



QUARTERLY STATEMENT

As of June 30, 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	ELLEN ANN MARCHMAN <i>(Name)</i> FinancialFilings@proassurance.com <i>(E-Mail Address)</i>	205-445-2638 <i>(Area Code) (Telephone Number) (Extension)</i> 205-868-4015 <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

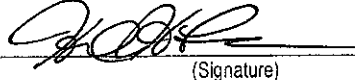

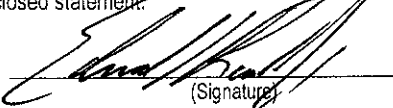
VICTOR THOMAS ADAMO	VICE CHAIRMAN	KELLY BOUNDS BREWER	VICE PRESIDENT
HOWARD HARLEY FRIEDMAN	CHIEF UNDERWRITING OFFICER	DESMOND PATRICK O'DOHERTY	VICE PRESIDENT, MANAGING DIRECTOR
DARRYL KEITH THOMAS	CHIEF CLAIMS OFFICER	HAYES VANCE WHITESIDE	VICE PRESIDENT

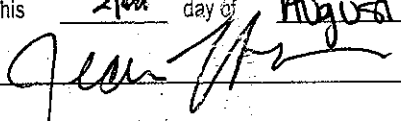
DIRECTORS OR TRUSTEES

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)	 (Signature)	 (Signature)
HOWARD HARLEY FRIEDMAN	KATHRYN ANNE NEVILLE	EDWARD LEWIS RAND, JR.
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 16th day of August 2010


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.....	25,771,738		25,771,738	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 (\$.....2,387,404), cash equivalents (\$.....(0)) and short-term investments (\$.....1,298,781).....	3,686,185		3,686,185	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).....	29,457,923	0	29,457,923	28,996,096
12. Title plants less \$.....0 charged off (for Title insurers only).....			0	
13. Investment income due and accrued.....	196,204		196,204	146,092
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection.....	138,952		138,952	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.....	490,828		490,828	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.....	246,557		246,557	
17.2 Net deferred tax asset.....	81,785	63,857	17,928	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.....	1,172,860		1,172,860	1,143,712
23. Health care (\$.....0) and other amounts receivable.....			0	
24. Aggregate write-ins for other than invested assets.....	3,663	3,663	0	0
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 through 24).....	31,788,772	67,520	31,721,252	32,371,101
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
27. Total (Lines 25 and 26).....	31,788,772	67,520	31,721,252	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.....	3,663	3,663	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).....	3,663	3,663	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.....	985,155	870,000
4. Commissions payable, contingent commissions and other similar charges.....	22,047	63,531
5. Other expenses (excluding taxes, licenses and fees).....	86,435	267,047
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	36,611	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 \$...8,615,794 and including warranty reserves of \$.....0).....		
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	3,311,837	3,621,123
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	355,995	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.....	792,225	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.....	30,000	150,000
25. Total liabilities excluding protected cell liabilities (Lines 1 through 24).....	5,893,305	6,135,605
26. Protected cell liabilities.....		
27. Total liabilities (Lines 25 and 26).....	5,893,305	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).....	10,361,419	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).....	25,827,947	26,235,496
37. Totals.....	31,721,252	32,371,101

DETAILS OF WRITE-INS

2401. Unearned Fee Income.....	30,000	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).....	30,000	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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....10,560,926).....	10,031,331	5,139,261	13,262,927
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....10,560,926).....	10,031,331	5,139,261	13,262,927
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	3,611,204	1,850,134	3,046,411
2.2 Assumed.....			
2.3 Ceded.....	3,611,204	1,850,134	3,046,411
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	601,880	308,356	408,829
4. Other underwriting expenses incurred.....	565,192	439,648	586,017
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,167,072	748,004	994,846
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(1,167,072)	(748,004)	(994,846)
INVESTMENT INCOME			
9. Net investment income earned.....	374,827	673,340	1,085,947
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....		(46,177)	(134,084)
11. Net investment gain (loss) (Lines 9 + 10).....	374,827	627,163	951,863
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....2).....	(2)	(40)	(41)
13. Finance and service charges not included in premiums.....	2,500		
14. Aggregate write-ins for miscellaneous income.....	120,000	134,234	307,150
15. Total other income (Lines 12 through 14).....	122,498	134,194	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).....	(669,747)	13,353	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).....	(669,747)	13,353	264,126
19. Federal and foreign income taxes incurred.....	(325,931)	33,188	105,695
20. Net income (Line 18 minus Line 19) (to Line 22).....	(343,816)	(19,835)	158,431
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	26,235,496	25,570,759	25,570,759
22. Net income (from Line 20).....	(343,816)	(19,835)	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.....	(62,088)	(66,177)	2,000
27. Change in nonadmitted assets.....	(1,645)	289,968	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).....	(407,549)	203,956	664,737
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	25,827,947	25,774,715	26,235,496

DETAILS OF WRITE-INS

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.....	120,000	134,234	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).....	120,000	134,234	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
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	162,706	323,359	3,250,539
2. Net investment income.....	391,715	997,688	1,568,111
3. Miscellaneous income.....	122,498	134,194	307,109
4. Total (Lines 1 through 3).....	676,919	1,455,241	5,125,759
5. Benefit and loss related payments.....	(415,064)	812,547	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.....	784,172	(25,009)	679,602
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	91,009	(18,465)	(120,605)
10. Total (Lines 5 through 9).....	460,117	769,073	2,145,041
11. Net cash from operations (Line 4 minus Line 10).....	216,802	686,168	2,980,718
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	461,386	18,956,631	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).....	461,386	18,956,631	29,162,763
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	5,332,410	198,688	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	198,688	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).....	(4,871,024)	18,757,943	21,247,145
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	312,024	(20,941,623)	(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).....	312,024	(20,941,623)	(22,189,048)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(4,342,198)	(1,497,512)	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).....	3,686,185	4,492,056	8,028,383

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

20.0001			
---------------	--	--	--

NOTES TO FINANCIAL STATEMENTS

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 ADOI 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:

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.
- (2) The Company has not recognized any other-than-temporary impairments of loan-backed securities for intent to sell or for inability to hold to recovery during 2010.
- (3) As of June 30, 2010, the Company holds no loan-backed securities that have other-than temporary impairments recognized in earnings based on the fact that the present value of projected cash flows expected to be collected was less than the amortized cost of the securities.
- (4) For all loan-backed securities held at June 30, 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	284,526	307,376	(22,850)
Total	<u>\$ 284,526</u>	<u>\$ 307,376</u>	<u>\$ (22,850)</u>

- (5) 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

None.

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 June 30, 2010 and December 31, 2009 are as follows:

	2010			2009
	Ordinary	Capital	Total	Total
Total gross DTAs	\$ 42,101	\$ 43,703	\$ 85,804	\$ 147,544
Statutory valuation allowance	-	-	-	-
(1) Total adjusted gross DTAs	\$ 42,101	\$ 43,703	\$ 85,804	\$ 147,544
(2) Total DTLs	(4,019)	-	(4,019)	(3,671)
(3) Net Deferred Tax Asset (Liability)			81,785	143,873
(4) DTAs nonadmitted			(63,857)	(62,233)
(5) Net deferred taxes admitted			17,928	81,640
(6) Increase (decrease) for year of DTA's nonadmitted			\$ 1,624	\$ 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:

		Increase / (Decrease) in 2010		
		Ordinary	Capital	Total
Prior taxes recoverable	10a	\$ (63,712)	\$ -	\$ (63,712)
Expected to be recognized in one year *	10bi	n/a	n/a	\$ -
Ten percent of adjusted surplus *	10bii	n/a	n/a	\$ 14,491
Offset existing DTLs	10c	\$ 348	\$ -	\$ 348

* Admitted amount is lower of 10bi or 10bii

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

	Increase / (Decrease) in 2010		
	With 10a - c	With 10e	Difference
Net adjusted DTAs admitted:			
Prior taxes recoverable	\$ (63,712)	\$ -	\$ 63,712
Expected to be realized in one/three years	-	-	-
Offset existing DTLs	348	-	348
Admitted gross adjusted DTAs	(63,364)	-	63,364
DTLs	(348)	-	348
Net adjusted DTAs admitted	\$ (63,712)	\$ -	\$ 63,712
Admitted Assets	\$ (953,620)	\$ -	\$ 953,620
Statutory Surplus	\$ (437,046)	\$ -	\$ 437,046

B. Unrecognized DTLs

The Company had no unrecognized deferred income tax liabilities at June 30, 2010.

NOTES TO FINANCIAL STATEMENTS

C. Current tax and change in deferred tax

(1) Current tax expense or benefit

	<u>2010</u>	<u>2009</u>
Federal income tax (benefit)	\$ (325,931)	\$ 105,695
Capital gains tax (benefit)	-	(72,199)
Federal income tax provision (benefit)	<u>\$ (325,931)</u>	<u>\$ 33,496</u>

(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	\$ 30,844	\$ 31,852	\$ (1,008)	Ordinary
Compensation related	-	63,713	(63,713)	Ordinary
Deferred intercompany losses	43,703	-	43,703	Capital
Nonadmitted assets	1,282	1,275	7	Ordinary
Other	9,975	50,704	(40,729)	Ordinary
Gross DTAs	<u>85,804</u>	<u>147,544</u>	<u>(61,740)</u>	
Statutory valuation allowance	-	-	-	
Adjusted gross DTAs	<u>85,804</u>	<u>147,544</u>	<u>(61,740)</u>	
Nonadmitted DTAs	<u>(63,857)</u>	<u>(62,233)</u>	<u>(1,624)</u>	
Admitted DTAs	<u>\$ 21,947</u>	<u>\$ 85,311</u>	<u>\$ (63,364)</u>	
DTLs resulting from:				
Bond discount accretion	\$ 3,238	\$ 2,890	\$ 348	Ordinary
Depreciation	781	781	-	Ordinary
Gross DTLs	<u>\$ 4,019</u>	<u>\$ 3,671</u>	<u>\$ 348</u>	
Net admitted deferred tax assets	<u>\$ 17,928</u>	<u>\$ 81,640</u>	<u>\$ (63,712)</u>	

(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	\$ (669,747)		
Tax (benefit) expense for capital gains in above	-		
	<u>(669,747)</u>	(234,411)	35.0%
Exempt interest and dividends	(84,397)	(29,539)	4.4%
Meals and entertainment	195	68	0.0%
Other	110	39	0.0%
Total statutory federal income taxes	<u>\$ (753,839)</u>	<u>\$ (263,843)</u>	<u>39.4%</u>
Income tax expense (benefit) - page 4, line 19		\$ (325,931)	
Tax expense (benefit) capital gains - page 4, line 10		<u>-</u>	
		(325,931)	
(Increase) decrease in net DTAs		62,088	
Total statutory federal income taxes		<u>\$ (263,843)</u>	

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.

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

Note 11 - Debt

No significant change.

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

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	\$ 307	\$ 307	\$ 285	\$ -

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

NOTES TO FINANCIAL STATEMENTS

Note 21 - Events Subsequent

None.

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 Underwriters, Inc. 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 [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2006.....

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 [X]

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

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

7.2 If yes, give full information:

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

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

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

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

GENERAL INTERROGATORIES

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	2
	Prior Year-End Book/Adjusted Carrying Value	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	2
Name of Custodian(s)	Custodian Address
US BANK	2204 LAKESHORE PLAZA, SUITE 302, BIRMINGHAM, AL 35209

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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	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

States, Etc.	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	379,769	303,847		50,000	522,901	679,696
4. Arkansas.....AR	E	74,807	59,309			355,768	591,643
5. California.....CA	N						
6. Colorado.....CO	E	77,032	76,405			354,790	14,079
7. Connecticut.....CT	N						
8. Delaware.....DE	E	123,614	145,450			183,119	112,236
9. District of Columbia.....DC	E	7,081	45,973			198,046	96,879
10. Florida.....FL	E	1,777,651	893,730	27,750	854,486	1,568,896	995,296
11. Georgia.....GA	E	740,611	483,269		34,379	1,493,460	1,918,354
12. Hawaii.....HI	E	15,743	63,538			48,914	10,759
13. Idaho.....ID	E	29,875	19,026			19,072	5,234
14. Illinois.....IL	E	623,682	458,432			932,685	654,712
15. Indiana.....IN	E	246,748	124,779			198,734	18,211
16. Iowa.....IA	E	151,692	7,470	187		142,402	88,946
17. Kansas.....KS	E	63,749	63,573			49,750	13,469
18. Kentucky.....KY	E	159,261	271,238		310,000	404,560	1,095,207
19. Louisiana.....LA	E	343,134	313,649	6,500		240,300	57,003
20. Maine.....ME	N						
21. Maryland.....MD	E	345,856	200,573			251,421	211,037
22. Massachusetts.....MA	N						
23. Michigan.....MI	E	548,810	497,846			569,742	739,944
24. Minnesota.....MN	E						721
25. Mississippi.....MS	E	353,196	375,765			759,364	724,098
26. Missouri.....MO	E	104,271	133,066			138,108	127,598
27. Montana.....MT	E	6,217	4,100			2,486	613
28. Nebraska.....NE	E	138,628	80,045			66,944	16,945
29. Nevada.....NV	E	111,013	103,351			94,716	22,980
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	E	316,316	173,343			222,731	67,769
32. New Mexico.....NM	E	106,424	108,865			111,622	28,247
33. New York.....NY	N						
34. North Carolina.....NC	E	219,690	286,745		(1,992)	216,871	115,073
35. North Dakota.....ND	E	(2,964)				2,442	3,312
36. Ohio.....OH	E	494,244	404,268		107,134	1,590,591	985,434
37. Oklahoma.....OK	E	84,162	53,871		150,000	171,994	410,849
38. Oregon.....OR	E	33,003	16,178			35,337	8,021
39. Pennsylvania.....PA	E	285,666	218,951			217,677	62,259
40. Rhode Island.....RI	N						
41. South Carolina.....SC	E	128,207	18,039			80,929	1,374
42. South Dakota.....SD	E	2,500	8,840			15,261	7,285
43. Tennessee.....TN	E	192,607	228,973			1,008,706	1,141,217
44. Texas.....TX	E	1,299,294	1,399,140			1,247,222	426,925
45. Utah.....UT	E	124,604	64,995			109,157	59,739
46. Vermont.....VT	E	49,483	27,998			19,957	4,272
47. Virginia.....VA	E	256,864	163,935	302,750		641,259	678,945
48. Washington.....WA	E	180,077	68,223			303,837	209,122
49. West Virginia.....WV	E	56,362	163,955			77,641	29,905
50. Wisconsin.....WI	E	291,319	150,189			126,615	34,715
51. Wyoming.....WY	E	20,628	5,850			12,432	3,147
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	10,560,926	8,286,792	337,187	1,504,007	14,808,459	12,473,270

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

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.....	7,190,410	2,588,473	36.0	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.....	368,079	132,508	36.0	36.0
17.2. Other liability-claims made.....	2,326,912	837,688	36.0	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.....	10,031,331	3,611,204	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	34,255
11.2. Medical professional liability - claims made.....	3,161,978	7,108,935	7,137,881
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.....	92,009	178,628	123,376
17.2. Other liability-claims made.....	1,872,668	3,127,433	991,280
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.....	5,126,655	10,560,926	8,286,792

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		54	54			109	109	0	0	0
2. 2008.....		43	43		14	14			29	29	0	0	0
3. Subtotals 2008 + Prior.....	0	206	206	0	68	68	0	0	138	138	0	0	0
4. 2009.....		664	664		220	220			444	444	0	0	0
5. Subtotals 2009 + Prior.....	0	870	870	0	288	288	0	0	582	582	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	199	199	XXX		403	403	XXX	XXX	XXX
7. Totals.....	0	870	870	0	487	487	0	0	985	985	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

PROASSURANCE SPECIALTY INSURANCE COMPANY, INC. SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO _____
2. Will Supplement A to Schedule T (Medical 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 June 30, 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.....	1,848	7,128
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(206,284)
6. Deduct consideration for bonds and stocks disposed of.....	461,386	29,162,761
7. Deduct amortization of premium.....	68,848	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).....	25,771,738	20,967,713
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	25,771,738	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
BONDS								
1. Class 1 (a).....	28,919,839	5,456,197	7,268,804	(36,713)	28,919,839	27,070,519		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.....	28,919,839	5,456,197	7,268,804	(36,713)	28,919,839	27,070,519	0	26,151,788
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	28,919,839	5,456,197	7,268,804	(36,713)	28,919,839	27,070,519	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 \$.....1,298,781; 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.....	1,298,781	XXX	1,298,781		

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.....	16,816,315	38,148,302
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	20,701,609	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).....	1,298,781	5,184,075
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,298,781	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**

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	(0)	(0)
2. Cost of cash equivalents acquired.....		
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).....	(0)	(0)
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	(0)	(0)

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

Sch. D-Pt 3
NONE

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.	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Government																				
36213H M7 1	GN 554882.....	06/01/2010	MBS PAYMENT.....		128	128	131	128				0		128		0	3	03/01/2031	1.....	
0399999.	Total - Bonds - U.S. Government.....				128	128	131	128	0	0	0	0	0	128	0	0	0	3	XXX...	XXX...
Bonds - U.S. Special Revenue and Special Assessment																				
31297F J5 3	FG A27484.....	06/01/2010	MBS PAYMENT.....		24,360	24,360	25,178	24,451		(91)		(91)		24,360		0	620	12/01/2033	1.....	
31297H KB 4	FG A29290.....	06/01/2010	MBS PAYMENT.....		17,854	17,854	17,731	17,851		3		3		17,854		0	312	06/01/2033	1.....	
31297S ZP 3	FG A37050.....	06/01/2010	MBS PAYMENT.....		24,986	24,986	24,681	24,969		17		17		24,986		0	495	01/01/2035	1.....	
31404Q ZZ 5	FN 775760.....	06/01/2010	MBS PAYMENT.....		3,897	3,897	3,962	3,899		(2)		(2)		3,897		0	89	02/01/2033	1.....	
31405M CG 0	FN 793071.....	06/01/2010	MBS PAYMENT.....		38,690	38,690	40,207	38,705		(16)		(16)		38,690		0	906	01/01/2034	1.....	
31406W US 1	FN 822393.....	06/01/2010	MBS PAYMENT.....		92,281	92,281	93,219	92,337		(55)		(55)		92,281		0	2,282	12/01/2034	1.....	
3199999.	Total - Bonds - U.S. Special Revenue & Assessment.....				202,068	202,068	204,978	202,212	0	(144)	0	(144)	0	202,068	0	0	4,704	XXX...	XXX...	
Bonds - Industrial and Miscellaneous																				
40430G AJ 9	HFC Home Eq Ln ABS Cf 2005-3 M1.....	06/20/2010	MBS PAYMENT.....		7,496	7,496	7,496	7,496				0		7,496		0	20	02/20/2021	1Z*.....	
3899999.	Total - Bonds - Industrial & Miscellaneous.....				7,496	7,496	7,496	7,496	0	0	0	0	0	7,496	0	0	20	XXX...	XXX...	
8399997.	Total - Bonds - Part 4.....				209,692	209,692	212,605	209,836	0	(144)	0	(144)	0	209,692	0	0	4,727	XXX...	XXX...	
8399999.	Total - Bonds.....				209,692	209,692	212,605	209,836	0	(144)	0	(144)	0	209,692	0	0	4,727	XXX...	XXX...	
9999999.	Total - Bonds, Preferred and Common Stocks.....				209,692	XXX.....	212,605	209,836	0	(144)	0	(144)	0	209,692	0	0	4,727	XXX...	XXX...	

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

QE05

**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.....	.....	.....	.....	.....	.....2,521,616	.....1,212,869	.....2,382,814	XXX..
BANK OF AMERICA..... ATLANTA, GA.....	.....	.....	.....	.....	.....4,215	.....2,505	.....4,590	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	.....0	.....0	.....2,525,831	.....1,215,374	.....2,387,404	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	.....0	.....0	.....2,525,831	.....1,215,374	.....2,387,404	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	.....0	.....0	.....2,525,831	.....1,215,374	.....2,387,404	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
------------------	-----------	-----------------------	--------------------------	-----------------------	--------------------------------------	--	-------------------------------------

NONE

QE10



SUPPLEMENT "A" TO SCHEDULE T

**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

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

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	176,049	130,339			(73,078)			295,567
4. Arkansas.....AR	20,805	90,541			(37,405)	100,001	1	181,967
5. California.....CA								
6. Colorado.....CO	9,342	4,357			301,568	300,001	1	4,125
7. Connecticut.....CT								
8. Delaware.....DE								10,054
9. District of Columbia.....DC	12,423	67,476			24,291			108,510
10. Florida.....FL	772,431	404,346	25,000	1	(29,435)	200,004	4	495,391
11. Georgia.....GA	86,924	123,331			(280,601)	350,002	3	688,472
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	252,740	296,397			(18,297)	300,002	2	367,342
15. Indiana.....IN	2,300	233			12,584	12,500	1	84
16. Iowa.....IA	135,254	157,722	187		56,780			103,403
17. Kansas.....KS								
18. Kentucky.....KY	18,774	91,890			63,080	300,003	3	3,250
19. Louisiana.....LA	1	1						
20. Maine.....ME								
21. Maryland.....MD	173,616	157,468			16,652			139,158
22. Massachusetts.....MA								
23. Michigan.....MI	5,922	74,188			186,708	101,001	2	6,787
24. Minnesota.....MN								
25. Mississippi.....MS	303,965	390,106			140,438	750,002	4	(56,644)
26. Missouri.....MO	5,056	8,020			2,887			68,538
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV		12,093			4,353			7,175
30. New Hampshire.....NH								
31. New Jersey.....NJ	74,040	16,991			6,117			14,165
32. New Mexico.....NM		310			111			1,151
33. New York.....NY								
34. North Carolina.....NC								15,062
35. North Dakota.....ND								
36. Ohio.....OH	112,076	218,107			(163,981)	700,002	3	584,151
37. Oklahoma.....OK	51,093	33,061			(28,098)			100,608
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC	19,505	15,274			5,499			8,003
42. South Dakota.....SD								
43. Tennessee.....TN	73,967	173,431			412,435	1,200,002	3	(351,956)
44. Texas.....TX	59,489	26,025			9,369			57,568
45. Utah.....UT		20,820			7,495			15,735
46. Vermont.....VT								
47. Virginia.....VA	87,085	122,764	300,000	1	204,156	500,001		3,952
48. Washington.....WA	36,238	105,367			162,932	300,001	1	(69,846)
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.....	2,489,095	2,740,658	325,187	2	986,560	5,113,522	28	2,801,772

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	57,919			20,851			51,733
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	51,582	22,873			8,234			20,251
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA	38,174	25,039			9,014			24,207
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		1,553			559			2,815
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.....	211,789	107,384	0	0	38,658	0	0	133,610

DETAILS OF WRITE-INS

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



SUPPLEMENT "A" TO SCHEDULE T

**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

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

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	18,080	30,555			11,000	68,750	1	8,090
4. Arkansas.....AR	28,717	18,577			6,688	35,203		23,871
5. California.....CA								
6. Colorado.....CO	7,787	9,130			3,287			8,684
7. Connecticut.....CT								
8. Delaware.....DE	121,808	112,341			40,443			170,370
9. District of Columbia.....DC								3,968
10. Florida.....FL	133,757	109,402	2,750	1	39,385	133,753	7	89,788
11. Georgia.....GA	74,748	75,794			27,286	111,131	2	72,033
12. Hawaii.....HI		12,736			4,585			20,931
13. Idaho.....ID	1,500	436			157			2,916
14. Illinois.....IL	41,655	49,927			17,974			83,257
15. Indiana.....IN	44,764	24,279			8,740			20,210
16. Iowa.....IA	2,300	1,134			408			24,194
17. Kansas.....KS	3,183	10,147			3,653			12,931
18. Kentucky.....KY	44,207	38,065			13,703	25,000	1	6,160
19. Louisiana.....LA	22,539	49,376			17,775	6,250		51,312
20. Maine.....ME								
21. Maryland.....MD	21,371	32,138			11,570	2,200		41,052
22. Massachusetts.....MA								
23. Michigan.....MI	57,028	51,362			18,490	122,003	1	41,585
24. Minnesota.....MN								
25. Mississippi.....MS	4,200	14,878			5,356	2,750		25,493
26. Missouri.....MO	38,055	17,956			6,464			21,519
27. Montana.....MT	5,896	2,732			984			1,409
28. Nebraska.....NE	79,337	42,229			15,202	21,000	2	28,789
29. Nevada.....NV	4,586	7,924			2,853			13,906
30. New Hampshire.....NH								
31. New Jersey.....NJ	47,486	48,995			17,638			52,185
32. New Mexico.....NM	3,127	3,972			1,430			10,052
33. New York.....NY								
34. North Carolina.....NC	28,136	25,282			9,101			52,888
35. North Dakota.....ND	(2,615)	(1,741)			(627)			2,358
36. Ohio.....OH	63,726	78,384			28,218	51,763	2	71,576
37. Oklahoma.....OK	2,562	6,758			2,433			25,500
38. Oregon.....OR	2,000	1,321			475			6,938
39. Pennsylvania.....PA	78,169	68,040			24,495	11,001		91,102
40. Rhode Island.....RI								
41. South Carolina.....SC	7,764	2,718			978			978
42. South Dakota.....SD	2,000	11,365			4,091			13,809
43. Tennessee.....TN	40,763	39,231			14,123	11,001		89,304
44. Texas.....TX	321,981	324,137			116,689	69,152	2	427,938
45. Utah.....UT		2,846			1,025			33,288
46. Vermont.....VT		521			187			1,659
47. Virginia.....VA	28,824	24,403	2,750		8,785	8,250		52,929
48. Washington.....WA	16,399	6,695			2,410	19,362		6,394
49. West Virginia.....WV	23,439	10,348			3,725	2,000	2	13,679
50. Wisconsin.....WI	32,496	20,845			7,504	1,000	1	31,265
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.....	1,451,775	1,385,238	5,500	1	498,683	701,569	21	1,758,757

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	103,367	128,590			46,292	1,000	1	105,976
4. Arkansas.....AR	8,963	6,108			2,199			5,222
5. California.....CA								
6. Colorado.....CO	29,440	24,917			8,970			26,821
7. Connecticut.....CT								
8. Delaware.....DE	1,380	3,636			1,309			2,339
9. District of Columbia.....DC	(5,356)	101,994			36,718			82,863
10. Florida.....FL	455,914	556,335			200,281	55,000	3	388,000
11. Georgia.....GA	111,977	108,328			38,998	27,000	3	71,585
12. Hawaii.....HI	6,061	25,378			9,136	1,000	1	17,431
13. Idaho.....ID	15,694	11,897			4,283			10,580
14. Illinois.....IL	101,836	80,468			28,969	50,000	1	12,123
15. Indiana.....IN	57,987	42,559			15,321			39,823
16. Iowa.....IA	2,500	1,986			715			2,254
17. Kansas.....KS	39,704	30,187			10,867			27,430
18. Kentucky.....KY	39,469	38,183			13,746			35,447
19. Louisiana.....LA	122,816	132,727			35,782			99,643
20. Maine.....ME								
21. Maryland.....MD	51,325	47,294			17,026			37,055
22. Massachusetts.....MA								
23. Michigan.....MI	224,239	197,025			70,929	100,000	2	92,440
24. Minnesota.....MN								
25. Mississippi.....MS	26,934	23,351			20,407	25,000	1	444
26. Missouri.....MO	24,854	25,961			9,346			29,985
27. Montana.....MT	(753)	807			290			542
28. Nebraska.....NE	33,133	15,356			5,528			7,752
29. Nevada.....NV	44,786	49,596			17,855			40,474
30. New Hampshire.....NH								
31. New Jersey.....NJ	121,180	117,906			42,446	25,000	1	64,166
32. New Mexico.....NM	79,156	82,734			29,784	50,000	1	30,531
33. New York.....NY								
34. North Carolina.....NC	100,753	118,380			42,617			97,260
35. North Dakota.....ND								
36. Ohio.....OH	146,804	146,356			52,688			117,838
37. Oklahoma.....OK	12,165	49,318			17,755			33,576
38. Oregon.....OR	18,886	24,006			8,642			17,077
39. Pennsylvania.....PA	83,347	74,089			26,672	51,000	2	11,619
40. Rhode Island.....RI								
41. South Carolina.....SC	56,178	32,710			11,776	50,000	1	14,181
42. South Dakota.....SD								
43. Tennessee.....TN	27,761	41,306			14,870			32,618
44. Texas.....TX	596,626	520,782			187,481	103,000	6	370,804
45. Utah.....UT	78,677	52,422			18,872			42,707
46. Vermont.....VT	31,793	14,722			5,300			12,397
47. Virginia.....VA	60,644	61,066			21,984			40,500
48. Washington.....WA	22,670	18,619			6,703			15,298
49. West Virginia.....WV	19,909	15,176			5,463			19,338
50. Wisconsin.....WI	136,305	77,493			27,897			62,411
51. Wyoming.....WY	13,082	7,812			2,812			5,593
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.....	3,102,206	3,107,580	0	0	1,118,729	538,000	23	2,124,143

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