|  | QUARTERLY STATEMENT <br> OF THE <br> Rhode Island Automobile Insurance Plan |
| :---: | :---: |

PROPERTY AND CASUALTY

## 2023

# QUARTERLY STATEMENT 

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
Rhode Island Automobile Insurance Plan

| NAIC Group Code $\frac{00000}{\text { (Current Period) }}$ | 00000 (Prior Period) | Employer's ID Number | 13-6194674 |
| :---: | :---: | :---: | :---: |
| Organized under the Laws of | Rhode Island $\quad$, St | of of Entry | de Island |
| Country of Domicile |  |  |  |
| Incorporated/Organized | 10/01/1968 Com | 12/01 |  |
| Statutory Home Office | 302 Central Avenue | Johnston, RI, USA |  |
|  | (Street and Number) | (City or Town, State, Country and | p Code) |
| Main Administrative Office | Central Avenue | A 02919 | 401-946-2310 |
|  | Street and Number) | y and Zip Code) | ode) (Telephone N |
| Mail Address | Box 6530 | vidence, RI, USA 02940- |  |
|  | mber or P.O. Box) | or Town, State, Country and Zip |  |
| Primary Location of Books and Records | 302 Central Avenue | USA 02919 | 401-946-2310 |
|  | (Street and Number) | ountry and Zip Code) | Code) (Telephone N |
| Internet Web Site Address | www.aipso.c | land |  |
| Statutory Statement Contact | Jennifer De Oliveira | 401-528-1328 |  |
| Jennifer.DeOliveira | o.com (Name) | (Area Code) (Telephone Number) 401-528-1409 | xtension) |
| (E-Mail Addr |  | (Fax Number) |  |
|  | OFFICERS |  |  |
| Name | Title |  | Title |
| Tracy Walsh, AINS, CIA | Plan Manager |  |  |
| OTHER OFFICERS |  |  |  |


| DIRECTORS OR TRUSTEES |  |  |  |
| :---: | :---: | :---: | :---: |
| Nationwide Mutual Ins Company | Progressive Insurance Company | State Farm Mutual Insurance Company | Michele Calabrese |
| Delmar Condinho | Bruce Messier | Ernest Shaghalian | Charles Reilly |
| Kim Raymond |  |  |  |
|  | ................... |  |  |
| County of ...-_-_- Providen |  |  |  |

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.

Tracy Walsh, AINS, CIA
Plan Manager

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

|  |  | urrent Statement Dat |  | 4 |
| :---: | :---: | :---: | :---: | :---: |
|  | 1 <br> Assets | 2 Nonadmitted Assets | 3 <br> Net Admitted Assets (Cols. 1-2) | December 31 <br> Prior Year Net <br> Admitted Assets |
| 1. Bonds | 6,000,000 |  | 6,000,000 | 8,002,840 |
| 2. Stocks: <br> 2.1 Preferred stocks |  |  |  |  |
| 2.2 Common stocks |  |  |  |  |
| 3. Mortgage loans on real estate: <br> 3.1 First liens |  |  |  |  |
| 3.2 Other than first liens |  |  |  |  |
| 4. Real estate: <br> 4.1 Properties occupied by the company (less <br> \$ $\qquad$ 0 encumbrances) |  |  |  |  |
| 4.2 Properties held for the production of income (less \$ 0 encumbrances) |  |  |  |  |
| 4.3 Properties held for sale (less <br> \$ $\qquad$ 0 encumbrances) |  |  |  |  |
| 5. Cash (\$ ....................... 408,517 ), <br> cash equivalents (\$ ....................-8,560,319 ) <br> and short-term investments (\$ $\qquad$ 0 ) $\qquad$ | 8,968,836 |  | 8,968,836 | 7,305,100 |
| 6. Contract loans (including \$ ......................... 0 premium notes) |  |  |  |  |
| 7. Derivatives |  |  |  |  |
| 8. Other invested assets |  |  |  |  |
| 9. Receivables for securities |  |  |  |  |
| 10. Securities lending reinvested collateral assets. |  |  |  |  |
| 11. Aggregate write-ins for invested assets |  |  |  |  |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 14,968,836 |  | 14,968,836 | 15,307,940 |
| 13. Title plants less $\$$ $\qquad$ 0 charged off (for Title insurers only) |  |  |  |  |
| 14. Investment income due and accrued | 14,611 |  | 14,611 | 17,062 |
| 15. Premiums and considerations: <br> 15.1 Uncollected premiums and agents' balances in the course of collection $\qquad$ | 689,988 | .13,421 | -.676,567 | 614,900 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ $\qquad$ 0 earned but unbilled premiums) | 3,693,174 | 705 | 3,692,469 | 3,373,506 |
| 15.3 Accrued retrospective premiums (\$ $\qquad$ ) and contracts subject to redetermination (\$ $\qquad$ 0 ) $\qquad$ |  |  |  |  |
| 16. Reinsurance: <br> 16.1 Amounts recoverable from reinsurers |  |  |  |  |
| 16.2 Funds held by or deposited with reinsured companies |  |  |  |  |
| 16.3 Other amounts receivable under reinsurance contracts |  |  |  |  |
| 17. Amounts receivable relating to uninsured plans |  |  |  |  |
| 18.1 Current federal and foreign income tax recoverable and interest thereon. |  |  |  |  |
| 18.2 Net deferred tax asset |  |  |  |  |
| 19. Guaranty funds receivable or on deposit |  |  |  |  |
| 20. Electronic data processing equipment and software |  |  |  |  |
| 21. Furniture and equipment, including health care delivery assets (\$ $\qquad$ 0 ) $\qquad$ |  |  |  |  |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates |  |  |  |  |
| 23. Receivables from parent, subsidiaries and affiliates ... |  |  |  |  |
|  |  |  |  |  |
| 25. Aggregate write-ins for other-than-invested assets | 2,061,864 | 1,067 | 2,060,797 | .84,245 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25). | $21,428,473$ | 15,193 | 21,413,280 | 19,397,653 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts |  |  |  |  |
| 28. Total (Lines 26 and 27) | 21,428,473 | 15,193 | 21,413,280 | 19,397,653 |
| DETAILS OF WRITE-INS |  |  |  |  |
| 1101. |  |  |  |  |
| $1102 .$ |  |  |  |  |
| $1103 .$ |  |  |  |  |
| 1198. Summary of remaining write-ins for Line 11 from overflow page |  |  |  |  |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) |  |  |  |  |
| 2501. Accounts Receivable - Member Companies | 1,965,426 |  | 1,965,426 |  |
| 2502. Accounts Receivable - Credit Cards.... | .78,901 |  | .78,901 | 76,119 |
| 2503. Accounts Receivable -Salvage/Subrogation. | 5,865 |  | 5,865 |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | ..11,672 | 1,067 | .10,605 | 8,126 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 2,061,864 | 1,067 | 2,060,797 | 84,245 |

LIABILITIES, SURPLUS AND OTHER FUNDS

|  | 1 <br> Current <br> Statement Date | $\begin{gathered} 2 \\ \text { December 31, } \\ \text { Prior Year } \\ \hline \hline \end{gathered}$ |
| :---: | :---: | :---: |
| 1. Losses (current accident year \$ ...................... 0 ) | 11,406,732 | 10,022, 171 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses |  |  |
| 3. Loss adjustment expenses | 698,556 | 587,991 |
| 4. Commissions payable, contingent commissions and other similar charges | 107,166 | 72,608 |
| 5. Other expenses (excluding taxes, licenses and fees) | 828,408 | 1,003,661 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) |  |  |
| 7.1 Current federal and foreign income taxes (including \$ |  |  |
|  |  |  |
|  |  |  |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ $\qquad$ 0 and including warranty reserves of \$ $\qquad$ 0 and accrued accident and health experience rating refunds including \$ $\qquad$ 0 for medical loss ratio rebate per the Public Health Service Act). $\qquad$ | 5,718,625 | 5,245,303 |
| 10. Advance premium | 10,691 | 8,361 |
| 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 |  |  |
| 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 |  |  |
| 22. Payable for securities lending |  |  |
| 23. Liability for amounts held under uninsured plans.. |  |  |
| 24. Capital notes \$ ...anemen 0 |  |  |
| 25. Aggregate write-ins for liabilities | 2,024,903 | 1,238,554 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 20,795,081 | 18,178,649 |
| 27. Protected cell liabilities |  |  |
| 28. Total liabilities (Lines 26 and 27) | 20,795,081 | 18,178,649 |
| 29. Aggregate write-ins for special surplus funds |  |  |
| 30. Common capital stock |  |  |
| 31. Preferred capital stock |  |  |
| 32. Aggregate write-ins for other than special surplus funds |  |  |
| 33. Surplus notes |  |  |
| 34. Gross paid in and contributed surplus |  |  |
| 35. Unassigned funds (surplus) | 618,199 | 1,219,004 |
| 36. Less treasury stock, at cost: |  |  |
| 36.1 .... 0 shares common (value included in Line $30 \$ \ldots$. |  |  |
| 36.2 .-. 0 shares preferred (value included in Line 31 \$ ...o.en |  |  |
| 37. Surplus as regards policyholders (Lines 29 to 35 , less 36) | 618,199 | 1,219,004 |
| 38. Totals (Page 2, Line 28, Col. 3) | 21,413,280 | 19,397,653 |
| DETAILS OF WRITE-INS |  |  |
| 2501. Escheat | 65,820 | 52,596 |
| 2502. Premium Deficiency Reserve | . 1,937,408 | 580,179 |
| 2503. Outstanding Claim Payments.. |  |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 21,675 | 605,779 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 2,024,903 | 1,238,554 |
| 2901. ................ |  |  |
| 2902. |  |  |
| 2903. |  |  |
| 2998. Summary of remaining write-ins for Line 29 from overflow page |  |  |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) |  |  |
| 3201. |  |  |
| $3202 .$ |  |  |
| 3203. |  |  |
| 3298. Summary of remaining write-ins for Line 32 from overflow page |  |  |
| 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) |  |  |

STATEMENT OF INCOME

1. Premiums earned
1.1 Direct (written \$
1.2 Assumed (written \$
1.3 Ceded (written \$
1.4 Net (written \$

DEDUCTIONS
2. Losses incurred (current accident year \$ .................................. 0 )
2.1 Direct
2.2 Assumed
2.3 Ceded
2.4 Net
3. Loss adjustment expenses incurred
4. Other underwriting expenses incurred
5. Aggregate write-ins for underwriting deductions
6. Total underwriting deductions (Lines 2 through 5 )
7. Net income of protected cells
8. Net underwriting gain (loss) (Line 1 minus Line $6+$ Line 7 )

## INVESTMENT INCOM

9. Net investment income earned
10. Net realized capital gains (losses) less capital gains tax of \$
11. Net investment gain (loss) (Lines $9+10$ )

## OTHER INCOME

12. Net gain or (loss) from agents' or premium balances charged off
(amount recovered \$ .................................. 0 amount charged off $\$$
0 amount charged off \$ 5,432)
13. Finance and service charges not included in premiums
14. Aggregate write-ins for miscellaneous income
15. Total other income (Lines 12 through 14)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines $8+11+15$ )
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)
19. Federal and foreign income taxes incurred
20. Net income (Line 18 minus Line 19)(to Line 22)

CAPITAL AND SURPLUS ACCOUNT
21. Surplus as regards policyholders, December 31 prior year
22. Net income (from Line 20)
23. Net transfers (to) from Protected Cell accounts
24. Change in net unrealized capital gains or (losses) less capital gains tax of
$\qquad$
25. Change in net unrealized foreign exchange capital gain (loss)
26. Change in net deferred income tax
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
38. Change in surplus as regards policyholders (Lines 22 through 37)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38 ) DETAILS OF WRITE-INS
0501. Premium Deficiency Reserve Change
0502.
0598. Summary of remaining write-ins for Line 5 from overflow page
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)
1401. Misc. Income.
1402.
1498. Summary of remaining write-ins for Line 14 from overflow page
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)
3701.
3703.
3798. Summary of remaining write-ins for Line 37 from overflow page
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)


CASH FLOW

|  | 1 Current Year To Date | 2 Prior Year To Date | 3Prior Year Ended <br> December 31 |
| :---: | :---: | :---: | :---: |
| Cash from Operations |  |  |  |
| 1. Premiums collected net of reinsurance | 5,302,446 | 5,179,889 | 10,186,112 |
| 2. Net investment income | 240,024 | 14,942 | 209,649 |
| 3. Miscellaneous income | 90,645 | 93,527 | 404,498 |
| 4. Total (Lines 1 to 3) | 5,633,115 | 5,288,358 | 10,800,259 |
| 5. Benefit and loss related payments | 4,743,375 | 4,848,095 | 10,108,261 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts |  |  |  |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 4,827,713 | 3,286,787 | 6,064,034 |
| 8. Dividends paid to policyholders |  |  |  |
| 9. Federal and foreign income taxes paid (recovered) net of \$ gains (losses) $\qquad$ |  |  |  |
| 10. Total (Lines 5 through 9) | 9,571,088 | 8,134,882 | 16,172,295 |
| 11. Net cash from operations (Line 4 minus Line 10) | $(3,937,973)$ | $(2,846,524)$ | (5,372,036) |
| Cash from Investments |  |  |  |
| 12. Proceeds from investments sold, matured or repaid: 12.1 Bonds | 2,001,000 | 3,900,000 | 3,900,000 |
| 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 |  |  |  |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 2,001,000 | 3,900,000 | 3,900,000 |
| 13. Cost of investments acquired (long-term only): 13.1 Bonds |  | 5,988,750 | 6,000,000 |
| 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) |  | 5,988,750 | 6,000,000 |
| 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) | 2,001,000 | $(2,088,750)$ | $(2,100,000)$ |
| Cash from Financing and Miscellaneous Sources |  |  |  |
| 16. Cash provided (applied): <br> 16.1 Surplus notes, capital notes |  |  |  |
| 6.2 Capital and paid in surplus, less treasury stock. | 4,789,227 | 5,446,987 |  |
|  |  |  |  |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities |  |  |  |
| 16.5 Dividends to stockholders |  |  |  |
| 16.6 Other cash provided (applied) | $(1,188,518)$ | $(7,554,569)$ | $(364,966)$ |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6). | 3,600,709 | $(2,107,582)$ | $(364,966)$ |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS |  |  |  |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).. | 1,663,736 | $(7,042,856)$ | $(7,837,002)$ |
| 19. Cash, cash equivalents and short-term investments: 19.1 Beginning of year | 7,305,100 | 15,142,102 | 15,142,102 |
| 19.2 End of period (Line 18 plus Line 19.1) | 8,968,836 | 8,099,246 | 7,305,100 |

## Note 1 - Summary of Significant Accounting Policies and Going Concern

## A. Accounting Practices

The accompanying financial statements have been prepared in accordance with accounting practices prescribed or permitted by the State of Rhode Island and Providence Plantations Department of Business Regulation - Insurance Division (Division). The State of Rhode Island requires insurance companies domiciled in the state to prepare their statutory financial statement in accordance with the National Association of Insurance Commissioner' (NAIC) Accounting Practices and Procedures Manual.

The Rhode Island Automobile Insurance Plan's (referred to as the Plan) primary responsibility is to provide automobile insurance to qualified applicants unable to procure such insurance through ordinary methods. Plan was granted a Certificate of Authority in October 2018 and started writing private passenger automobile insurance on January 1, 2019. Prior to this, the Plan used a Service Center approach to handle the residual market policies and assigned them to various insurance companies that write within the state. The Plan also receives OTPP applications and distributes them to a servicing carrier who writes the business on their voluntary book of business. The residual market is funded by the creation of a pooling mechanism and, through assessments, is funded by all member insurers in the state.

The Board of Governors has appointed AIPSO to act as Central Processor to perform accounting and statistical functions for the Plan for which it is charged a service fee. Assessments are remitted to AIPSO as Central Processor when due. Every insurer authorized to write automobile liability or physical damage insurance in the state shall be a member of the Plan and shall subscribe to and be bound by the rules and regulations adopted pursuant thereto. AIP members will record the assessments on their books as boards and bureaus expense. Each member company will report to AIPSO as Central Processor any credits or exception premium that would be netted with NAIC annual statement premium as required by the state Plan of Operation.

AIPSO maintains separate general ledger records to account for the AIP business. They have a chart of accounts, ledgers, and necessary support to clearly control the policy and claim services reported. The Plan maintains detail records for the private passenger policies written after January 1, 2019.

Differences between Rhode Island prescribed practices and NAIC statutory accounting practices (NAIC SAP) follow:

\begin{tabular}{|c|c|c|c|c|c|}
\hline \& SSAP \# \& \[
\begin{gathered}
\text { F/S } \\
\text { Page }
\end{gathered}
\] \& \[
\begin{gathered}
\text { F/S } \\
\text { Line \# }
\end{gathered}
\] \& 2023 \& 2022 \\
\hline \begin{tabular}{l}
Companystate basis (Page 4, Line 20, Columns 1 \& 2) \\
State Prescribed Practices that is an increase/(decrease) from \\
NAIC SAP \\
State Permitted Practices that is an increase/(decrease) from \\
NAIC SAP \\
NAIC SAP (1-2-3=4)
\end{tabular} \& \[
X X X
\]
\[
x X X
\] \& \begin{tabular}{l}
XXX \\
\(X X X\)
\end{tabular} \& \[
X X X
\]
\[
X X X
\] \& \begin{tabular}{|c}
\((\$ 5,395,958)\) \\
\\
\hline\((5,395,958)\) \\
\hline
\end{tabular} \& \((\$ 5,596,623)\)

$(5,596,623)$ <br>

\hline \& SSAP \# \& \[
$$
\begin{array}{|c|}
\hline \text { F/S } \\
\text { Page }
\end{array}
$$

\] \& | F/S |
| :--- |
| Line \# | \& 2023 \& 2022 <br>


\hline | Companystate basis (Page 3, Line 37 Columns 1 \& 2) |
| :--- |
| State Prescribed Practices that is an increase/(decrease) from |
| NAIC SAP |
| State Permitted Practices that is an increase/(decrease) from |
| NAIC SAP |
| NAIC SAP (5-6-7=8) | \& \[

\overline{X X X}
\]

$$
x \times X
$$ \& \[

\overline{X X X}
\]

$$
X X X
$$ \& \[

\overline{X X X}
\]

\[
x X X

\] \& \$618,199 \& | $1,219,004$ |
| :---: |
| $1,219,004$ | <br>

\hline
\end{tabular}

B. Use of Estimates

No change
C. Accounting Policies

No change
D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Plan's ability to continue as a going concern.

## Note 2 - Accounting Changes and Corrections of Errors

Not applicable

## Note 3 - Business Combinations and Goodwill

Not applicable

## Note 4 - Discontinued Operations

## RHODE ISLAND AUTOMOBILE INSURANCE PLAN <br> Notes to Financial Statements <br> June 30, 2023

Not applicable
Note 5 - Investments
A-Q. Not applicable

## Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable
Note 7 - Investment Income
A-B. Not applicable
Note 8 - Derivative Instruments
Not applicable

## Note 9 - Income Taxes

A-I The Plan is a tax exempt- organization as described in Section 501(c)(6) of the Internal Revenue Code (the Code) and is generally exempt from income taxes pursuant to Section 501(a) of the Code. Based on the structure of the Plan described in note 1, if the Plan was determined to be a taxable entity, there would be no impact to the financial statements, as the Plan is operating in a net loss position and a full valuation allowance would be recorded The Plan is required to assess certain and uncertain tax positions and has determined that there were no uncertain positions that are material to the financial statements.

## Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A-C. Not applicable
D. Amounts Due to or from Related Parties

Pension Plan
No material change.
E. Guarantees or Undertakings for Related Parties

Not applicable
F. Management, Service Contracts, Cost Sharing Arrangements

No material change.
G-O. 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, Dividend Restrictions and Quasi-Reorganizations
1-9 Not applicable
$10 \quad$ Changes in Unassigned Funds
The portion of Unassigned Funds (Surplus) represented by cumulative unrealized capital gains is $\$ 0$.
11-13 Not applicable

## Note 14 - Liabilities, Contingencies and Assessments

Not applicable

## Note 15 - Leases

No Change

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 <br> Not applicable

## Note 20 - Fair Value Measurements

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

The use of different assumptions or valuation methodologies may have a material impact on the estimated fair value amounts. The valuation techniques are based on observable and unobservable pricing inputs.

Observable inputs reflect market data obtained from Plan's independent sources based on trades of securities, while unobservable inputs reflect market assumptions. These inputs comprise the following fair value hierarchy:

Level 1 - Observable inputs in the form of quoted prices for identical instruments in active markets.
Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be derived from observable market data for substantially the full term of the assets or liabilities.

Level 3 - One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The carrying amount of cash and cash equivalents are level 2 prices as they approximate fair value.

| Asset at Fair Value | Level 1 | Level 2 | Level 3 | Total |
| :--- | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
| Bonds and asset back securities | - | - | - | - |
| Bonds - issuer obligations | - | - | - | - |
| Multi class commercial mortgage- <br> backed securities | - | - | - | - |
| Total bonds and asset-backed <br> securities | - | - | - | - |
| Total assets at fair value | - | - | - | - |

1-5 Not applicable
B. Other Fair Value Disclosures

Not applicable
C. Fair Values for All Financial Instrument by Levels 1, 2 and 3

| Type of Financial Instrument | Fair Value | Admitted <br> Value | Level 1 | Level 2 | Level 3 |
| :--- | :---: | :---: | :---: | ---: | ---: |
| Bonds | $5,938,828$ | $6,000,000$ | - | $5,938,828$ | - |
| Common stocks | $\cdot$ | - | - | - | - |
| Cash, cash equivalents and short- <br> term investments | $8,968,836$ | $8,968,836$ | $8,968,836$ | - | - |
| Total assets at Fair Value | $14,907,664$ | $14,968,836$ | $8,968,836$ | $5,938,828$ | - |

D. Not Practicable to Estimate Fair Value

## RHODE ISLAND AUTOMOBILE INSURANCE PLAN

Notes to Financial Statements
June 30, 2023

Not applicable

## Note 21 - Other Items

Not applicable

## Note 22 - Events Subsequent

Subsequent events have been considered through May 14, 2023 for these statutory financial statements which are to be issued May 15,2023 . There were no events occurring after the end of the year that merited recognition or disclosure in these statements.

## Note 23 - Reinsurance

Not applicable

## Note 24 - Retrospectively Rated Contracts \& Contracts Subject to Redetermination

Not applicable

## Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. Changes in Incurred Losses and Loss Adjustment Expenses

Activity in the liability for loss reserves is summarized as follows:

B. Significant Changes in Methodologies and Assumptions

Not applicable

## Note 26 - Intercompany Pooling Arrangements

Not applicable
Note 27 - Structured Settlements
Not applicable

## Note 28 - Health Care Receivables

Not applicable
Note 29 - Participating Policies

Not applicable

## Note 30 - Premium Deficiency Reserves

The Plan determined that a premium deficiency reserve was required as of March 31, 2023.

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?

| $\$ 1,937,408$ |
| :---: |
| $06 / 30 / 23$ |
| Yes |

## RHODE ISLAND AUTOMOBILE INSURANCE PLAN

Notes to Financial Statements
June 30, 2023

Note 31 - High Deductibles
Not applicable
Note 32 - Discounting of Liabilities for Unpaid Losses and 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 Guaranty Insurance
Not applicable

# STATEMENT AS OF JUNE 30, 2023 OF THE Rhode Island Automobile Insurance Plan GENERAL INTERROGATORIES 

## PART 1 - COMMON INTERROGATORIES <br> GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of

Yes [ ] No [X]
Domicile, as required by the Model Act?
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

Yes [ ] No [X] which is an insurer?

If yes, complete Schedule $Y$, Parts 1 and 1A.
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ] No [X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes.
3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ ] No [X]
3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [X]
4.2 If yes, provide the 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 | 2 | 3 |
| :---: | :---: | :---: |
| Name of Entity | NAIC Company Code | State of Domicile |
|  |  |  |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-infact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [ ] No [X] NA [ ] 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.
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.
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).
6.4 By what department or departments?
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 [ ] No [ ] NA [X]
6.6 Have all of the recommendations within the latest financial examination report been complied with?
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?
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1 | 2 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Location |  |
| (City, State) |  |

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?
(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]

## 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: ......................................................................
13. Amount of real estate and mortgages held in short-term investments: :-...-n,
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:

### 14.21 Bonds

4.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgage Loans on Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

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 [ ] NA [X] If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.3 Total payable for securities lending reported on the liability page
\$.
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?
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.............................. | 1 BRYANT PARK, 4TH FLOOR, NEW YORK, NY 10036 |
| Fidelity Investments.. | 500 Salem Street, Smithfield, RI 02917.... |

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 | 2 | 3 |
| :---: | :---: | :---: |
| $\operatorname{Name}(\mathrm{~s})$ | Location(s) | 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 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: |
| Old Custodian | New Custodian | Date of Change | Reason |

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"] | 1 | 2 |
| :---: | :---: |
| Name of Firm or Individual | Affiliation |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a " $U$ ") manage more than $10 \%$ of the reporting entity's invested assets?

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

Yes [X] No [ ]
17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of " $A$ " (affiliated) or " U " (unaffiliated), provide the information for the table below.

| Central Registration <br> Depository Number | 2 <br> Name of Firm or <br> Individual | Legal Entity <br> Identifier (LEI) | 4 <br> Registered With | Investment Management <br> Agreement (IMA) Filed |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

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

Has the reporting entity self-designated 5 GI securities?
Yes [ ] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is
shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

## GENERAL INTERROGATORIES

## Has the reporting entity self-designated PLGI securities?

 designated FE fundThe shares were purchased prior to January 1, 2019
a. The shares were purchas
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed

GENERAL INTERROGATORIES PART 2 - PROPERTY \& CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

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?
4.2 If yes, complete the following schedule:

|  |  |  | TOTAL DISCOUNT |  |  |  | DISCOUNT TAKEN DURING PERIOD |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 Line of Business | 2 <br> Maximum <br> Interest | 3 Discount Rate |  | Unpaid LAE | $\begin{gathered} 6 \\ \text { IBNR } \\ \hline \end{gathered}$ | $\begin{gathered} \hline 7 \\ \text { TOTAL } \\ \hline \end{gathered}$ |  | Unpaid LAE | $\begin{gathered} 10 \\ \text { IBNR } \\ \hline \end{gathered}$ | $\begin{gathered} 11 \\ \text { TOTAL } \\ \hline \end{gathered}$ |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | TOTAL |  |  |  |  |  |  |  |  |

5. Operating Percentages:
5.1 A\&H loss percent
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.......................................................................................... \$ $\qquad$
6.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [X]
6.4 If yes, please provide the balance of the funds administered as of the reporting date. $\qquad$
Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?
Yes [ ] No [X]
7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [X]

STATEMENT AS OF JUNE 30, 2023 OF THE Rhode Island Automobile Insurance Plan

## SCHEDULE F - CEDED REINSURANCE

| 1 <br> NAIC Company Code | ID Number | 3 <br> Name of Reinsurer | 4 Domiciliary Juriscliction | 5 Type of Reinsurer | $\begin{gathered} 6 \\ \text { Certified } \\ \text { Reinsurer Rating } \\ (1 \text { through } 6 \text { ) } \\ \hline \end{gathered}$ | $\stackrel{7}{ }{ }^{7}$ <br> ffective Date of Certified Reinsurer Rating |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

| States, etc. | 1 | Direct Premiums Written |  | Direct Losses Paid (Deducting Salvage) |  | Direct Losses Unpaid |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 2 | 3 | 4 | 5 | 6 | 7 |
|  | Active Status (a) | $\begin{aligned} & \text { Current Year } \\ & \text { To Date } \\ & \hline \end{aligned}$ | Prior Year To Date | Current Year To Date | Prior Year To Date | $\begin{aligned} & \text { Current Year } \\ & \text { To Date } \\ & \hline \end{aligned}$ | Prior Year To Date |
| 1. Alabama - .ormon AL | N. |  |  |  |  |  |  |
| 2. Alaska .......................... AK | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
| 9. Dist. Columbia ....-.-.- | N. |  |  |  |  |  |  |
| 10. Florida -...-a | N. |  |  |  |  |  |  |
| 11. Georgia ........................... | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
| 19. Louisiana ....................... LA | N |  |  |  |  |  |  |
| 20. Maine .-._- ME | N. |  |  |  |  |  |  |
| 21. Maryland ...-a | N |  |  |  |  |  |  |
| 22. Massachusetts .-.-.-........ MA | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
| 30. New Hampshire ...-meno..... NH... | N. |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
| 32. New Mexico ............... NM - | N |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
| 35. No. Dakota ..................... ND... | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
| 39. Pennsylvania | N |  |  |  |  |  |  |
| 40. Rhode Island $\ldots \ldots-\quad \mathrm{RI}$ | L | 5,676,504 | . 5,562,672 | $\ldots$ - | 4,848,096 | 12,105,287 | 9,986,324 |
| 41. So. Carolina ....-n_ SC | N. |  |  |  |  |  |  |
| 42. So. Dakota ................ SD | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N |  |  |  |  |  |  |
|  | N. |  |  |  |  |  |  |
| 46. Vermont ........................VT... | N. |  |  |  |  |  |  |
| 47. Virginia _-a VA | N. |  |  |  |  |  |  |
|  | 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. U.S. Virgin Islands............ VI..... | N. |  |  |  |  |  |  |
| 56. Northern Mariana Islands.. MP _.. | N |  |  |  |  |  |  |
| 57. Canada .................... CAN | N |  |  |  |  |  |  |
| 58. Aggregate Other Alien ...... OT... | XXX |  |  |  |  |  |  |
| 59. Totals | XXX | 5,676,504 | 5,562,672 | 4,743,375 | 4,848,096 | 12,105,287 | 9,986,324 |
| 58001. DETAILS OF WRITE-INS | XXX |  |  |  |  |  |  |
|  | xxx |  |  |  |  |  |  |
| 58003. | XXX |  |  |  |  |  |  |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX |  |  |  |  |  |  |
| 58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) | xxx |  |  |  |  |  |  |

[^0]1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
2. R-Registered - Non-domiciled RRGs


1 4. Q-Qualified-Qualified or accredited reinsurer
5. D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile
6. $N$ - None of the above - Not allowed to write business in the

Schedule Y - Part 1
NONE
Schedule Y - Part 1A
NONE

PART 1 - LOSS EXPERIENCE

| Line of Business |  | Current Year to Date |  |  | 4Prior Year toDate Direct LossPercentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 1 Direct Premiums Earned Earned | 2Direct Losses <br> Incurred | Direct Loss Percentage |  |
| 1. | Fire |  |  |  |  |
| 2.1 | Allied lines |  |  |  |  |
| 2.2 | Multiple peril crop |  |  |  |  |
| 2.3 | Federal flood |  |  |  |  |
| 2.4 | Private crop |  |  |  |  |
| 2.5 | Private flood |  |  |  |  |
| 3. | Farmowners multiple peril |  |  |  |  |
| 4. | Homeowners multiple peril |  |  |  |  |
| 5.1 | Commercial multiple peril (non-liability portion) |  |  |  |  |
| 5.2 | Commercial multiple peril (liability portion) |  |  |  |  |
| 6. | Mortgage guaranty .................................---. |  |  |  |  |
| 8. | Ocean marine ....... |  |  |  |  |
| 9. | Inland marine |  |  |  |  |
| 10. | Financial guaranty |  |  |  |  |
| 11.1 | Medical professional liability -occurrence_ |  |  |  |  |
| 11.2 | Medical professional liability -claims made. |  |  |  |  |
| 12. | Earthquake |  |  |  |  |
| 13.1 | Comprehensive (hospital and medical) individual |  |  |  |  |
| 13.2 | Comprehensive (hospital and medical) group ...... |  |  |  |  |
| 14. | Credit accident and health. |  |  |  |  |
| 15.1 | Vision only |  |  |  |  |
| 15.2 | Dental only |  |  |  |  |
| 15.3 | Disability income |  |  |  |  |
| 15.4 | Medicare supplement |  |  |  |  |
| 15.5 | Medicaid Title XIX |  |  |  |  |
| 15.6 | Medicare Title XVIII |  |  |  |  |
| 15.7 | Long-term care |  |  |  |  |
| 15.8 | Federal employees health benefits plan |  |  |  |  |
| 15.9 | Other health . |  |  |  |  |
| 16. | Workers' compensation |  |  |  |  |
| 17.1 | Other liability occurrence_ |  |  |  |  |
| 17.2 | Other liability-claims made |  |  |  |  |
| 17.3 | Excess Workers' Compensation. |  |  |  |  |
| 18.1 | Products liability-occurrence |  |  |  |  |
| 18.2 | Products liability-claims made. |  |  |  |  |
| 19.1 | Private passenger auto no-fault (personal injury protection) |  |  |  |  |
| 19.2 | Other private passenger auto liability .-.............................. | 5,111,643 | 6,082,955 | 119.0 | 97.6 |
| 19.3 | Commercial auto no-fault (personal injury protection) |  |  |  |  |
| 19.4 | Other commercial auto liability . |  |  |  |  |
| 21.1 | Private passenger auto physical damage | 91,539 | 44,981 | 49.1 | 58.7 |
| 21.2 | Commercial 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 | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business ... |  |  |  |  |
| 35. | TOTALS | 5,203,182 | 6,127,936 | 117.8 | 97.2 |
| DETAILS OF WRITE-INS |  |  |  |  |  |
| $3401 .$ | $3402 .$ |  |  |  |  |
| 3403. |  |  |  |  |  |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page |  |  |  |  |  |
|  |  |  |  |  |  |

PART 2 - DIRECT PREMIUMS WRITTEN


## PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| Years in Which Losses Occurred | Prior Year-End Known Case Loss and LAE Reserves | 2 <br> Prior Year-End IBNR <br> Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 2023 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5 | Total 2023 Loss and LAE Payments (Cols. $4+5$ ) | 7 | 8 | Q.S. Date IBNR Loss and LAE Reserves | 10 | 11 | 12 | 13 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | 2023 Loss and LAE Payments on Claims Unreported as of Prior Year-End |  | 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 |  | 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. $2020+$ Prior $\qquad$ <br> 2. 2021 <br> 3. Subtotals $2021+$ prior | 753 | 777 | 1,530 | 282 |  | 285 | 215 | - 15 | 620 | 850 | .(256) | . (139) | $\cdots-\quad-\quad . \quad$ (395) |
|  | ..1,348 | - 1,317 | 2,665 | 721 | $\ldots$ | 732 | 747 | . 10 | --..190 | 1,947 | - 120 | (106) | 14 |
|  | 2,101 | --_- 2,094 | 4,195 | --1,003 | $\ldots$ | 1,017 | 962 | --.... 25 | - - - 1,810 | 2,797 | -_-_-.....(136) | (245) | (381) |
| 4. 2022 | 4,346 | $\cdots$ | -- - - 6.416 | -.....-2,288 | . 588 | .2,876 | 2,096 | 477 | - | - | - - - - - - 38 | . 983 | -1,021 |
| 5. Subtotals $2022+$ prior | 6,447 | 4,164 | 10,611 | 3,291 | 602 | 3,893 | 3,058 | 502 | 3,798 | 7,358 | (98) | 738 | 640 |
| 6. 2023 | xxx | xxx | xxx | xxx | -1,615 | 1,615 | xxx | 3,071 | ..1,677 | - 4,748 | - $\quad$ xxx | XXX | XXX |
| 7. Totals | 6,447 | 4,164 | 10,611 | 3,291 | 2,217 | 5,508 | 3,058 | 3,573 | 5,475 | 12,106 | (98) | 738 | 640 |
| $\begin{aligned} & \text { 8. Prior Year-End } \\ & \text { Surplus As } \\ & \text { Regards Policy- } \\ & \text { holders } \\ & \hline \end{aligned}$ | 1,219 |  |  |  |  |  |  |  |  |  | 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. (1.5) | $2 . \quad 17.7$ | $3 . \quad 6.0$ |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Col. 13, Line 7 |
|  |  |  |  |  |  |  |  |  |  |  |  |  | 4. $52.5$ |

## 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.

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?
2. Will Supplement A to Schedule $T$ (Medical Professional Liability Supplement) be filed with this statement?
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and
electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A.
A NO response resulting with a bar code is only appropriate in the 2nd quarter.

## Explanation:

5. 

Bar Code:


## OVERFLOW PAGE FOR WRITE-INS

PQ002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS

|  | $\overline{1}$ <br> Assets | $2$ <br> Nonadmitted Assets | $3$ <br> Net Admitted Assets (Cols. 1-2) | 4 December 31 Prior Year Net Admitted Assets |
| :---: | :---: | :---: | :---: | :---: |
| 2504. Accounts Receivable - Other. |  |  |  | 4,556 |
| 2505. Commissions Receivable. | 11,672 | 1,067 | 10,605 | 3,570 |
| 2597. Summary of remaining write-ins for Line 25 from Page 02 | 11,672 | 1,067 | 10,605 | 8,126 |

PQ003 Additional Aggregate Lines for Page 03 Line 25.

|  | 1 <br> Current <br> Statement Date | $\begin{gathered} 2 \\ \begin{array}{c} \text { December 31, } \\ \text { Prior Year } \end{array} \end{gathered}$ |
| :---: | :---: | :---: |
| 2504. Premiums Pending Refund | 21,675 | 19,665 |
| 2505. Advanced Assessments. |  |  |
| 2506. Assessment Due from Member Companies. |  | 586,114 |
| 2597. Summary of remaining write-ins for Line 25 from Page 03 | 21,675 | 605,779 |

SCHEDULE A - VERIFICATION


SCHEDULE B - VERIFICATION

| Mortgage Loans | $\begin{gathered} 1 \\ \text { Year To Date } \end{gathered}$ | $\begin{gathered} 2 \\ \hline \text { Prior Year Ended } \\ \text { December } 31 \\ \hline \end{gathered}$ |
| :---: | :---: | :---: |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year. |  |  |
| 2. Cost of acquired: |  |  |
| 2.1 Actual cost at time of acquisition <br> 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) |  |  |
| 12. Total valuation allowance ....a) |  |  |
| 13. Subtotal (Line 11 plus Line 12). |  |  |
| 14. Deduct total nonadmitted amounts...-v. 15. Statement value at end of current period (Line 13 minus Line 14) |  |  |

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

|  | 1 Year To Date | $\begin{gathered} 2 \\ \text { Prior Year Ended } \\ \text { December } 31 \end{gathered}$ |
| :---: | :---: | :---: |
| 1. Book/adjusted carrying value, December 31 of prior year |  |  |
| 2. Cost of acquired: |  |  |
| 2.1 Actual cost at time of acquisition. |  |  |
| 2.2 Additional investment made after acquisition ........ |  |  |
| 3. Capitalized deferred interest and other. <br> 4. Accrual of discount |  |  |
| 5. Unrealized valuation increase (decrease). |  |  |
| 6. Total gain (loss) on disposals.....eare) |  |  |
| 7. Deduct amounts received on disposals. |  |  |
| 8. Deduct amortization of premium and depreciation. |  |  |
| 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 $1+2+3+4+5+6-7-8+9-10$ ) |  |  |
| 12. Deduct total nonadmitted amounts.......... |  |  |
| 13. Statement value at end of current period (Line 11 minus Line 12) |  |  |

## SCHEDULE D - VERIFICATION



## SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Irading

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

Schedule DA - Part 1
NONE
Schedule DA - Verification
NONE

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE
Schedule DB - Part C - Section 2
NONE
Schedule DB - Verification
NONE

## SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

|  | $\begin{gathered} 1 \\ \text { Year To } \\ \text { Date } \\ \hline \end{gathered}$ | $\begin{gathered} 2 \\ \text { Prior Year } \\ \text { Ended December } 31 \end{gathered}$ |
| :---: | :---: | :---: |
| 1. Book/adjusted carrying value, December 31 of prior year | 7,449,485 | .15,147,386 |
| 2. Cost of cash equivalents acquired | . $1,110,834$ | ( $7,697,901$ ) |
| 3. Accrual of discount |  |  |
| 4. Unrealized valuation increase (decrease) |  |  |
| 5. Total gain (loss) on disposals. |  |  |
| 6. Deduct consideration received on disposals |  |  |
| 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 $1+2+3+4+5-6-7+8-9$ ) | 8,560,319 | 7,449,485 |
| 11. Deduct total nonadmitted amounts |  |  |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 8,560,319 | 7,449,485 |

Schedule A - Part 2
NONE
Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE
Schedule BA - Part 2
NONE
Schedule BA - Part 3
NONE
Schedule D - Part 3
NONE

## STATEMENT AS OF JUNE 30, 2023 OF THE Rhode Island Automobile Insurance Plan

## SCHEDULE D - PART 4



Schedule DB - Part A - Section 1
NONE
Schedule DB - Part B - Section 1
NONE
Schedule DB - Part D - Section 1
NONE
Schedule DB - Part D - Section 2
NONE

Schedule DB - Part E
NONE
Schedule DL - Part 1
NONE
Schedule DL - Part 2
NONE

SCHEDULE E-PART 1 - CASH

\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{9}{|c|}{Month End Depository Balances} <br>
\hline \multirow[t]{2}{*}{1

Depository} \& \multirow[t]{2}{*}{| 2 |
| :--- |
| Code |} \& \multirow[t]{2}{*}{\[

$$
\begin{gathered}
\text { Rate } \\
\text { of } \\
\text { Interest }
\end{gathered}
$$

\]} \& \multirow[t]{2}{*}{| 4 |
| :--- |
| Amount of Interest Received During Current Quarter |} \& \multirow[t]{2}{*}{| 5 |
| :--- |
| Amount of Interest Accrued at Current Statement Date |} \& \multicolumn{3}{|l|}{Book Balance at End of Each Month During Current Quarter} \& \multirow[t]{2}{*}{9

$*$} <br>

\hline \& \& \& \& \& \% 6 \& | 7 |
| :--- |
| Second Month | \& | 8 |
| :---: |
|  |
| Third Month | \& <br>

\hline \multicolumn{9}{|l|}{Open Depositories} <br>
\hline  \& \& \& \& \& $(413,098)$ \& $(373,825)$ \& $(300,328)$ \& XXX <br>
\hline Depository Account - Admin...........................- Webster. \& \& \& \& \& -408,641 \& ...287,432 \& -715,628 \& ...XXX <br>
\hline Deisbursement Account - Admin..............................ank of America. \& \& \& \& \& $(56,863)$ \& $(29,992)$ \& $(90,820)$ \& XXX <br>
\hline Disbursement Account - Admin .-..........................Webster............ \& \& \& \& \& $(13,699)$ \& $-(8,677)$ \& $(17,086)$ \& XXX <br>
\hline Operat ing Account - Admin ........................Bank of America. \& \& \& \& \& 100,082 \& 100,000 \& 100,823 \& XXX <br>
\hline 0199998 Deposits in ............................ 0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories \& XXX \& XXX \& \& \& \& \& \& XXX <br>
\hline 0199999 Total Open Depositories \& XXX \& XXX \& \& \& 25,063 \& $(25,062)$ \& 408,217 \& XXX <br>
\hline \multicolumn{8}{|l|}{} \& <br>
\hline \multicolumn{9}{|l|}{} <br>
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\end{tabular}

## SCHEDULE E-PART 2 - CASH EQUIVALENTS




[^0]:    (a) Active Status Counts

