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QUARTERLY STATEMENT

As of March 31, 2008

of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... , (Current Period) (Prior Period) NAIC Company Code..... 13101 Employer's ID Number..... 51-0140354

Organized under the Laws of Rhode Island State of Domicile or Port of Entry Rhode Island Country of Domicile US

Incorporated/Organized..... June 16, 1975 Commenced Business..... July 1, 1975

Statutory Home Office	One Turks Head Place….. Providence ..... RI ..... 02903 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	One Turks Head Place….. Providence ..... RI ..... 02903 *(Street and Number) (City or Town, State and Zip Code)*	401-369-8240 *(Area Code) (Telephone Number)*
Mail Address	One Turks Head Place….. Providence ..... RI ..... 02903 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	One Turks Head Place….. Providence ..... RI ..... 02903 *(Street and Number) (City or Town, State and Zip Code)*	401-369-8240 *(Area Code) (Telephone Number)*
Internet Website Address	n/a	
Statutory Statement Contact	Jerilynn Leahy *(Name)*	401-369-8245 *(Area Code) (Telephone Number) (Extension)*
	jleahy@beechercarlson.com *(E-Mail Address)*	401-369-8241 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Maura Travers	Chair	2. Susan Lees	Secretary
3. Jerilynn Leahy	Assistant Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Maura Travers	Susan Lees	Richard Cammet	Raymond Geary
Kenneth B Nanian MD	Jan Feldman DDS	Robert Suglia	Nancy Waterman
Earl Cottman Jr.	Pat Moran	Geoffrey Hunt	

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

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

(Signature)	(Signature)	(Signature)
Maura Travers	Susan Lees	Jerilynn Leahy
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chair	Secretary	Assistant Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	113,300,046		113,300,046	109,721,045
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 $.....0 encumbrances)			0	
5. Cash ($.....(855,502)), cash equivalents ($.....1,384,198) and short-term investments ($.....3,040,504)	3,569,200		3,569,200	7,440,719
6. Contract loans (including $.....0 premium notes)			0	
7. Other invested assets	41,309,763		41,309,763	41,654,920
8. Receivables for securities			0	
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	158,179,009	0	158,179,009	158,816,684
11. Title plants less $.....0 charged off (for Title insurers only)			0	
12. Investment income due and accrued	1,451,750		1,451,750	1,907,918
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	603,650		603,650	289,021
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)	557,378		557,378	838,884
13.3 Accrued retrospective premiums			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	
14.2 Funds held by or deposited with reinsured companies			0	
14.3 Other amounts receivable under reinsurance contracts			0	
15. Amounts receivable relating to uninsured plans			0	
16.1 Current federal and foreign income tax recoverable and interest thereon	358,735		358,735	358,735
16.2 Net deferred tax asset	6,649,474	4,706,565	1,942,909	1,634,224
17. Guaranty funds receivable or on deposit			0	
18. Electronic data processing equipment and software			0	
19. Furniture and equipment, including health care delivery assets ($.....0)			0	
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	
21. Receivables from parent, subsidiaries and affiliates			0	
22. Health care ($.....0) and other amounts receivable			0	
23. Aggregate write-ins for other than invested assets	14,340	0	14,340	1,775
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	167,814,336	4,706,565	163,107,771	163,847,241
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
26. TOTALS (Lines 24 and 25)	167,814,336	4,706,565	163,107,771	163,847,241

DETAILS OF WRITE-INS

0901.			0	
0902.			0	
0903.			0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Miscellaneous Accounts Receivable	14,340		14,340	1,775
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	14,340	0	14,340	1,775

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year $.....5,457,099)	72,817,000	70,076,499
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	27,628,778	28,182,884
4.	Commissions payable, contingent commissions and other similar charges	4,882	2,204
5.	Other expenses (excluding taxes, licenses and fees)	103,482	300,775
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	3,750	10,396
7.1	Current federal and foreign income taxes (including $.....0 on realized capital gains (losses))		
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)	5,767,803	7,023,352
10.	Advance premium	296,515	110,966
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	7,324,090	7,324,090
15.	Remittances and items not allocated		
16.	Provision for reinsurance		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Payable for securities		
21.	Liability for amounts held under uninsured plans		
22.	Capital notes $.....0 and interest thereon $.....0		
23.	Aggregate write-ins for liabilities	597,071	560,361
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	114,543,371	113,591,527
25.	Protected cell liabilities		
26.	Total liabilities (Lines 24 and 25)	114,543,371	113,591,527
27.	Aggregate write-ins for special surplus funds	0	0
28.	Common capital stock		
29.	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds	0	0
31.	Surplus notes		
32.	Gross paid in and contributed surplus		
33.	Unassigned funds (surplus)	48,564,400	50,255,714
34.	Less treasury stock, at cost:		
	34.1 .....0.000 shares common (value included in Line 28 $.....0)		
	34.2 .....0.000 shares preferred (value included in Line 29 $.....0)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34)	48,564,400	50,255,714
36.	TOTALS	163,107,771	163,847,241

DETAILS OF WRITE-INS

2301.	Unearned Finance Charge		
2302.	Premium Deficiency Reserve	500,000	500,000
2303.	Losses Payable	97,071	60,361
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	597,071	560,361
2701.			
2702.			
2703.			
2798.	Summary of remaining write-ins for Line 27 from overflow page	0	0
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
3001.			
3002.			
3003.			
3098.	Summary of remaining write-ins for Line 30 from overflow page	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 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 $.....1,411,903)	2,667,449	2,721,436	10,576,864
1.2 Assumed (written $.....0)			
1.3 Ceded (written $.....0)			
1.4 Net (written $.....1,411,903)	2,667,449	2,721,436	10,576,864
DEDUCTIONS:			
2. Losses incurred (current accident year $.....4,506,099):			
2.1 Direct	5,486,212	636,445	3,658,054
2.2 Assumed			
2.3 Ceded			
2.4 Net	5,486,212	636,445	3,658,054
3. Loss adjustment expenses incurred	86,116	868,253	9,217,888
4. Other underwriting expenses incurred	326,466	477,056	2,323,404
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	5,898,794	1,981,754	15,199,346
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(3,231,345)	739,682	(4,622,482)
INVESTMENT INCOME			
9. Net investment income earned	1,989,452	2,008,032	7,880,103
10. Net realized capital gains (losses) less capital gains tax of $.....5,444	10,568	29,891	94,371
11. Net investment gain (loss) (Lines 9 + 10)	2,000,020	2,037,923	7,974,474
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	9,121	28,747	48,241
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	9,121	28,747	48,241
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(1,222,204)	2,806,352	3,400,233
17. Dividends to policyholders			
18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(1,222,204)	2,806,352	3,400,233
19. Federal and foreign income taxes incurred	(5,444)	816,152	674,588
20. Net income (Line 18 minus Line 19) (to Line 22)	(1,216,760)	1,990,200	2,725,645
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	50,255,714	46,379,182	46,379,182
22. Net income (from Line 20)	(1,216,760)	1,990,200	2,725,645
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or losses less capital gains tax of $.....0	(783,239)	209,514	1,372,925
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(873,330)		5,666,542
27. Change in nonadmitted assets	1,182,015		(5,888,580)
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)	(1,691,314)	2,199,714	3,876,532
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	48,564,400	48,578,896	50,255,714

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.			
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)	0	0	0
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 Ended December 31
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	1,564,326	10,720,711
2.	Net investment income	2,445,620	8,263,438
3.	Miscellaneous income	9,121	48,241
4.	Total (Lines 1 through 3)	4,019,067	19,032,390
5.	Benefit and loss related payments	2,745,711	5,073,210
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,167,949	4,290,579
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		900,001
10.	Total (Lines 5 through 9)	3,913,660	10,263,790
11.	Net cash from operations (Line 4 minus Line 10)	105,407	8,768,600
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	2,483,195	20,435,183
	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		61
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,483,195	20,435,244
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	6,484,266	24,823,192
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	6,484,266	24,823,192
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(4,001,071)	(4,387,948)
	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)	24,145	33,552
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	24,145	33,552
	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)	(3,871,519)	4,414,204
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	7,440,719	3,026,515
	19.2 End of period (Line 18 plus Line 19.1)	3,569,200	7,440,719

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

20.0001			

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

A. Components of Deferred Tax Assets ("DTAs")

The components of net deferred tax assets recognized in the Company's March 31, 2008 statutory statements of admitted assets, liabilities and capital and surplus are as follows:

Description	March 31, 2008	December 31, 2007
1. Gross deferred tax assets	4,551,524	4,901,311
2. Gross deferred tax liabilities	(8,561)	(8,561)
3. Net deferred tax asset	4,542,963	4,892,750
4. AMT credit carryforward	2,106,511	2,630,054
5. Nonadmitted deferred tax assets	(4,706,565)	(5,888,580)
6. Net admitted deferred tax assets	1,942,909	1,634,224
7. (increase) decrease in nonadmitted deferred tax assets	1,182,015	(325,753)

B. Unrecognized Deferred Tax Liabilities ("DTLs")

No significant change.

NOTES TO FINANCIAL STATEMENTS

C. Current Tax and Change in Deferred Tax

Current Tax	March 31, 2008	December 31, 2007
Federal	(5,444)	677,256
Foreign	-	-
Federal and foreign income taxes incurred	(5,444)	677,256
Net admitted deferred tax asset	1,942,909	1,634,224

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

No significant change.

E. Operating Loss and Tax Credit Carryforwards

No significant change.

F. Consolidated Federal Income Tax Return

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

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

No significant change.

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

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 20 - Other Items

No significant change.

Note 21 - Events Subsequent

No significant change.

Note 22 - Reinsurance

No significant change.

Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 24 - Change 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)	3/31/2008	12/31/2007
Unpaid losses and LAE at beginning of year	98,259	92,574
Losses and LAE incurred in current year:	5,572	12,876
Income Statement amounts	5,572	12,876
Losses and LAE paid in current year:	(3,386)	(7,190)
Underwriting exhibits paid amounts	(3,386)	(7,190)
Unpaid losses and LAE at end of period	100,446	98,259

Note 25 - Intercompany Pooling Arrangements

No significant change.

Note 26 - Structured Settlements

No significant change.

Note 27 - Health Care Receivables

No significant change.

Note 28 - Participating Policies

No significant change.

Note 29 - Premium Deficiency Reserves

No significant change.

Note 30 - High Deductibles

No significant change.

Note 31 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant change.

Note 32 - Asbestos/Environmental Reserves

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 33 - Subscriber Savings Accounts

No significant change.

Note 34 - Multiple Peril Crop Insurance

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

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. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
If yes, complete the Schedule Y-Part 1 - Organizational chart.

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? Yes [ ] No [X] N/A [ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2005.....

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. 12/31/2005.....

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). 08/25/2006.....

6.4 By what department or departments?
Rhode Island Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If 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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 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]

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

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]

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [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. Excluding items in Schedule E, 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 3, III. Conducting Examinations, G-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

16.1 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 Westminster St, Providence, RI 02903

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [ ] No [X]

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

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

16.5 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

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (YES or NO)

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written 2 Current Year to Date	3 Prior Year to Date	Direct Losses Paid (Deducting Salvage) 4 Current Year to Date	5 Prior Year to Date	Direct Losses Unpaid 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	1,411,903	1,223,767	2,745,942	899,364	72,817,000	71,471,737
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 CN	N						
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a) 1	1,411,903	1,223,767	2,745,942	899,364	72,817,000	71,471,737

DETAILS OF WRITE-INS

5801.	XXX						
5802.	XXX						
5803.	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above)	XXX	0	0	0	0	0	0

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

NONE

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date 1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date 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 malpractice-occurrence	1,716,515	3,759,142	219.0	49.9
11.2. Medical malpractice-claims made	782,718	1,434,717	183.3	(54.7)
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	168,216	292,353	173.8	62.5
17.2 Other liability-claims made			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	2,667,449	5,486,212	205.7	23.4
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

	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 malpractice-occurrence	831,670	831,670	900,188
11.2. Medical malpractice-claims made	199,005	199,005	204,766
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	381,228	381,228	118,813
17.2. Other liability-claims made			
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	1,411,903	1,411,903	1,223,767
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

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2008 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2008 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2008 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2005 + Prior	19,204	34,494	53,698	3,002		3,002	18,671	1,865	25,410	45,946	2,469	(7,219)	(4,750)
2. 2006	3,847	16,022	19,869	323		323	3,268	735	16,243	20,246	(256)	956	700
3. Subtotals 2006 + Prior	23,051	50,516	73,567	3,325	0	3,325	21,939	2,600	41,653	66,192	2,213	(6,263)	(4,050)
4. 2007	4,169	20,523	24,692	61		61	4,520	485	23,059	28,064	412	3,021	3,433
5. Subtotals 2007 + Prior	27,220	71,039	98,259	3,386	0	3,386	26,459	3,085	64,712	94,256	2,625	(3,242)	(617)
6. 2008	XXX	XXX	XXX	XXX		0	XXX	25	6,165	6,190	XXX	XXX	XXX
7. Totals	27,220	71,039	98,259	3,386	0	3,386	26,459	3,110	70,877	100,446	2,625	(3,242)	(617)
8. Prior Year-End's Surplus As Regards Policyholders	50,256												

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. 9.6 %	2. (4.6)%	3. (0.6)%

Col. 13, Line 7 Line 8
4. (1.2)%

Statement for March 31, 2008 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 Malpractice 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

Explanation:

Bar Code:

* 1 3 1 0 1 2 0 0 8 4 9 0 0 0 0 0 1 *

* 1 3 1 0 1 2 0 0 8 3 6 5 0 0 0 0 1 *

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

NONE

	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 acquisitions		
2.2 Additional investment made after acquisitions		
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

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	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 acquisitions		
2.2 Additional investment made after acquisitions		
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. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	41,654,920	38,495,725
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Capitalized deferred interest and other	(333,690)	3,211,377
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 depreciation	11,467	52,182
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)	41,309,763	41,654,920
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	41,309,763	41,654,920

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	109,721,045	107,346,978
2. Cost of bonds and stocks acquired	6,139,109	21,663,997
3. Accrual of discount	19,945	74,534
4. Unrealized valuation increase (decrease)		13,125
5. Total gain (loss) on disposals	1,692	(18,932,465)
6. Deduct consideration for bonds and stocks disposed of	2,481,352	
7. Deduct amortization of premium	100,393	445,124
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)	113,300,046	109,721,045
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	113,300,046	109,721,045

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	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. Class 1 (a)	113,590,209	19,326,175	20,543,393	(1,566,360)	110,806,632			113,590,209
2. Class 2 (a)	3,049,244	520,000		1,488,326	5,057,570			3,049,244
3. Class 3 (a)								
4. Class 4 (a)	474,598			1,746	476,343			474,598
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	117,114,051	19,846,175	20,543,393	(76,288)	116,340,545	0	0	117,114,051
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	117,114,051	19,846,175	20,543,393	(76,288)	116,340,545	0	0	117,114,051

(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 $.....3,040,504; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	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
8299999. Totals	3,040,504	XXX	3,040,504		

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	5,756,446	95,840
2. Cost of short-term investments acquired	13,707,067	18,500,854
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	16,423,009	12,840,248
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)	3,040,504	5,756,446
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,040,504	5,756,446

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory			0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions									0	0
3. Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory	0	0	0	0	0	0	0	0	0	0

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	1,636,565	2,905,137
2. Cost of cash equivalents acquired	1,933,896	43,084,494
3. Accrual of discount	2,469	260,486
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		60
6. Deduct consideration received on disposals	2,188,732	44,613,612
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)	1,384,198	1,636,565
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,384,198	1,636,565

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED and Additions Made During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition

NONE

QE01

SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract "

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

SCHEDULE B - PART 2

Showing all Mortgage Loans ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings

NONE

QE02

SCHEDULE B - PART 3

Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13
		3	4									
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Desig-nation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership

NONE

QE03

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	Location		5	6	7	8	Changes in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - Special Revenue and Special Assessment									
3128M5 UZ 1	FG G03900 01/01/2038 5.500		03/04/2008	MERRILL LYNCH		495,373	498,176	837	1
3199999.	Total - Bonds - Special Revenue & Special Assessments					495,373	498,176	837	XXX
Bonds - Public Utilities									
00206R AF 9	AT&T INC 01/15/2013 4.950		01/29/2008	BANK AMERICA		611,850	600,000	4,538	1FE
92343V AL 8	VERIZON COMMUNICATIONS 02/15/2018 5.500		02/07/2008	VARIOUS		748,522	750,000		1FE
3899999.	Total - Bonds - Public Utilities					1,360,372	1,350,000	4,538	XXX
Bonds - Industrial and Miscellaneous									
009163 AA 4	AIR PRODUCTS & CHEMICA 02/01/2013 4.150		02/01/2008	GOLDMAN SACHS		274,511	275,000		1FE
084664 AX 9	BERKSHIRE HATHAWAY FIN 01/15/2013 4.500		01/08/2008	GOLDMAN SACHS		499,485	500,000		1FE
185506 AB 8	CLECO 2008-A A2 03/01/2020 5.610		02/28/2008	CREDIT SUISSE FIRST BOSTON		748,932	750,000		1FE
291011 AX 2	EMERSON ELECTRIC CO 10/15/2018 5.250		01/10/2008	J.P. MORGAN		748,050	750,000		1FE
74432Q BE 4	PRUDENTIAL FINANCIAL I 01/15/2013 5.150		01/09/2008	VARIOUS		751,348	750,000	172	1FE
984121 BM 4	XEROX CORPORATION 06/15/2013 7.625		02/08/2008	MORGAN STANLEY DEAN WITTER		520,000	500,000	6,142	2FE
500472 AB 1	PHILIPS ELECTRONICS NV 03/11/2018 5.750	F	03/05/2008	J.P. MORGAN		741,038	750,000		1FE
4599999.	Total - Bonds - Industrial & Miscellaneous					4,283,364	4,275,000	6,314	XXX
6099997.	Total - Bonds - Part 3					6,139,109	6,123,176	11,689	XXX
6099999.	Total - Bonds					6,139,109	6,123,176	11,689	XXX
7499999.	Total - Bonds, Preferred and Common Stocks					6,139,109	XXX	11,689	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in 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	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
362209 JY 5	GN 300979 10.000		03/01/2008	MBS PAYDOWN		61	61	63	63		(1)		(1)		61			0	1	06/01/2020	1
36203W WB 0	GN 361642 7.500		03/01/2008	MBS PAYDOWN		591	591	617	608		(17)		(17)		591			0	7	12/01/2021	1
36205K WE 8	GN 393145 7.500		03/01/2008	MBS PAYDOWN		668	668	665	665		3		3		668			0	8	03/01/2022	1
36208C 7L 5	GN 447399 7.500		03/01/2008	MBS PAYDOWN		174	174	177	176		(2)		(2)		174			0	2	02/01/2025	1
36209Q EA 9	GN 478129 6.500		03/01/2008	MBS PAYDOWN		479	479	476	477		2		2		479			0	5	05/01/2028	1
36210A VC 8	GN 486711 6.000		03/01/2008	MBS PAYDOWN		2,076	2,076	2,058	2,063		13		13		2,076			0	22	04/01/2026	1
0399999.	Total - Bonds - U.S. Government					4,049	4,049	4,056	4,052	0	(2)	0	(2)	0	4,049	0	0	0	45	XXX	XXX
Bonds - Special Revenue and Special Assessment																					
31296M PA 1	FG A13117 5.000		03/01/2008	MBS PAYDOWN		24,734	24,734	24,471	24,510		224		224		24,734			0	174	08/01/2032	1
31296Q 4R 8	FG A16232 5.500		03/01/2008	MBS PAYDOWN		14,821	14,821	15,119	15,065		(245)		(245)		14,821			0	176	12/01/2032	1
3128K6 7K 0	FG A46298 5.500		03/01/2008	MBS PAYDOWN		10,385	10,385	10,488	10,474		(89)		(89)		10,385			0	110	01/01/2035	1
3128KV MN 2	FG A64865 6.000		03/01/2008	MBS PAYDOWN		27,993	27,993	28,238	28,229		(236)		(236)		27,993			0	402	06/01/2037	1
312964 DE 6	FG B11901 5.000		03/01/2008	MBS PAYDOWN		22,055	22,055	22,589	22,455		(400)		(400)		22,055			0	166	09/01/2018	1
312964 H5 1	FG B12052 5.000		03/01/2008	MBS PAYDOWN		18,010	18,010	18,477	18,356		(346)		(346)		18,010			0	150	08/01/2018	1
31292H VU 5	FG C01527 5.500		03/01/2008	MBS PAYDOWN		21,354	21,354	21,733	21,659		(305)		(305)		21,354			0	212	04/01/2032	1
31335H 5U 3	FG C90859 5.500		03/01/2008	MBS PAYDOWN		22,019	22,019	22,633	22,518		(499)		(499)		22,019			0	218	05/01/2024	1
3128FY C8 6	FG D88195 6.500		03/01/2008	MBS PAYDOWN		154	154	154	154		1		1		154			0	2	11/01/2027	1
3128GW SY 5	FG E92335 5.500		03/01/2008	MBS PAYDOWN		9,359	9,359	9,710	9,599		(240)		(240)		9,359			0	86	04/01/2017	1
3128M4 4Q 3	FG G03231 5.500		03/01/2008	MBS PAYDOWN		14,050	14,050	13,839	13,841		208		208		14,050			0	136	04/01/2037	1
3128QJ UC 8	FH 1G1479 5.900		02/01/2008	MBS PAYDOWN		46,122	46,122	46,567	46,544		(422)		(422)		46,122			0	399	03/01/2014	1
31371G SS 0	FN 251729 6.500		03/01/2008	MBS PAYDOWN		5,540	5,540	5,509	5,522		18		18		5,540			0	67	06/01/2017	1
31371H B6 4	FN 252161 6.000		03/01/2008	MBS PAYDOWN		15,914	15,914	15,729	15,782		133		133		15,914			0	186	03/01/2027	1
31371K A4 3	FN 253927 6.500		03/01/2008	MBS PAYDOWN		16,264	16,264	16,159	16,188		76		76		16,264			0	221	01/01/2030	1
31371M CG 0	FN 255771 6.000		03/01/2008	MBS PAYDOWN		20,663	20,663	21,070	20,999		(335)		(335)		20,663			0	208	01/01/2035	1
31372J A6 0	FN 273729 7.000		03/01/2008	MBS PAYDOWN		2,272	2,272	2,136	2,248		24		24		2,272			0	26	02/01/2009	1
31374Q CF 0	FN 320570 7.000		03/01/2008	MBS PAYDOWN		3,004	3,004	3,020	3,008		(4)		(4)		3,004			0	35	05/01/2010	1
31378H G8 8	FN 399023 6.500		03/01/2008	MBS PAYDOWN		321	321	316	318		3		3		321			0	3	03/01/2017	1
31378W SF 6	FN 411018 6.500		03/01/2008	MBS PAYDOWN		5,751	5,751	5,782	5,764		(13)		(13)		5,751			0	62	05/01/2012	1
31379N 7K 7	FN 424898 6.000		03/01/2008	MBS PAYDOWN		5,509	5,509	5,436	5,476		33		33		5,509			0	54	07/01/2012	1
31379W BT 3	FN 431250 6.000		03/01/2008	MBS PAYDOWN		7,370	7,370	7,397	7,383		(13)		(13)		7,370			0	71	03/01/2013	1
31379Y VV 2	FN 433628 6.000		03/01/2008	MBS PAYDOWN		10,647	10,647	10,720	10,681		(34)		(34)		10,647			0	148	04/01/2013	1
31383A Q3 6	FN 497374 6.500		03/01/2008	MBS PAYDOWN		413	413	412	412		1		1		413			0	4	06/01/2028	1
313615 P4 2	FN 50843 6.500		03/01/2008	MBS PAYDOWN		7,844	7,844	7,769	7,791		53		53		7,844			0	91	06/01/2013	1
31400Y 3Q 7	FN 702007 5.000		03/01/2008	MBS PAYDOWN		25,737	25,737	26,348	26,253		(516)		(516)		25,737			0	250	07/01/2032	1
31404V 4L 9	FN 780327 5.000		03/01/2008	MBS PAYDOWN		21,372	21,372	21,532	21,495		(123)		(123)		21,372			0	178	03/01/2019	1
31404W UE 4	FN 780981 4.500		03/01/2008	MBS PAYDOWN		27,987	27,987	27,937	27,948		39		39		27,987			0	215	02/01/2019	1
31406U HH 4	FN 820232 5.500		03/01/2008	MBS PAYDOWN		26,127	26,127	26,521	26,465		(338)		(338)		26,127			0	271	12/01/2034	1
31407B BK 4	FN 825442 5.500		03/01/2008	MBS PAYDOWN		4,063	4,063	4,110	4,103		(39)		(39)		4,063			0	39	05/01/2034	1
31409Y UL 9	FN 882687 6.000		03/01/2008	MBS PAYDOWN		28,156	28,156	27,949	27,976		180		180		28,156			0	274	02/01/2036	1
31410U KA 9	FN 897689 5.500		03/01/2008	MBS PAYDOWN		15,912	15,912	15,559	15,566		346		346		15,912			0	90	04/01/2037	1
3199999.	Total - Bonds - Special Revenue & Assessment					481,922	481,922	485,429	484,782	0	(2,858)	0	(2,858)	0	481,922	0	0	0	4,724	XXX	XXX
Bonds - Industrial and Miscellaneous																					
115637 AC 4	BROWN-FORMAN CORPORATION		03/15/2008	MATURITY		1,000,000	1,000,000	996,770	999,858		142		142		1,000,000			0	15,000	03/15/2008	1FE
05568B AA 6	BURLINGTN NO SF 06-1 TR 5.720.		01/15/2008	SINKING FUND REDEMPTION		75,017	75,017	75,224	75,206		(189)		(189)		75,017			0	2,145	01/15/2024	1FE
12489W QD 9	CBASS 2005-CB8 AF2 5.303		03/01/2008	MBS PAYDOWN		130,776	130,776	130,772	130,775				0		130,776			0	1,006	11/01/2008	1FE
14911X AA 4	CFAT 2007-A A1 5.672		03/25/2008	MBS PAYDOWN		433,422	433,422	433,422	433,422				0		433,422			0	4,254	04/25/2008	1FE
452106 AG 2	IPSPT 1998-1 A7 5.650		03/25/2008	MBS PAYDOWN		155,396	155,396	159,451	155,762		(366)		(366)		155,396			0	2,195	06/25/2008	1FE
65474Y AD 7	NAROT 2005-A A4 3.820		03/15/2008	MBS PAYDOWN		174,692	174,692	170,700	173,700		992		992		174,692			0	1,109	01/15/2009	1FE
742741 AA 9	PROCTER & GAMBLE- ESOP 9.360		01/01/2008	SINKING FUND REDEMPTION		17,740	17,740	17,740	17,740				0		17,740			0	830	01/01/2021	1FE

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in 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	Maturity Date	NAIC Designation or Market Indicator (a)
90783X AA 9	UNION PACIFIC RR CO 07-3 6.176..	...	.01/02/2008	SINKING FUND REDEMPTION		8,338	8,338	8,338	8,338				0		8,338			0	217	01/02/2031	1FE
4599999.	Total - Bonds - Industrial & Miscellaneous					1,995,381	1,995,381	1,992,417	1,994,801	0	579	0	579	0	1,995,381	0	0	0	26,756	XXX	XXX
6099997.	Total - Bonds - Part 4					2,481,352	2,481,352	2,481,902	2,483,635	0	(2,281)	0	(2,281)	0	2,481,352	0	0	0	31,525	XXX	XXX
6099999.	Total - Bonds					2,481,352	2,481,352	2,481,902	2,483,635	0	(2,281)	0	(2,281)	0	2,481,352	0	0	0	31,525	XXX	XXX
7499999.	Total - Bonds, Preferred and Common Stocks					2,481,352	XXX	2,481,902	2,483,635	0	(2,281)	0	(2,281)	0	2,481,352	0	0	0	31,525	XXX	XXX

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

SCHEDULE DB - PART A - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART C - SECTION 1

Showing All Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing All Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
									10	11	12	
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Bank of America, Providence, RHode Island.					(105,203)	373,306	(855,502)	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	(105,203)	373,306	(855,502)	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(105,203)	373,306	(855,502)	XXX
0599999. Total Cash	XXX	XXX	0	0	(105,203)	373,306	(855,502)	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	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Sweep Accounts							
Bank of America Repo		03/31/2008	2.577	04/01/2008	1,384,198		
8599999. Total - Sweep Accounts					1,384,198	0	0
8799999. Total - Cash Equivalents					1,384,198	0	0

SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Physicians - Including Surgeons and Osteopaths

ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
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	697,090	1,140,630	1,209,842	7	(5,914,727)	50,231,000	3,941	32,576,000
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....CN								
58. Aggregate Other Alien....OT	0	0	0	0	0	0	0	0
59. Totals....	697,090	1,140,630	1,209,842	7	(5,914,727)	50,231,000	3,941	32,576,000

DETAILS OF WRITE-INS

5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page....	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above)....	0	0	0	0	0	0	0	0

Supplement for March 31, 2008 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**

SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Hospitals

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
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	333,585	1,358,603	1,502,500	2	11,109,217	21,060,000	1,846	15,710,000
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 CN								
58. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
59. Totals	333,585	1,358,603	1,502,500	2	11,109,217	21,060,000	1,846	15,710,000

DETAILS OF WRITE-INS

5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above)	0	0	0	0	0	0	0	0

Supplement for March 31, 2008 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**

SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Other Health Care Professionals, Including Dentists

ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
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								
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....CN								
58. Aggregate Other Alien....OT	0	0	0	0	0	0	0	0
59. Totals....	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page....	0	0	0	0	0	0	0	0
5899.	Totals (Lines 5801 thru 5803 + 5898) (Line 58 above)....	0	0	0	0	0	0	0	0

SUPPLEMENT "A" TO SCHEDULE T

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

Other Health Care Facilities

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
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								
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....CN								
58. Aggregate Other Alien....OT	0	0	0	0	0	0	0	0
59. Totals....	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5801.								
5802.								
5803.								
5898. Summary of remaining write-ins for Line 58 from overflow page....	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above)....	0	0	0	0	0	0	0	0

Supplement for March 31, 2008 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**

* 1 3 1 0 1 2 0 0 8 4 5 5 0 0 0 0 1 *

SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Medical Malpractice Policies Effective Prior to 1/1/76 **ALLOCATED BY STATES AND TERRITORIES**

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
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								
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....CN								
58. Aggregate Other Alien....OT	0	0	0	0	0	0	0	0
59. Totals....	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page....	0	0	0	0	0	0	0	0
5899.	Totals (Lines 5801 thru 5803 + 5898) (Line 58 above)....	0	0	0	0	0	0	0	0

Overflow Page for Write-Ins

NONE

Trusteed Surplus Statement

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

_____being duly sworn, says that he/she is the _____ of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, that this trusteed surplus statement together with its related schedules appended hereto is a true statement of the trusteed surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 2008

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE – SCHEDULE B

_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2008

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE – SCHEDULE C

_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2008

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE – SCHEDULE D

_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2008

_____ _____

_____ _____

Trusteed Surplus Statement (Continued)

ASSETS

Schedule A - Deposits with State Officers (Excluding Special Deposits)

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
1.01				
1.02				
1.03				
1.04				
1.05				
1.06				
1.07				
1.08				
1.09				
1.10				
1.11				
1.12				
1.13				
1.14				
1.15				
1.98	Accrued Investment Income		XXX	XXX
1.99	Totals	0	0	0

Schedule B - Deposits with United States Trustee

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investments			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		XXX	XXX
2.99	Totals	0	0	0

NONE

Schedule C - Deposits with United States Trustee

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investments			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		XXX	XXX
3.99	Totals	0	0	0

Schedule D - Deposits with United States Trustee

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investments			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		XXX	XXX
4.99	Totals	0	0	0

Trusteed Surplus Statement (Continued)

LIABILITIES AND TRUSTEED SURPLUS

		1 Current Quarter
1. Total liabilities		0
ADDITIONS TO LIABILITIES:		
2. Ceded reinsurance balances payable	0	
3. Agents' credit balances	0	
4. Aggregate write-ins for other additions to liabilities	0	
5. Total additions (Lines 2 + 3 + 4)		0
6. Total (Lines 1 + 5)		0
DEDUCTIONS FROM LIABILITIES:		
7. Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:		
7.1 Authorized companies	0	
7.2 Unauthorized companies	0	
8. Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:		
8.1 Special state deposits (submit schedule)	0	
8.2 Accrued interest on special state deposits	0	
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon	0	
10. Unpaid reinsurance premium receivable, not exceeding losses and loss adjustment expenses due to reinsured:		
10.1 Authorized companies	0	
10.2 Unauthorized companies	0	
11. Aggregate write-ins for other deductions from liabilities	0	
12. Total Deductions (Lines 7 thru 11)		0
13. Total Adjusted Liabilities (Line 6 minus Line 12)		0
14. Trusteed Surplus		0
15. Total		0

NONE

DETAILS OF WRITE-INS

0401.		
0402.		
0403.		
0498.	Summary of remaining write-ins for Line 4 from overflow page	0
0499.	Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above)	0
1101.		
1102.		
1103.		
1198.	Summary of remaining write-ins for Line 11 from overflow page	0
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0

Overflow Page for Write-Ins

NONE