



RHODE ISLAND JOINT REINSURANCE ASSOCIATION

FINANCIAL DIVISION

Two Center Plaza
Boston, Massachusetts 02108-1904
(617) 723-3800 · (800) 851-8978 · FAX (617) 557-5686

«TAXIDNO»

«COMPANYNAME»

February 7, 2020

«ADDRESS1»

«ADDRESS2»

«ADDRESS3» «ADDRESS4» «ADDRESS5»

On the reverse side of this letter is our **2020 Insurer's Report**, which will be used to determine your percentage of participation, as a Member of this Association, for the 2020 Fiscal Year. Please complete and return by email to **FinancialFax@rijra.com** or fax to (617) 830-8211 by March 31, 2020.

Premiums reported on annual statement lines for certain coverage not provided by the Plan may be excluded:

1. Farm property written as monoline coverage included in line 1, Fire.
2. Monoline glass premiums included in line 2.1, Allied Lines.

Please include, with the completed Insurer's Report, **a copy of the Exhibit of Premiums and Losses (Statutory Page 14) of your 2019 Annual Statement** as filed with the Rhode Island Department of Business Regulation.

Your mailing address shown above is utilized for the distribution of Insurer's Reports, Assessments, and Financial Reports. If the person to whom the data should be sent is incorrect or omitted, please indicate changes above.

If you have any questions regarding the Report, please contact Ray Jeune at (617)-557-5584. Your cooperation is, as always, appreciated.

Very truly yours,

Linda Moro

Linda Moro
Assistant Controller

LM/lmn

**RHODE ISLAND JOINT REINSURANCE ASSOCIATION
2020 INSURER'S REPORT**

Company Name: _____ **Tax I.D. No.** _____

PART I:

Premiums Written for 2019 as shown on lines 1, 2.1, 4 and 5.1 of Statutory Page 14 of Company's Annual Statement as filed with the Department of Business Regulation in the State of Rhode Island.

A. FIRE

1. Direct Premiums Written.....	\$ _____
2. Less: Farm Property.....	\$ _____
3. Less: Direct Dividends Paid.....	_____
4. Net Assessable Premium.....	\$ _____

B. ALLIED LINES

1. Direct Premiums Written.....	\$ _____
2. Less: Monoline Glass	\$ _____
3. Less: Direct Dividends Paid.....	_____
4. Net Assessable Premium.....	\$ _____

C. HOMEOWNER'S MULTI PERIL

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net Assessable Premium	\$ _____

D. COMMERCIAL MULTI PERIL (Non-Liability Portion)

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net CMP Premium.....	\$ _____

E. OTHER LIABILITY (DWELLING & LEAD LIABILITY ONLY)

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net Assessable Premium.....	\$ _____

F: OTHER LIABILITY (COMMERCIAL LEAD LIABILITY ONLY)

1. Direct Premiums Written.....	\$ _____
2. Less: Direct Dividends Paid.....	_____
3. Net Assessable Premium.....	\$ _____

TOTAL NET ASSESSABLE PREMIUM (A4+B4+C3+D3+E3+F3) ... \$ _____

PART II (Please Print)

A. _____ The above named company is not affiliated with a group.

B. _____ The above named company is a member of _____

Submitted by: _____ email: _____

Address: _____ Telephone: _____

***** A COPY OF STATUTORY PAGE 14 MUST BE ENCLOSED WITH THIS REPORT *****