**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**

**AFFIRMATION FOR SPECIAL REPORT TO THE SUPERINTENDENT**

**PURSUANT TO §308 OF THE NEW YORK INSURANCE LAW**

**MEDICAL MALPRACTICE INSURANCE DIRECT PREMIUMS**

**WRITTEN IN NY STATE FOR CALENDAR YEAR 2023**

**COMPANY NAME:**

**NAIC GROUP NUMBER:**

**NAIC COMPANY NUMBER:**

**AFFIRMATION:**

 I,       , a duly authorized Senior Officer of the above-cited Company do hereby affirm, under penalty of perjury, that the information contained in this report, including all attached exhibits, schedules, and other supporting information, is true to the best of my knowledge and belief.

Date:

 Signature of Senior Officer

Title:        Typed Name