	Description			Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
31417G 5A 0	FN	AB9840		06/01/2016	MBS PAYMENT		8,349	8,349	8,752			(9)		(9)		8,349			0	75	07/01/2043	1	
31417H B5 2	FN	AB9959		06/01/2016	MBS PAYMENT		5,092	5,092	5,312	5,102		(10)		(10)		5,092			0	85	07/01/2043	1	
31418W CY 4	FN	AD8186		06/01/2016	MBS PAYMENT		2,441	2,441	2,529	2,450		(10)		(10)		2,441			0	36	09/01/2025	1	
31419E UD 9	FN	AE4179		06/01/2016	MBS PAYMENT		10,591	10,591	10,963	10,627		(36)		(36)		10,591			0	176	10/01/2025	1	
31419J SV 1	FN	AE7731		06/01/2016	MBS PAYMENT		12,041	12,041	12,841	12,102		(61)		(61)		12,041			0	230	11/01/2040	1	
546540 KS 3	LOUISIANA ST UNIV & AGRIC & ME			05/23/2016	WELLS FARGO SECURITIES LLC		259,713	250,000	272,808	261,173		(1,767)		(1,767)		259,406		306	306	6,750	07/01/2018	1FE	
88278P MC 5	TEXAS ST UNIV SYS FING REVENUE			06/07/2016	BARCLAYS AMERICAN		429,140	400,000	484,736	433,804		(6,705)		(6,705)		427,099		2,041	2,041	14,722	03/15/2018	1FE	
95648M KF 5	WEST VIRGINIA ST ECON DEV AUTH			06/01/2016	MATURITY		250,000	250,000	285,588	253,177		(3,177)		(3,177)		250,000			0	6,250	06/01/2016	1FE	
3199999. Total Bonds - U.S. Special Revenue and Special Assessment							2,156,651	2,116,753	2,356,230	2,128,338	0	(17,364)	0	(17,364)	0	2,154,062	0	2,588	2,588	50,914	XXX	XXX	
Bonds - Industrial and Miscellaneous																							
057224 AY 3	BAKER HUGHES INC			06/10/2016	TENDER OFFER		571,060	500,000	509,190	503,354		(472)		(472)		502,882		68,178	68,178	21,354	11/15/2018	2FE	
12489W QD 9	CBASS 2005-CB8 AF2			06/01/2016	MBS PAYMENT		6,807	6,807	6,806	6,770	37			37		6,807			0	118	12/25/2035	3AM	
60871R AE 0	MOLSON COORS BREWING CO			06/29/2016	DEUTSCHE BANK		501,030	500,000	499,750					0	499,750		1,280	1,280			07/15/2019	2FE	
87316Y AC 5	ONCOR 2004-1 A3			05/15/2016	MBS PAYMENT		141,949	141,949	143,862	143,513		(1,564)		(1,564)		141,949			0	3,755	05/15/2018	1FE	
90261X BY 7	UBS AG STAMFORD CT			06/14/2016	UBS SECURITIES		200,774	200,000	205,548	200,399		(341)		(341)		200,058		716	716	10,836	07/15/2016	2FE	
921813 AA 9	VANDERBILT UNIVERSITY			04/29/2016	CALLED BY ISSUER at 110.866		415,746	375,000	374,303	374,746		41,001		41,001		415,746			0	11,375	04/01/2019	1FE	
878742 AV 7	TECK RESOURCES LIMITED			06/07/2016	MILLENNIUM ADVISORS		248,265	300,000	286,950	144,750	143,836	715		144,551		289,301		(41,036)	(41,036)	12,865	01/15/2022	4FE	
10553Y AF 2	BRASKEM FINANCE LTD			05/13/2016	SANTANDER SEC CORP		396,500	400,000	427,000	423,485		(890)		(890)		422,595		(26,095)	(26,095)	20,425	02/03/2024	2FE	
3899999. Total Bonds - Industrial and Miscellaneous							2,482,131	2,423,756	2,453,409	1,797,017	143,873	38,449	0	182,322	0	2,479,088	0	3,043	3,043	80,728	XXX	XXX	
8399997. Total Bonds - Part 4							4,640,823	4,542,550	4,811,674	3,927,395	143,873	21,085	0	164,958	0	4,635,191	0	5,631	5,631	131,696	XXX	XXX	
8399999. Total Bonds							4,640,823	4,542,550	4,811,674	3,927,395	143,873	21,085	0	164,958	0	4,635,191	0	5,631	5,631	131,696	XXX	XXX	
9999999. Total Bonds, Preferred and Common Stocks							4,640,823	XXX	4,811,674	3,927,395	143,873	21,085	0	164,958	0	4,635,191	0	5,631	5,631	131,696	XXX	XXX	

QE05.2

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
BANK OF AMERICA	PROVIDENCE, RI				2,149,292	1,364,749	639,003	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	2,149,292	1,364,749	639,003	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	2,149,292	1,364,749	639,003	XXX
0599999. Total Cash	XXX	XXX	0	0	2,149,292	1,364,749	639,003	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE

QE13



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.

Physicians - Including Surgeons and Osteopaths

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	761,505	918,440	1,078,014	4	(1,464,888)	10,442,007	41	18,847,054
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.....	761,505	918,440	1,078,014	4	(1,464,888)	10,442,007	41	18,847,054

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	126,093	181,885	20,000	1	(496,439)	4,150,000	16	4,209,550
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.....	126,093	181,885	20,000	1	(496,439)	4,150,000	16	4,209,550

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 - OP
NONE**

**Supp. A to Sch. T - OF
NONE**

**Overflow Page
NONE**