



# QUARTERLY STATEMENT

As of March 31, 2010  
of the Condition and Affairs of the

## PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

NAIC Group Code.....2698, 2698 (Current Period) (Prior Period)	NAIC Company Code..... 10179	Employer's ID Number..... 36-3990058
Organized under the Laws of AL	State of Domicile or Port of Entry AL	Country of Domicile US
Incorporated/Organized..... December 5, 1994	Commenced Business..... December 5, 1994	
Statutory Home Office	100 BROOKWOOD PLACE..... BIRMINGHAM ..... AL ..... 35209 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	100 BROOKWOOD PLACE..... BIRMINGHAM ..... AL ..... 35209 <i>(Street and Number) (City or Town, State and Zip Code)</i>	205-445-2600 <i>(Area Code) (Telephone Number)</i>
Mail Address	PO BOX 590009..... BIRMINGHAM ..... AL ..... 35259-0009 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	100 BROOKWOOD PLACE..... BIRMINGHAM ..... AL ..... 35209 <i>(Street and Number) (City or Town, State and Zip Code)</i>	205-877-4400 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.proassurance.com	
Statutory Statement Contact	NOELLE L. MILBY <i>(Name)</i> FinancialFilings@proassurance.com <i>(E-Mail Address)</i>	205-802-4735 <i>(Area Code) (Telephone Number) (Extension)</i> 205-868-6367 <i>(Fax Number)</i>

### OFFICERS

Name	Title	Name	Title
1. HOWARD HARLEY FRIEDMAN	PRESIDENT	2. KATHRYN ANNE NEVILLE	SECRETARY
3. EDWARD LEWIS RAND, JR.	TREASURER	4. WILLIAM STANCIL STARNES	CHAIRMAN

  

### OTHER

VICTOR THOMAS ADAMO	VICE CHAIRMAN	KELLY BOUNDS BREWER	VICE PRESIDENT
HOWARD HARLEY FRIEDMAN	CHIEF UNDERWRITING OFFICER	DESMOND PATRICK O'DOHERTY	VICE PRESIDENT, MANAGING DIRECTOR
DARRYL KEITH THOMAS	CHIEF CLAIMS OFFICER	HAYES VANCE WHITESIDE	VICE PRESIDENT

### DIRECTORS OR TRUSTEES

VICTOR THOMAS ADAMO	HOWARD HARLEY FRIEDMAN	EDWARD LEWIS RAND, JR.	WILLIAM STANCIL STARNES
DARRYL KEITH THOMAS			

State of..... ALABAMA  
County of..... JEFFERSON

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) HOWARD HARLEY FRIEDMAN 1. (Printed Name) PRESIDENT (Title)	_____ (Signature) KATHRYN ANNE NEVILLE 2. (Printed Name) SECRETARY (Title)	_____ (Signature) EDWARD LEWIS RAND, JR. 3. (Printed Name) TREASURER (Title)
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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			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	26,018,142		26,018,142	20,967,713
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 (\$.....1,876,450), cash equivalents (\$.....0) and short-term investments (\$.....2,901,697).....	4,778,147		4,778,147	8,028,383
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
11. Subtotals, cash and invested assets (Lines 1 to 10).....	30,796,289	.0	30,796,289	28,996,096
12. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
13. Investment income due and accrued.....	222,934		222,934	146,092
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection.....	211,314		211,314	610,944
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
14.3 Accrued retrospective premiums.....			.0	
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers.....	222,406		222,406	1,392,617
15.2 Funds held by or deposited with reinsured companies.....			.0	
15.3 Other amounts receivable under reinsurance contracts.....			.0	
16. Amounts receivable relating to uninsured plans.....			.0	
17.1 Current federal and foreign income tax recoverable and interest thereon.....	314,059		314,059	
17.2 Net deferred tax asset.....	121,731	63,569	58,162	81,640
18. Guaranty funds receivable or on deposit.....			.0	
19. Electronic data processing equipment and software.....			.0	
20. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
21. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
22. Receivables from parent, subsidiaries and affiliates.....	844,483		844,483	1,143,712
23. Health care (\$.....0) and other amounts receivable.....			.0	
24. Aggregate write-ins for other than invested assets.....	4,089	4,089	.0	.0
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 through 24).....	32,737,305	67,658	32,669,647	32,371,101
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
27. Total (Lines 25 and 26).....	32,737,305	67,658	32,669,647	32,371,101

### DETAILS OF WRITE-INS

1001 .....			.0	
1002 .....			.0	
1003 .....			.0	
1098. Summary of remaining write-ins for Line 10 from overflow page.....	.0	.0	.0	.0
1099. Totals (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	.0	.0	.0	.0
2401. Prepaid Other Taxes and Fees.....	4,089	4,089	.0	
2402 .....			.0	
2403 .....			.0	
2498. Summary of remaining write-ins for Line 24 from overflow page.....	.0	.0	.0	.0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	4,089	4,089	.0	.0

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....		
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	1,011,968	870,000
4. Commissions payable, contingent commissions and other similar charges.....	26,537	63,531
5. Other expenses (excluding taxes, licenses and fees).....	202,843	267,047
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	41,217	33,495
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		170,383
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 \$...8,642,858 and including warranty reserves of \$.....0).....		
10. Advance premium.....	12,159	
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	4,193,259	3,621,123
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	728,859	384,022
15. Remittances and items not allocated.....		
16. Provision for reinsurance.....	273,000	273,000
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	322,557	303,004
20. Derivatives.....		
21. Payable for securities.....		
22. Liability for amounts held under uninsured plans.....		
23. Capital notes \$.....0 and interest thereon \$.....0.....		
24. Aggregate write-ins for liabilities.....	90,000	150,000
25. Total liabilities excluding protected cell liabilities (Lines 1 through 24).....	6,902,399	6,135,605
26. Protected cell liabilities.....		
27. Total liabilities (Lines 25 and 26).....	6,902,399	6,135,605
28. Aggregate write-ins for special surplus funds.....	0	0
29. Common capital stock.....	3,000,000	3,000,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus.....	12,466,528	12,466,528
34. Unassigned funds (surplus).....	10,300,720	10,768,968
35. Less treasury stock, at cost:		
35.1 .....0.000 shares common (value included in Line 29 \$.....0).....		
35.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....		
36. Surplus as regards policyholders (Lines 28 to 34, less 35).....	25,767,248	26,235,496
37. Totals.....	32,669,647	32,371,101

**DETAILS OF WRITE-INS**

2401. Unearned Fee Income.....	90,000	150,000
2402. ....		
2403. ....		
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	90,000	150,000
2801. ....		
2802. ....		
2803. ....		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	0	0
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct..... (written \$.....5,434,272).....	4,877,612	2,251,497	13,262,927
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....5,434,271).....	4,877,612	2,251,497	13,262,927
1.4 Net..... (written \$.....1).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	1,755,865	810,614	3,046,411
2.2 Assumed.....			
2.3 Ceded.....	1,755,865	810,614	3,046,411
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	292,657	135,077	408,829
4. Other underwriting expenses incurred.....	688,977	225,348	586,017
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	981,634	360,425	994,846
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(981,634)	(360,425)	(994,846)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	181,064	397,323	1,085,947
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....		(81,163)	(134,084)
11. Net investment gain (loss) (Lines 9 + 10).....	181,064	316,160	951,863
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....2).....	(2)	(41)	(41)
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	60,000	69,483	307,150
15. Total other income (Lines 12 through 14).....	59,998	69,442	307,109
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(740,572)	25,177	264,126
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).....	(740,572)	25,177	264,126
19. Federal and foreign income taxes incurred.....	(296,249)	62,957	105,695
20. Net income (Line 18 minus Line 19) (to Line 22).....	(444,323)	(37,780)	158,431
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	26,235,496	25,570,759	25,570,759
22. Net income (from Line 20).....	(444,323)	(37,780)	158,431
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	(22,142)	135,963	2,000
27. Change in nonadmitted assets.....	(1,783)	(287,819)	285,306
28. Change in provision for reinsurance.....			219,000
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).....	(468,248)	(189,636)	664,737
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	25,767,248	25,381,123	26,235,496
<b>DETAILS OF WRITE-INS</b>			
0501. ....			
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. Fee income.....	60,000	69,483	306,150
1402. Miscellaneous Income.....			1,000
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).....	60,000	69,483	307,150
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	983,925	29,425	3,250,539
2. Net investment income.....	134,509	673,745	1,568,111
3. Miscellaneous income.....	59,998	69,442	307,109
4. Total (Lines 1 through 3).....	1,178,432	772,612	5,125,759
5. Benefit and loss related payments.....	(1,019,522)	938,012	1,586,044
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	782,453	(489,349)	679,602
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	188,193	(56,974)	(120,605)
10. Total (Lines 5 through 9).....	(48,876)	391,689	2,145,041
11. Net cash from operations (Line 4 minus Line 10).....	1,227,308	380,923	2,980,718
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	251,694	15,519,721	29,162,763
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).....	251,694	15,519,721	29,162,763
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	5,332,410	100,000	7,915,618
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).....	5,332,410	100,000	7,915,618
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).....	(5,080,716)	15,419,721	21,247,145
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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).....	603,172	(19,822,562)	(22,189,048)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	603,172	(19,822,562)	(22,189,048)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(3,250,236)	(4,021,918)	2,038,815
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	8,028,383	5,989,568	5,989,568
19.2 End of period (Line 18 plus Line 19.1).....	4,778,147	1,967,650	8,028,383

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

20.0001 .....			
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**NOTES TO FINANCIAL STATEMENTS**


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**Note 1 - Summary of Significant Accounting Policies**

## A. Accounting practices

The financial statements of ProAssurance Specialty Insurance Company, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Alabama Department of Insurance (ADOI).

The ADOI recognizes only statutory accounting practices prescribed or permitted by the State of Alabama for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Alabama Insurance Code. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the State of Alabama.

The Alabama Insurance Code generally requires domestic insurance companies to maintain their assets within the State of Alabama. This requirement can thereby preclude the use of out-of-state banks. On October 4, 2006, the Company received a Permitted Practice from the Alabama Department of Insurance that allows the Company to make use of out-of-state banks. This practice is not at variance with any NAIC statutory accounting practices and procedures.

The term "None" or "No significant change" is used in the following footnotes to indicate that the Company does not have any items requiring disclosure under the respective footnote.

B through C – No significant change

**Note 2 - Accounting Changes and Corrections of Errors**

None.

**Note 3 - Business Combinations and Goodwill**

None.

**Note 4 - Discontinued Operations**

None.

**Note 5 - Investments**

A through C – No significant change

## D. Loan-backed securities:

- (2) Prepayment assumptions for single-class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.
- (4) Investments in loan-backed securities are carried at amortized cost and do not contain concentrations of credit risk as set forth in SSAP No. 27.
- (5) The Company has not recognized any other-than-temporary impairments of loan-backed securities during 2010.
- (6) For all loan-backed securities held at March 31, 2010 for which fair value is less than cost, but which have had no other-than-temporary impairment recognized in earnings, the following table displays balances, according to duration of the loss position:

	<u>Fair Value</u>	<u>Amortized Cost</u>	<u>Unrealized Loss</u>
Less than 12 months	\$ -	\$ -	\$ -
Over 12 months	277,459	314,872	(37,413)
Total	<u>\$ 277,459</u>	<u>\$ 314,872</u>	<u>\$ (37,413)</u>

- (7) The Company used pricing services in determining the fair value of its loan-backed securities. In determining that a security is not other-than-temporarily impaired, securities are analyzed for future cash flows by using current and expected losses, historical and expected prepayment speeds (based on Bloomberg and broker dealer survey values), and assumptions about recoveries relative to the seniority or subordination in the capital structure. If the results indicate that we will be able to maintain the current book yield, no other-than-temporary impairment is warranted.

E through G – No significant change

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

No significant change.

**NOTES TO FINANCIAL STATEMENTS****Note 7 - Investment Income**

No significant change.

**Note 8 - Derivative Instruments**

None.

**Note 9 - Income Taxes**

## A. Components of DTAs and DTLs and valuation allowance

The components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs) at March 31, 2010 and December 31, 2009 are as follows:

	2010			2009
	Ordinary	Capital	Total	Total
Total gross DTAs	\$ 81,878	\$ 43,704	\$ 125,582	\$ 147,544
Statutory valuation allowance	-	-	-	-
(1) Total adjusted gross DTAs	\$ 81,878	\$ 43,704	\$ 125,582	\$ 147,544
(2) Total DTLs	(3,851)	-	(3,851)	(3,671)
(3) Net Deferred Tax Asset (Liability)			121,731	143,873
(4) DTAs nonadmitted			(63,569)	(62,233)
(5) Net deferred taxes admitted			58,162	81,640
(6) Increase (decrease) for year of DTA's nonadmitted			\$ 1,336	\$ 36,400

(7) The Company has not elected to admit DTAs under paragraph 10(e) of SSAP 10R.

(8) None

(9) The change in the results of calculations under SSAP 10R are shown below:

		Change during 2010		
		Ordinary	Capital	Total
Prior taxes recoverable	10a	\$ (48,145)	\$ -	\$ (48,145)
Expected to be recognized in one year *	10bi	n/a	n/a	\$ 24,667
Ten percent of December 31st adjusted surplus *	10bii	n/a	n/a	\$ 58,968
Offset existing DTLs	10c	\$ 180	\$ -	\$ 180

\* Admitted amount is lower of 10bi or 10bii

(10) Amounts calculated under SSAP 10R paragraphs 10a - 10c and 10e and related differences:

	Change during 2010		
	With 10a - c	With 10e	Difference
Net adjusted DTAs admitted:			
Prior taxes recoverable	\$ (48,145)	\$ -	\$ (48,145)
Expected to be realized in one/three years	24,667	-	24,667
Offset existing DTLs	180	-	180
Admitted gross adjusted DTAs	(23,298)	-	(23,298)
DTLs	(180)	-	(180)
Net adjusted DTAs admitted	\$ (23,478)	\$ -	\$ (23,478)
Admitted Assets	\$ 298,546	\$ -	\$ 298,546
Statutory Surplus	\$ (468,248)	\$ -	\$ (468,248)

## B. Unrecognized DTLs

As of March 31, 2010, the Company had no unrecognized deferred income tax liabilities.

## C. Current tax and change in deferred tax

(1) Current tax expense or benefit

	2010	2009
Federal Income Tax	\$ (296,249)	\$ 105,695
Capital gains tax (benefit)	-	(72,199)
Federal income tax provision (benefit)	\$ (296,249)	\$ 33,496

**NOTES TO FINANCIAL STATEMENTS**

(2) The tax effects of temporary differences that give rise to DTAs and DTLs are shown below:

	<u>2010</u>	<u>2009</u>	<u>Change</u>	<u>Character</u>
DTAs resulting from:				
Unpaid loss and LAE	\$ 31,683	\$ 31,852	\$ (169)	Ordinary
Unearned premiums	851	-	851	Ordinary
Compensation related	37,202	63,713	(26,511)	Ordinary
Deferred intercompany losses	43,703	-	43,703	Ordinary
Nonadmitted assets	1,431	1,275	156	Ordinary
Other	10,712	50,704	(39,992)	Ordinary
Gross DTAs	125,582	147,544	(21,962)	
Statutory valuation allowance	-	-	-	
Adjusted gross DTAs	125,582	147,544	(21,962)	
Nonadmitted DTAs	(63,569)	(62,233)	(1,336)	
Admitted DTAs	\$ 62,013	\$ 85,311	\$ (23,298)	
DTLs resulting from:				
Bond discount accretion	\$ 3,070	\$ 2,890	\$ 180	Ordinary
Depreciation	781	781	-	Ordinary
Gross DTLs	\$ 3,851	\$ 3,671	\$ 180	
Net admitted deferred tax assets	\$ 58,162	\$ 81,640	\$ (23,478)	

(3) through (6) – None

D. Reconciliation of federal income tax rate to actual effective rate

The significant items causing differences between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	<u>Amount</u>	<u>Tax Effect</u>	<u>Effective Rate</u>
Income before income tax	\$ (740,572)		
Tax (benefit) expense for capital gains in above	-		
	(740,572)	(259,200)	35.0%
Exempt interest and dividends	(42,250)	(14,788)	2.0%
Meals and entertainment	40	14	0.0%
Other	(382)	(133)	0.0%
Total statutory federal income taxes	\$ (783,164)	\$ (274,107)	37.0%
Income tax expense (benefit) - page 4, line 19		\$ (296,249)	
Tax expense (benefit) capital gains - page 4, line 10		-	
		(296,249)	
(Increase) decrease in net DTAs		22,142	
Total statutory federal income taxes		\$ (274,107)	

E. Operating loss and tax credit carry forwards, and protective tax deposits

(1) The Company has no net operating loss carryover.

(2) The following table shows income tax expenses that are available for recoupment in the event of future losses:

	Total
2010	\$ -
2009	\$ 33,496

(3) The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated federal income tax return

(1) The Company and the entities listed in Schedule Y from the 2009 annual statement, excluding American Medical Insurance Exchange, are included in the consolidated Federal Income Tax return of ProAssurance Corporation, the ultimate parent.

(2) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations in proportion to the total taxes of the group.

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

No significant change.

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**NOTES TO FINANCIAL STATEMENTS**


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**Note 11 - Debt**

No significant change.

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

None.

**Note 13 - Capital and Surplus, 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**

None.

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

None.

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

None.

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

No significant change.

**Note 20 - Other Items**

A through F – No significant change

G. Subprime mortgage-related exposure

(1) The Company defines subprime by the description of the underlying assets as provided by Bloomberg data, using a combination of: higher than average interest rates on underlying loans, credit scores, and high loan-to-value ratios.

(2) Direct exposure through subprime mortgage loans – No significant change

(3) Direct Exposure through other Investments:

(000's)

Type	Book Adjusted Actual Cost	Carrying Value	Fair Value	Other than Temporary Impairments
RMBS	\$ 315	\$ 315	\$ 277	\$ -

(4) Underwriting Exposure to subprime mortgage risk through Mortgage Guaranty and Financial Guaranty insurance coverage – No significant change

**Note 21 - Events Subsequent**

No significant change.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 22 - Reinsurance**

Effective March 1, 2010, the Company amended its Quota Share Reinsurance Contract with its affiliate, ProAssurance Casualty Company primarily to change the commission range to reflect the higher acquisition costs associated with the ProAssurance Mid-Continent business.

### **Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change.

### **Note 24 - Change in Incurred Losses and Loss Adjustment Expenses**

No significant change.

### **Note 25 - Intercompany Pooling Arrangements**

None.

### **Note 26 - Structured Settlements**

No significant change.

### **Note 27 - Health Care Receivables**

None.

### **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**

None.

### **Note 32 - Asbestos/Environmental Reserves**

None.

### **Note 33 - Subscriber Savings Accounts**

None.

### **Note 34 - Multiple Peril Crop Insurance**

None.

### **Note 35 - Financial Guaranty Insurance**

None.

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes  No

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

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   
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

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  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. 12/31/2006.....

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. 12/31/2006.....

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). 12/3/2007.....

6.4 By what department or departments?  
ALABAMA 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  No  N/A

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  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

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

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

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  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

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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

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

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

### INVESTMENT

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

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

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

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-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 3, III. Conducting Examinations, F-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes  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
US BANK	BIRMINGHAM, AL

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)
N/A		

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A			

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
107423	CONNING ASSET MANAGEMENT	ONE FINANCIAL PLAZA, HARTFORD CT 06103

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes  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 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
						0				0
Total.....	XXX..	XXX.....	0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent 0.0 %

5.2 A&H cost containment percent 0.0 %

5.3 A&H expense percent excluding cost containment expenses 0.0 %

6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. 0

6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. 0

**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 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

	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	L						
2. Alaska.....AK	N						
3. Arizona.....AZ	E	223,781	147,756		75,000	487,263	614,681
4. Arkansas.....AR	E	50,127	84,901			406,430	576,030
5. California.....CA	N						
6. Colorado.....CO	E	46,841	33,802			43,722	6,613
7. Connecticut.....CT	N						
8. Delaware.....DE	E	124,500	143,410			163,406	97,431
9. District of Columbia.....DC	E	4,869	32,670			167,027	80,750
10. Florida.....FL	E	526,830	356,191		652,372	1,381,568	1,100,772
11. Georgia.....GA	E	365,690	291,156		11,001	1,486,694	1,868,690
12. Hawaii.....HI	E	11,225	10,053			41,097	5,181
13. Idaho.....ID	E	8,389	4,885			14,902	3,042
14. Illinois.....IL	E	441,117	214,949			944,646	590,931
15. Indiana.....IN	E	75,124	26,777			163,903	7,381
16. Iowa.....IA	E	140,910		187		137,382	82,672
17. Kansas.....KS	E	31,245	22,111			39,237	7,524
18. Kentucky.....KY	E	79,009	182,361		60,000	379,957	1,305,104
19. Louisiana.....LA	E	171,841	116,877	6,500		190,680	27,163
20. Maine.....ME	N						
21. Maryland.....MD	E	209,476	63,071			207,433	195,083
22. Massachusetts.....MA	N						
23. Michigan.....MI	E	233,355	258,522			482,721	691,419
24. Minnesota.....MN	E						721
25. Mississippi.....MS	E	318,650	310,602			670,680	214,130
26. Missouri.....MO	E	38,366	47,673			123,127	116,820
27. Montana.....MT	E	2,487				1,581	200
28. Nebraska.....NE	E	157,987	81,730			56,891	8,151
29. Nevada.....NV	E	48,912	29,581			69,794	13,158
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	E	177,459	95,904			168,438	47,797
32. New Mexico.....NM	E	91,573	97,167			90,132	17,522
33. New York.....NY	N						
34. North Carolina.....NC	E	85,564	130,593		(1,992)	182,634	86,856
35. North Dakota.....ND	E					3,153	2,798
36. Ohio.....OH	E	264,296	248,386		100,000	1,731,735	1,359,074
37. Oklahoma.....OK	E	33,984	17,483			190,383	553,510
38. Oregon.....OR	E	8,635	2,705			26,631	5,871
39. Pennsylvania.....PA	E	128,233	83,272			174,702	35,899
40. Rhode Island.....RI	N						
41. South Carolina.....SC	E	57,028				65,444	
42. South Dakota.....SD	E		6,340			12,747	5,317
43. Tennessee.....TN	E	153,905	168,498			606,622	1,091,424
44. Texas.....TX	E	626,738	633,212	697		1,043,193	278,878
45. Utah.....UT	E	76,207	51,800			89,158	50,331
46. Vermont.....VT	E	2,000				14,230	1,411
47. Virginia.....VA	E	143,613	93,537			912,223	649,154
48. Washington.....WA	E	87,410	36,547			137,644	202,192
49. West Virginia.....WV	E	27,281	133,684			70,520	15,811
50. Wisconsin.....WI	E	150,286	73,173			93,998	21,537
51. Wyoming.....WY	E	9,329				9,195	2,350
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	5,434,272	4,331,379	7,384	896,381	13,282,923	12,041,379

### 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

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

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

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

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

PART 1 – ORGANIZATIONAL CHART

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**NONE**

**PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.0	
2. Allied lines.....			0.0	
3. Farmowners multiple peril.....			0.0	
4. Homeowners multiple peril.....			0.0	
5. Commercial multiple peril.....			0.0	
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....			0.0	
9. Inland marine.....			0.0	
10. Financial guaranty.....			0.0	
11.1. Medical professional liability - occurrence.....	145,930	52,535	36.0	36.0
11.2. Medical professional liability - claims-made.....	3,538,968	1,268,635	35.8	36.0
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.....	181,456	65,324	36.0	36.0
17.2. Other liability-claims made.....	1,011,258	369,371	36.5	36.0
17.3. Excess workers' compensation.....			0.0	
18.1. Products liability-occurrence.....			0.0	
18.2. Products liability-claims made.....			0.0	
19.1, 19.2. Private passenger auto liability.....			0.0	
19.3, 19.4. Commercial auto liability.....			0.0	
21. Auto physical damage.....			0.0	
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....			0.0	
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Warranty.....			0.0	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.0	
35. Totals.....	4,877,612	1,755,865	36.0	36.0

**DETAILS OF WRITE-INS**

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

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....	145,930	145,930	34,255
11.2. Medical professional liability - claims made.....	3,946,957	3,946,957	3,804,096
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.....	86,619	86,619	50,403
17.2. Other liability-claims made.....	1,254,766	1,254,766	442,625
17.3. Excess workers' compensation.....			
18.1. Products liability-occurrence.....			
18.2. Products liability-claims made.....			
19.1 19.2. Private passenger auto liability.....			
19.3 19.4. Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	5,434,272	5,434,272	4,331,379

**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**

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2010 Loss and LAE Payments on Claims Reported as of Prior Year-End	2010 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2010 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2007 + Prior.....		163	163		21	21			142	142	0	0	0
2. 2008.....		43	43		6	6			37	37	0	0	0
3. Subtotals 2008 + Prior.....	0	206	206	0	27	27	0	0	179	179	0	0	0
4. 2009.....		664	664		86	86			578	578	0	0	0
5. Subtotals 2009 + Prior.....	0	870	870	0	113	113	0	0	757	757	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	38	38	XXX		255	255	XXX	XXX	XXX
7. Totals.....	0	870	870	0	151	151	0	0	1,012	1,012	0	0	0
8. Prior Year-End's Surplus As Regards Policyholders	26,235										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. ....0.0 %	2. ....0.0 %	3. ....0.0 %
													Col. 13, Line 7 Line 8
													4. ....0.0 %

Q13

# 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.

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

**Explanation:**

- 1.
- 2.
- 3.

**Bar Code:**



**NONE**

Statement for March 31, 2010 of the **PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.**  
**SCHEDULE A - VERIFICATION**

Real Estate

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

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**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.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and 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).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

**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.....	20,967,713	42,545,226
2. Cost of bonds and stocks acquired.....	5,332,410	7,915,617
3. Accrual of discount.....	941	7,128
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(206,284)
6. Deduct consideration for bonds and stocks disposed of.....	251,694	29,162,761
7. Deduct amortization of premium.....	31,228	131,214
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).....	26,018,142	20,967,713
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	26,018,142	20,967,713

## 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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	26,151,788	16,692,529	13,894,190	(30,287)	28,919,839			26,151,788
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	26,151,788	16,692,529	13,894,190	(30,287)	28,919,839	0	0	26,151,788
<b>PREFERRED STOCK</b>								
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.....	26,151,788	16,692,529	13,894,190	(30,287)	28,919,839	0	0	26,151,788

QS102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....2,901,697; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals.....	2,901,697	XXX	2,901,697		

**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.....	5,184,075	6,076,871
2. Cost of short-term investments acquired.....	11,360,119	38,148,302
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	13,642,496	39,041,098
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).....	2,901,697	5,184,075
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	2,901,697	5,184,075

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

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

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

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

**Sch. DB-Verification  
NONE**

**Sch. E-Verification  
NONE**

**Sch. A-Pt 2  
NONE**

**Sch. A-Pt 3  
NONE**

**Sch. B-Pt 2  
NONE**

**Sch. B-Pt 3  
NONE**

**Sch. BA-Pt 2  
NONE**

**Sch. BA-Pt 3  
NONE**

**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)
<b>Bonds - Industrial and Miscellaneous</b>									
079860 AG 7	BELLSOUTH CORP.....		...02/11/2010	SUSQUEHANNA FINANCIAL.....		543,500	500,000	10,978	1FE.....
291011 AZ 7	EMERSON ELECTRIC CO.....		...02/11/2010	RBC DOMINION SECURITIES - US.....		526,180	500,000	6,990	1FE.....
713448 BM 9	PEPSICO INC.....		...02/11/2010	BANK AMERICA.....		1,009,490	1,000,000	2,842	1FE.....
863667 AA 9	STRYKER CORP.....		...02/09/2010	CREDIT SUISSE FIRST BOSTON.....		1,008,670	1,000,000	2,250	1FE.....
91159H GR 5	US BANCORP.....		...02/04/2010	MORGAN STANLEY DEAN.....		1,053,510	1,000,000	9,800	1FE.....
913017 BH 1	UNITED TECHNOLOGIES CORP.....		...02/11/2010	RBC DOMINION SECURITIES - US.....		1,091,060	1,000,000	14,354	1FE.....
BANKAM ER 4	BANK OF AMERICA.....		...02/18/2010	DIRECT.....		100,000	100,000		1.....
3899999.	Total - Bonds - Industrial & Miscellaneous.....					5,332,410	5,100,000	47,214	XXX.....
8399997.	Total - Bonds - Part 3.....					5,332,410	5,100,000	47,214	XXX.....
8399999.	Total - Bonds.....					5,332,410	5,100,000	47,214	XXX.....
9999999.	Total - Bonds, Preferred and Common Stocks.....					5,332,410	5,100,000	47,214	XXX.....

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

QE04

### SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market Indicator (a)
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
<b>Bonds - U.S. Government</b>																				
36213H M7 1	GN 554882.....	03/01/2010	MBS PAYMENT.....		127	127	130	127				0		127		0	1	03/01/2031	1	
0399999.	Total - Bonds - U.S. Government.....				127	127	130	127	0	0	0	0	0	127	0	0	0	1	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																				
31297F J5 3	FG A27484.....	03/01/2010	MBS PAYMENT.....		46,383	46,383	47,941	46,409		(26)		(26)		46,383		0	624	12/01/2033	1	
31297H KB 4	FG A29290.....	03/01/2010	MBS PAYMENT.....		12,953	12,953	12,864	12,953				0		12,953		0	147	06/01/2033	1	
31297S ZP 3	FG A37050.....	03/01/2010	MBS PAYMENT.....		27,509	27,509	27,173	27,504		4		4		27,509		0	310	02/01/2035	1	
31404Q ZZ 5	FN 775760.....	03/01/2010	MBS PAYMENT.....		22,274	22,274	22,647	22,277		(2)		(2)		22,274		0	204	02/01/2033	1	
31405M CG 0	FN 793071.....	03/01/2010	MBS PAYMENT.....		2,818	2,818	2,928	2,818				0		2,818		0	29	01/01/2034	1	
31406W US 1	FN 822393.....	03/01/2010	MBS PAYMENT.....		27,507	27,507	27,786	27,507		(1)		(1)		27,507		0	141	12/01/2034	1	
3199999.	Total - Bonds - U.S. Special Revenue & Assessment.....				139,444	139,444	141,339	139,468	0	(25)	0	(25)	0	139,444	0	0	1,455	XXX	XXX	
<b>Bonds - Industrial and Miscellaneous</b>																				
40430G AJ 9	HFC Home Eq Ln ABS Cf 2005-3 M1.....	03/20/2010	MBS PAYMENT.....		12,123	12,124	12,124	12,124				0		12,124		0	11	03/20/2021	1Z*	
BANKAM ER 4	BANK OF AMERICA.....	02/18/2010	MATURITY.....		100,000	100,000	100,000	100,000				0		100,000		0	338	03/18/2011	1	
3899999.	Total - Bonds - Industrial & Miscellaneous.....				112,123	112,124	112,124	112,124	0	0	0	0	0	112,124	0	0	349	XXX	XXX	
8399997.	Total - Bonds - Part 4.....				251,694	251,695	253,593	251,719	0	(25)	0	(25)	0	251,695	0	0	1,805	XXX	XXX	
8399999.	Total - Bonds.....				251,694	251,695	253,593	251,719	0	(25)	0	(25)	0	251,695	0	0	1,805	XXX	XXX	
9999999.	Total - Bonds, Preferred and Common Stocks.....				251,694	XXX	253,593	251,719	0	(25)	0	(25)	0	251,695	0	0	1,805	XXX	XXX	

QE05

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

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

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

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

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

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

**Sch. DB-Pt D  
NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

US BANK..... BIRMINGHAM, AL.....	.....	.....	.....	.....	.....1,190,966	.....1,490,187	.....1,871,266	XXX..
BANK OF AMERICA..... ATLANTA, GA.....	.....	.....	.....	.....	.....102,245	.....21,742	.....5,184	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	.....0	.....0	.....1,293,211	.....1,511,929	.....1,876,450	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	.....0	.....0	.....1,293,211	.....1,511,929	.....1,876,450	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	.....0	.....0	.....1,293,211	.....1,511,929	.....1,876,450	XXX..

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

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

QE10



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

**SUPPLEMENT "A" TO SCHEDULE T**  
 EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
 ALLOCATED BY STATES AND TERRITORIES

**Physicians - Including Surgeons and Osteopaths**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ	105,549	64,853			(66,653)			301,992
4. Arkansas.....AR	14,970	54,747			19,709	100,001	1	239,082
5. California.....CA								
6. Colorado.....CO	9,342	2,028			730			3,287
7. Connecticut.....CT								
8. Delaware.....DE								10,054
9. District of Columbia.....DC	12,423	33,551			12,078			96,297
10. Florida.....FL	91,071	90,483			(54,926)	200,002	2	494,902
11. Georgia.....GA	53,052	67,272			(175,782)	350,002	3	793,290
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	252,740	141,746			51,029	300,002	2	436,667
15. Indiana.....IN					12,500	12,500	1	
16. Iowa.....IA	130,910	148,596	187		53,495			100,117
17. Kansas.....KS								
18. Kentucky.....KY	18,774	50,378			63,136	300,003	3	3,305
19. Louisiana.....LA	1	1						
20. Maine.....ME								
21. Maryland.....MD	123,865	82,820			(222)			122,284
22. Massachusetts.....MA								
23. Michigan.....MI	16,837	38,945			184,020	101,001	2	4,100
24. Minnesota.....MN								
25. Mississippi.....MS	286,958	207,418			74,671	550,001	2	77,589
26. Missouri.....MO	(8,305)	5,160			1,858			67,508
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV		6,013			2,165			4,986
30. New Hampshire.....NH								
31. New Jersey.....NJ	21,607	2,841			1,023			9,071
32. New Mexico.....NM		184			66			1,106
33. New York.....NY								
34. North Carolina.....NC								15,062
35. North Dakota.....ND								
36. Ohio.....OH	85,698	112,580			40,529	600,001	2	888,662
37. Oklahoma.....OK	20,365	14,054			5,059			133,765
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC		5,918			2,130			4,635
42. South Dakota.....SD								
43. Tennessee.....TN	69,688	89,705			32,294	200,002	2	267,903
44. Texas.....TX		8,003			2,881			51,081
45. Utah.....UT		10,353			3,727			11,967
46. Vermont.....VT								
47. Virginia.....VA	61,297	57,600			200,697	800,001	1	493
48. Washington.....WA		50,714			18,257			85,480
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.....	1,366,842	1,345,963	187	0	484,471	3,513,516	21	4,224,685

**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



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

**SUPPLEMENT "A" TO SCHEDULE T**  
 EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
 ALLOCATED BY STATES AND TERRITORIES

**Hospitals**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA	122,033	27,285			9,823			40,705
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL		10,706			3,854			15,871
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA		12,902			4,645			19,838
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		1,413			509			2,765
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								34,604
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.....	122,033	52,306	0	0	18,831	0	0	113,783

**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



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

**SUPPLEMENT "A" TO SCHEDULE T**  
**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

**Other Health Care Professionals, Including Dentists, Chiropractors and Podiatrists**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ	6,040	14,599			5,256	68,750	1	2,346
4. Arkansas.....AR	28,717	10,577			3,808	35,203		20,990
5. California.....CA								
6. Colorado.....CO	2,000	3,910			1,408			6,805
7. Connecticut.....CT								
8. Delaware.....DE	122,694	59,429			21,395	22,002		129,319
9. District of Columbia.....DC								3,968
10. Florida.....FL	96,137	55,166			19,860	55,503	3	151,263
11. Georgia.....GA	61,936	39,014	(1)		14,045	111,131	2	58,793
12. Hawaii.....HI		11,022			3,968			20,314
13. Idaho.....ID								2,759
14. Illinois.....IL	49,616	30,377			8,936			74,219
15. Indiana.....IN	7,000	7,619			2,743			14,213
16. Iowa.....IA	2,300	561			202			23,987
17. Kansas.....KS	801	6,655			2,396			11,674
18. Kentucky.....KY	11,600	18,066			8,504	25,000	1	960
19. Louisiana.....LA	15,504	26,031			9,371	6,250		42,907
20. Maine.....ME								
21. Maryland.....MD	18,583	16,110			5,799	2,200		35,282
22. Massachusetts.....MA								
23. Michigan.....MI	19,585	23,052			8,299	122,003	1	31,393
24. Minnesota.....MN								
25. Mississippi.....MS	2,000	7,521			2,708	2,750		22,844
26. Missouri.....MO	11,485	7,693			2,769			17,824
27. Montana.....MT	3,396	1,228			442			868
28. Nebraska.....NE	77,137	21,146			7,613	16,000	1	26,199
29. Nevada.....NV		3,906			1,406			12,459
30. New Hampshire.....NH								
31. New Jersey.....NJ	42,986	25,677			9,244			43,790
32. New Mexico.....NM	3,127	2,044			736			9,358
33. New York.....NY								
34. North Carolina.....NC	17,361	12,723			4,580			48,367
35. North Dakota.....ND								2,985
36. Ohio.....OH	44,257	41,063	1		14,783	50,763	1	59,140
37. Oklahoma.....OK	2,562	3,365			1,211			24,278
38. Oregon.....OR		493			178			6,640
39. Pennsylvania.....PA	23,324	33,356			12,008	11,001		78,616
40. Rhode Island.....RI								
41. South Carolina.....SC	2,164	314			113			113
42. South Dakota.....SD		5,595			2,014			11,732
43. Tennessee.....TN	40,763	19,733			7,104	11,001		82,285
44. Texas.....TX	145,828	178,244			64,168	69,152	2	375,417
45. Utah.....UT		1,415			510			32,773
46. Vermont.....VT		308			111			1,582
47. Virginia.....VA	5,443	12,230			4,403	7,250		52,297
48. Washington.....WA	10,799	2,841			1,023	19,362		5,007
49. West Virginia.....WV	9,474	3,402			1,225	1,000	1	12,179
50. Wisconsin.....WI	26,502	10,098			3,635			28,396
51. Wyoming.....WY								2,447
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.....	911,121	716,583	0	0	257,974	636,321	13	1,588,788

**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



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

**SUPPLEMENT "A" TO SCHEDULE T**  
**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

**Other Health Care Facilities**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ	59,685	64,971			23,390	1,000	1	83,074
4. Arkansas.....AR		2,966			1,068			4,090
5. California.....CA								
6. Colorado.....CO	23,701	14,979			5,392			23,243
7. Connecticut.....CT								
8. Delaware.....DE	1,380	1,897			683			1,713
9. District of Columbia.....DC	(7,229)	51,453			18,523			64,668
10. Florida.....FL	155,584	276,884			99,678	55,000	3	287,397
11. Georgia.....GA	52,564	54,412			19,588	27,000	3	52,175
12. Hawaii.....HI	3,205	13,803			4,969	1,000	1	13,264
13. Idaho.....ID	3,750	5,704			2,053			8,351
14. Illinois.....IL	69,598	38,859			18,989	50,000	1	2,144
15. Indiana.....IN	19,282	20,084			7,230			31,732
16. Iowa.....IA		1,158			417			1,956
17. Kansas.....KS	17,095	14,300			5,148			21,710
18. Kentucky.....KY	16,354	19,347			6,965			28,666
19. Louisiana.....LA	77,102	70,590			20,412			84,273
20. Maine.....ME								
21. Maryland.....MD	31,046	22,150			7,974			28,004
22. Massachusetts.....MA								
23. Michigan.....MI	108,582	104,287			37,543	100,000	2	59,054
24. Minnesota.....MN								
25. Mississippi.....MS	22,244	12,839			4,622	1,000	1	8,660
26. Missouri.....MO	12,428	13,864			4,991			25,630
27. Montana.....MT	(753)	321			116			367
28. Nebraska.....NE	2,500	2,966			1,068			3,291
29. Nevada.....NV	30,528	25,609			9,219			31,838
30. New Hampshire.....NH								
31. New Jersey.....NJ	72,895	62,276			22,419	25,000	1	44,139
32. New Mexico.....NM	71,050	41,210			14,836	50,000	1	15,582
33. New York.....NY								
34. North Carolina.....NC	50,518	63,072			22,706			77,350
35. North Dakota.....ND								
36. Ohio.....OH	81,857	71,234			25,644			90,794
37. Oklahoma.....OK	2,838	24,389			8,780			24,601
38. Oregon.....OR	4,744	11,737			4,225			12,660
39. Pennsylvania.....PA	55,483	38,994			14,038	26,000	2	23,985
40. Rhode Island.....RI								
41. South Carolina.....SC	37,143	13,698			4,931	50,000	1	7,337
42. South Dakota.....SD								
43. Tennessee.....TN	14,857	22,277			8,020			25,767
44. Texas.....TX	341,318	265,479			95,572	54,000	6	327,896
45. Utah.....UT	58,434	26,062			9,382			33,217
46. Vermont.....VT	2,000	5,380			1,937			9,033
47. Virginia.....VA	45,803	32,202			11,593			30,109
48. Washington.....WA	6,929	8,138			2,930			11,525
49. West Virginia.....WV	9,921	8,253			2,971			16,846
50. Wisconsin.....WI	50,454	33,299			11,988			46,501
51. Wyoming.....WY	5,557	3,013			1,085			3,865
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.....	1,610,447	1,564,156	0	0	563,095	440,000	23	1,666,507

**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

**NONE**