



QUARTERLY STATEMENT

As of September 30, 2009
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.....	24,144,379		24,144,379	42,545,227
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 (\$.....1,208,859), cash equivalents (\$.....(0)) and short-term investments (\$.....3,324,105).....	4,532,964		4,532,964	5,989,568
6. Contract loans (including \$.....0 premium notes).....			0	
7. Other invested assets.....			0	
8. Receivables for securities.....			0	
9. Aggregate write-ins for invested assets.....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9).....	28,677,343	0	28,677,343	48,534,795
11. Title plants less \$.....0 charged off (for Title insurers only).....			0	
12. Investment income due and accrued.....	233,791		233,791	510,432
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection.....	1,227,044	6,933	1,220,111	1,388,029
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
13.3 Accrued retrospective premiums.....			0	
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers.....	1,280,628		1,280,628	251,402
14.2 Funds held by or deposited with reinsured companies.....			0	
14.3 Other amounts receivable under reinsurance contracts.....			0	
15. Amounts receivable relating to uninsured plans.....			0	
16.1 Current federal and foreign income tax recoverable and interest thereon.....	54,757		54,757	
16.2 Net deferred tax asset.....	82,850	65,535	17,315	116,040
17. Guaranty funds receivable or on deposit.....			0	
18. Electronic data processing equipment and software.....			0	
19. Furniture and equipment, including health care delivery assets (\$.....0).....	4	4	0	
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
21. Receivables from parent, subsidiaries and affiliates.....	133,352		133,352	1,664
22. Health care (\$.....0) and other amounts receivable.....			0	
23. Aggregate write-ins for other than invested assets.....	3,840	2,837	1,003	15,021
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23).....	31,693,609	75,309	31,618,300	50,817,383
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
26. Total (Lines 24 and 25).....	31,693,609	75,309	31,618,300	50,817,383

DETAILS OF WRITE-INS

0901.....			0	
0902.....			0	
0903.....			0	
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0
2301. Fee program receivables.....	1,003		1,003	15,021
2302. Prepaid Other Taxes and Fees.....	2,837	2,837	0	
2303.....			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	3,840	2,837	1,003	15,021

PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.
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.....	1,113,201	906,000
4. Commissions payable, contingent commissions and other similar charges.....	382,864	316,538
5. Other expenses (excluding taxes, licenses and fees).....	189,438	134,550
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	26,719	12,830
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		16,282
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 \$....7,317,087 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).....	3,246,886	1,469,447
13. Funds held by company under reinsurance treaties.....		20,450,474
14. Amounts withheld or retained by company for account of others.....	339,929	1,148,836
15. Remittances and items not allocated.....		
16. Provision for reinsurance.....	492,000	492,000
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	144,102	103,516
20. Payable for securities.....		
21. Liability for amounts held under uninsured plans.....		
22. Capital notes \$.....0 and interest thereon \$.....0.....		
23. Aggregate write-ins for liabilities.....	101,667	196,151
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	6,036,806	25,246,624
25. Protected cell liabilities.....		
26. Total liabilities (Lines 24 and 25).....	6,036,806	25,246,624
27. Aggregate write-ins for special surplus funds.....	0	0
28. Common capital stock.....	3,000,000	3,000,000
29. Preferred capital stock.....		
30. Aggregate write-ins for other than special surplus funds.....	0	0
31. Surplus notes.....		
32. Gross paid in and contributed surplus.....	12,466,528	12,466,528
33. Unassigned funds (surplus).....	10,114,966	10,104,231
34. Less treasury stock, at cost:		
34.1 .....0.000 shares common (value included in Line 28 \$.....0).....		
34.2 .....0.000 shares preferred (value included in Line 29 \$.....0).....		
35. Surplus as regards policyholders (Lines 27 to 33, less 34).....	25,581,494	25,570,759
36. Totals.....	31,618,300	50,817,383

DETAILS OF WRITE-INS

2301. Unearned Fee Income.....	101,667	196,151
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	101,667	196,151
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 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 \$.....13,072,478).....	8,895,554	4,441,800	6,186,682
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....13,072,478).....	8,895,554	4,441,800	6,186,682
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	3,202,399	1,332,540	1,153,224
2.2 Assumed.....			
2.3 Ceded.....	3,202,399	1,332,540	1,153,224
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	537,719	266,507	236,881
4. Other underwriting expenses incurred.....	746,477	199,284	47,618
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,284,196	465,791	284,499
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(1,284,196)	(465,791)	(284,499)
INVESTMENT INCOME			
9. Net investment income earned.....	902,740	1,542,564	2,027,807
10. Net realized capital gains (losses) less capital gains tax of \$.....(65,126).....	(120,947)	(75)	(75)
11. Net investment gain (loss) (Lines 9 + 10).....	781,793	1,542,489	2,027,732
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....41).....	(41)	(4)	(4)
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	236,486	1,173,397	1,301,833
15. Total other income (Lines 12 through 14).....	236,445	1,173,393	1,301,829
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(265,958)	2,250,091	3,045,062
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).....	(265,958)	2,250,091	3,045,062
19. Federal and foreign income taxes incurred.....	(59,842)	719,340	967,631
20. Net income (Line 18 minus Line 19) (to Line 22).....	(206,116)	1,530,751	2,077,431
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	25,570,759	24,134,113	24,134,113
22. Net income (from Line 20).....	(206,116)	1,530,751	2,077,431
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.....	(59,023)	(224)	110,671
27. Change in nonadmitted assets.....	275,874	2,252	(318,456)
28. Change in provision for reinsurance.....			(433,000)
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).....	10,735	1,532,779	1,436,646
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	25,581,494	25,666,892	25,570,759
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.....	235,486	1,152,235	1,280,671
1402. Client Risk Survey Income.....		21,162	7,000
1403. Miscellaneous Income.....	1,000		14,162
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).....	236,486	1,173,397	1,301,833
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 Ended December 31
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	2,260,202	(729,921)
2. Net investment income.....	1,280,786	2,253,121
3. Miscellaneous income.....	236,445	1,301,829
4. Total (Lines 1 through 3).....	3,777,433	2,825,029
5. Benefit and loss related payments.....	1,359,744	(319,458)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	611,374	(25,779)
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(53,929)	852,916
10. Total (Lines 5 through 9).....	1,917,189	507,679
11. Net cash from operations (Line 4 minus Line 10).....	1,860,244	2,317,350
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	25,017,737	6,051,757
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.....		(116)
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	25,017,737	6,051,641
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	6,904,368	3,352,061
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).....	6,904,368	3,352,061
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).....	18,113,369	2,699,580
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).....	(21,430,217)	(4,419,900)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(21,430,217)	(4,419,900)
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).....	(1,456,604)	597,030
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	5,989,568	5,392,539
19.2 End of period (Line 18 plus Line 19.1).....	4,532,964	5,989,568

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

20.0001		
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NOTES TO FINANCIAL STATEMENTS**Note 1 - Summary of Significant Accounting Policies**

- A. 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.

Note 2 - Accounting Changes and Corrections of Errors

See Note 5.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

- D. As of September 30, 2009 provisions of SSAP No. 43R were adopted prospectively. 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.

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 project that we will be able to maintain the current book yield, no other-than-temporary impairment is warranted.

For all loan-backed securities held at September 30, 2009 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:

	Fair Market Value	Amortized Cost	Unrealized Loss
Less than 12 month	\$ -	\$ -	\$ -
Over 12 month	\$ 1,235,642	\$ 1,334,423	\$ (98,778)
Total	\$ 1,235,642	\$ 1,334,423	\$ (98,778)

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

- A. Effective July 31, 2009, affiliate Physicians Protective Plan, Inc. was merged into affiliate IAO, Inc.
- Effective August 15, 2009, affiliate E-Health Solutions was sold.
- Effective August 31, 2009, affiliates NCRIC Insurance Agency, Inc., National Capital Insurance Brokerage, Ltd. and ProNational Insurance Agency, Inc. were merged into affiliate IAO, Inc.
- Effective September 30, 2009, affiliates Medical Assurance Agency of Indiana, Inc. and Mutual Assurance Agency of Ohio, Inc. were merged into affiliate IAO, Inc.
- B. As of February 26, 2009 bonds and interest of \$14.5 million were transferred to an affiliate, ProAssurance Casualty Company together with over \$5 million cash to create a trust established to support reinsurance agreements shared between ProAssurance Casualty and the Company. As a result of the transfer, the Company recognized a realized loss of \$124,866 due to the combined fair value of bonds being less than the combined carrying value.
- C. Effective January 2, 2009, the Company's parent, ProAssurance Corporation, purchased Mid-Continent General Agency, Inc. (MCGA). Prior to that date, MCGA was an independent agency that had underwritten premiums for the Company since 2007. As a result of the acquisition, premiums written produced by MCGA increased in 2009 to \$9.8 million from \$1.7 million in 2008. Loss and underwriting expenses, including ceding commission income, attributable to this agency increased in 2009 to \$6.1 million from \$1.1 million in 2008.
- Effective August 1, 2009, the Company and its affiliates amended its Tax Allocation Agreement, Expense Allocation and Management Services Agreements primarily to include a new affiliate, PRA Group Holdings, Inc. and reflect recent company mergers or dispositions.

Note 11 - Debt

No significant change.

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

No significant change.

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

No significant change.

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

No significant change.

- C. The Company has recognized no wash sales in 2009.

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

No significant change.

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

No significant change.

NOTES TO FINANCIAL STATEMENTS**Note 20 - Other Items**

G. Subprime 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 ratio.

(2) Direct exposure through subprime mortgage Loans:

None

(3) Direct Exposure through other Investments:

(000's)

Type	Book Adjusted Actual Cost	Carrying Value	Fair Value	Other than Temporary Impairments
RMBS	\$ 336	\$ 336	\$ 272	\$ -

(4) Underwriting Exposure to subprime mortgage risk through Mortgage Guaranty and Financial Guaranty insurance coverage:

None

Note 21 - Events Subsequent

No significant change.

Note 22 - Reinsurance

C. (1) Reinsurance Assumed and Ceded:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Comm. Equity	Premium Reserve	Comm. Equity	Premium Reserve	Comm. Equity
a. Affiliates	\$ -	\$ -	\$ 7,284,000	\$ 2,185,000	\$ (7,284,000)	\$ (2,185,000)
b. All Other	\$ -	\$ -	\$ 33,000	\$ 7,000	\$ (33,000)	\$ (7,000)
c. Total	\$ -	\$ -	\$ 7,317,000	\$ 2,192,000	\$ (7,317,000)	\$ (2,192,000)

d. Direct Unearned Premium Reserve \$7,317,000

(2) None

(3) The Company does not use protected cells as an alternative to traditional reinsurance.

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

No significant change.

Note 26 - Structured Settlements

No significant change.

Note 27 - Health Care Receivables

No significant change.

NOTES TO FINANCIAL STATEMENTS

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

No significant change.

Note 32 - Asbestos/Environmental Reserves

No significant change.

Note 33 - Subscriber Savings Accounts

No significant change.

Note 34 - Multiple Peril Crop Insurance

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

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 [X] No []
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [X] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] 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 [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 [X] No [] N/A []
If yes, attach an explanation.
TAX ALLOCATION, EXPENSE ALLOCATION AND MANAGEMENT SERVICES AGREEMENTS WERE AMENDED ON 8/01/09 TO UPDATE THE PARTIES.

- 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 [] No [X] 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

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

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? If no, attach a description with this statement. Yes No

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:

**PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.
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
	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
Total.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....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)
U.S. Insurers				
19453.....	13-5616275.....	Transatlantic Reins Co.....	NY.....	YES.....
.....	AA-1340125.....	Hannover Ruckversicherung AG.....	DE.....	YES.....

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						4
3. Arizona.....AZ	E	533,203	407,391	50,000	150,000	606,592	649,992
4. Arkansas.....AR	E	113,157	212,312			486,144	502,898
5. California.....CA	N						
6. Colorado.....CO	E	112,960	6,897			24,787	2,107
7. Connecticut.....CT	N						
8. Delaware.....DE	E	201,446	39,987			130,828	95,285
9. District of Columbia.....DC	E	331,862	106,403			123,788	63,063
10. Florida.....FL	E	1,409,374	357,612	857,194	473,589	1,125,032	1,546,855
11. Georgia.....GA	E	856,941	629,412	34,379	2,860	2,008,577	1,978,864
12. Hawaii.....HI	E	95,258	7,103			19,714	2,648
13. Idaho.....ID	E	28,433	2,412			8,126	842
14. Illinois.....IL	E	792,776	309,727			747,878	597,368
15. Indiana.....IN	E	203,951	12,585			35,985	2,510
16. Iowa.....IA	E	56,086	19,084			98,952	95,388
17. Kansas.....KS	E	72,370	9,737			20,959	2,146
18. Kentucky.....KY	E	476,583	189,220	310,000		1,146,844	1,569,000
19. Louisiana.....LA	E	439,827	27,683			97,801	12,665
20. Maine.....ME	N						
21. Maryland.....MD	E	255,398	22,619	3,960		231,192	273,105
22. Massachusetts.....MA	N						
23. Michigan.....MI	E	686,747	170,255	398,000		405,008	655,930
24. Minnesota.....MN	E					721	582
25. Mississippi.....MS	E	443,628	124,821			660,253	36,331
26. Missouri.....MO	E	149,273	31,480		700,990	141,233	183,161
27. Montana.....MT	E	820				489	78
28. Nebraska.....NE	E	94,559	2,304			27,459	434
29. Nevada.....NV	E	173,087	9,718			36,545	10,310
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	E	300,228	50,796			93,503	43,697
32. New Mexico.....NM	E	188,648	15,942			45,105	4,269
33. New York.....NY	N						
34. North Carolina.....NC	E	379,613	82,318	(1,992)	450,000	150,909	77,440
35. North Dakota.....ND	E					3,829	1,381
36. Ohio.....OH	E	647,070	335,942	107,134		1,563,448	1,603,659
37. Oklahoma.....OK	E	82,043	98,167	150,000		318,287	537,313
38. Oregon.....OR	E	47,884	5,552			12,803	1,699
39. Pennsylvania.....PA	E	362,955	45,221			98,702	13,782
40. Rhode Island.....RI	N						
41. South Carolina.....SC	E	4,500				528	
42. South Dakota.....SD	E	5,822	714			8,224	1,174
43. Tennessee.....TN	E	505,476	505,909	650,000	400,000	538,165	967,646
44. Texas.....TX	E	1,975,909	438,992		25,302	629,090	158,700
45. Utah.....UT	E	80,099	47,855			70,769	34,161
46. Vermont.....VT	E	32,448	4,032			7,414	389
47. Virginia.....VA	E	226,156	56,680			711,516	548,027
48. Washington.....WA	E	312,220	33,742	65,000		165,895	89,044
49. West Virginia.....WV	E	170,487	9,835			44,029	2,086
50. Wisconsin.....WI	E	203,243	40,368			53,848	5,201
51. Wyoming.....WY	E	19,938	2,010			4,897	1,125
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	13,072,478	4,472,837	2,623,675	2,202,741	12,705,868	12,372,359

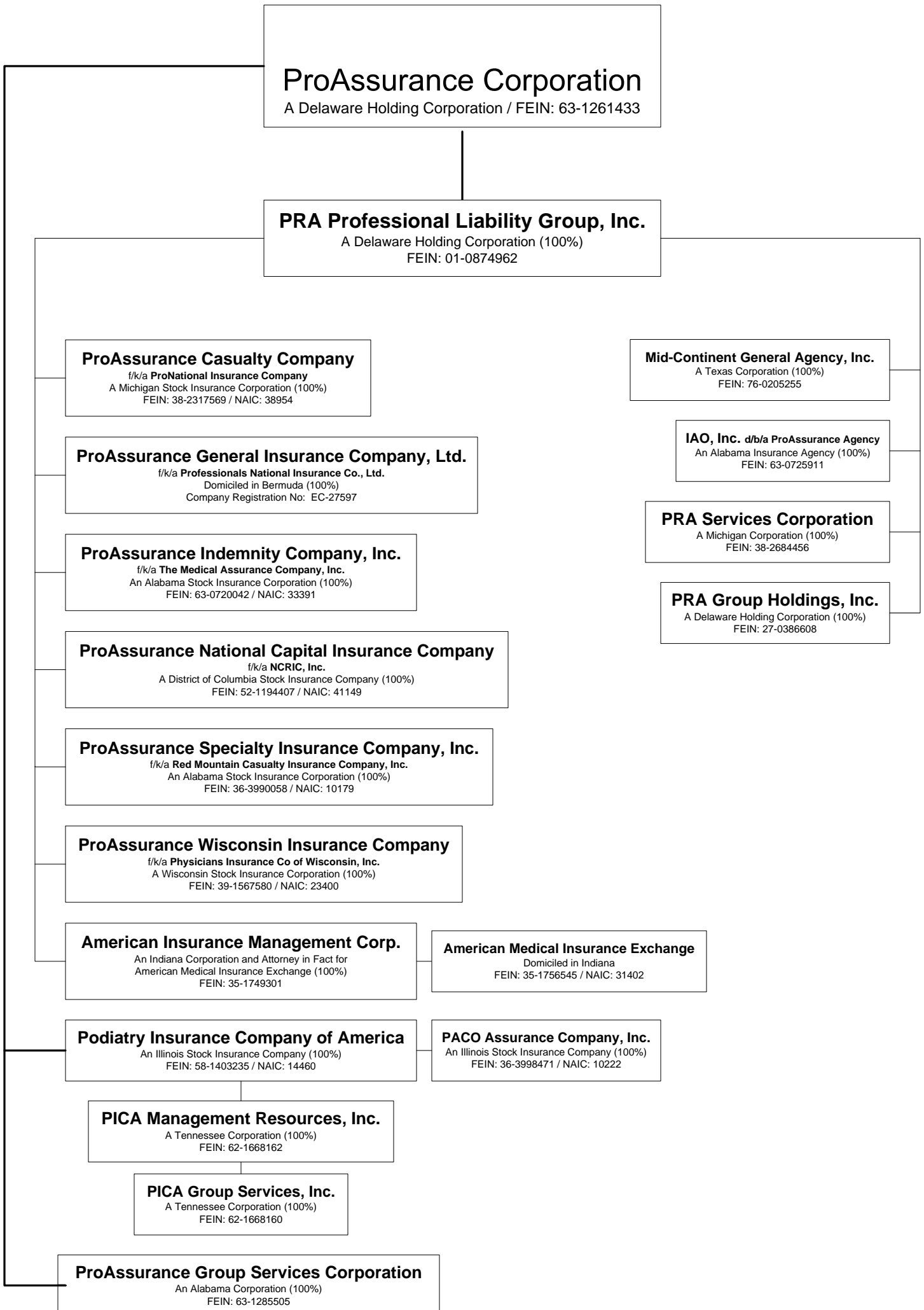
DETAILS OF WRITE-INS

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

(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



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.....	34,255	12,332	36.0	
11.2. Medical professional liability - claims made.....	7,407,925	2,662,236	35.9	30.0
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.....	139,250	50,130	36.0	30.0
17.2. Other liability-claims made.....	1,314,124	477,701	36.4	30.0
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.....	8,895,554	3,202,399	36.0	30.0
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.....		34,255	
11.2. Medical professional liability - claims made.....	2,923,568	10,061,450	4,239,940
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.....	60,691	184,066	9,029
17.2. Other liability-claims made.....	1,801,427	2,792,707	223,868
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.....	4,785,686	13,072,478	4,472,837
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)	2009 Loss and LAE Payments on Claims Reported as of Prior Year-End	2009 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2009 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. 2006 + Prior.....		.491	.491		.113	.113			.378	.378	.0	.0	.0
2. 2007.....		.207	.207		.47	.47			.160	.160	.0	.0	.0
3. Subtotals 2007 + Prior.....	0	.698	.698	0	.160	.160	0	0	.538	.538	0	0	0
4. 2008.....		.208	.208		.48	.48			.160	.160	.0	.0	.0
5. Subtotals 2008 + Prior.....	0	.906	.906	0	.208	.208	0	0	.698	.698	0	0	0
6. 2009.....	.XXX	.XXX	.XXX	.XXX	.123	.123	.XXX		.415	.415	.XXX	.XXX	.XXX
7. Totals.....	0	.906	.906	0	.331	.331	0	0	1,113	1,113	0	0	0
8. Prior Year-End's Surplus As Regards Policyholders	25,571										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.

	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

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

NONE

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

NONE

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

NONE

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.....	42,545,226	45,478,149
2. Cost of bonds and stocks acquired.....	6,904,368	3,352,061
3. Accrual of discount.....	4,317	6,240
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(186,074)	
6. Deduct consideration for bonds and stocks disposed of.....	25,017,736	6,051,756
7. Deduct amortization of premium.....	105,722	239,466
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).....	24,144,379	42,545,226
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	24,144,379	42,545,226

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).....	26,644,468	13,399,741	11,533,311	(1,042,415)	29,182,510	26,644,468	27,468,484	46,564,752
2. Class 2 (a).....			1,008,482	1,008,482				2,057,345
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	26,644,468	13,399,741	12,541,793	(33,933)	29,182,510	26,644,468	27,468,484	48,622,097
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.....	26,644,468	13,399,741	12,541,793	(33,933)	29,182,510	26,644,468	27,468,484	48,622,097

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 \$.....3,324,105; 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.....	3,324,105	XXX	3,324,105		

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.....	6,076,871	1,717,811
2. Cost of short-term investments acquired.....	21,863,285	43,977,252
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	24,616,051	39,618,193
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).....	3,324,105	6,076,871
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	3,324,105	6,076,871

**Sch. DB-Part F-Section 1
NONE**

**Sch. DB-Part F-Section 2
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)	3,789,879
2. Cost of cash equivalents acquired.....		80,774,343
3. Accrual of discount.....		71,611
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(116)
6. Deduct consideration received on disposals.....		84,633,461
7. Deduct amortization of premium.....		2,258
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-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 2
NONE

Sch. B-Part 3
NONE

Sch. BA-Part 2
NONE

Sch. BA-Part 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)
Bonds - U.S. Government									
912828 KG 4	US TREASURY N/B		07/21/2009	MERRILL LYNCH		1,611,258	1,610,000	7,760	1
0399999.	Total - Bonds - U.S. Government					1,611,258	1,610,000	7,760	XXX
Bonds - Industrial and Miscellaneous									
17313Y AG 6	CITIGROUP FUNDING INC		09/25/2009	CITIGROUP		1,011,925	1,000,000	5,313	1FE
24424D AA 7	JOHN DEERE CAPITAL CORP		09/25/2009	CITIGROUP		1,033,204	1,000,000	8,066	1FE
36186C BF 9	GMAC INC		09/25/2009	BANK AMERICA		1,012,063	1,000,000	6,844	1FE
36967H AY 3	GENERAL ELEC CAP CORP		09/25/2009	CITIGROUP		1,023,479	1,000,000	7,438	1FE
481247 AE 4	JPMORGAN CHASE & CO		09/25/2009	BARCLAYS AMERICAN		1,013,751	1,000,000	5,785	1FE
3899999.	Total - Bonds - Industrial & Miscellaneous					5,094,422	5,000,000	33,446	XXX
8399997.	Total - Bonds - Part 3					6,705,680	6,610,000	41,206	XXX
8399999.	Total - Bonds					6,705,680	6,610,000	41,206	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					6,705,680	XXX	41,206	XXX

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

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	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 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 Desig- nation 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.							
Bonds - U.S. Government																					
31398A	GR 7	FANNIE MAE.....	.09/10/2009	CALLED BY ISSUER at 100.000		3,000,000	3,000,000	3,023,850	3,018,701		(18,701)		(18,701)		3,000,000			0	156,000	09/10/2012	1.....
36213H	M7 1	GN 554882.....	.09/01/2009	MBS PAYMENT.....		3,774	3,774	3,875	3,799		(25)		(25)		3,774			0	144	12/01/2030	1.....
912828	FP 0	US TREASURY N/B.....	.08/15/2009	MATURITY.....		1,610,000	1,610,000	1,620,880	1,613,068		(3,068)		(3,068)		1,610,000			0	78,488	08/15/2009	1.....
0399999.		Total - Bonds - U.S. Government.....				4,613,774	4,613,774	4,648,605	4,635,568	0	(21,794)	0	(21,794)	0	4,613,774	0	0	0	234,632	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
31297F	J5 3	FG A27484.....	.09/01/2009	MBS PAYMENT.....		4,871	4,871	5,034	4,884		(14)		(14)		4,871			0	209	12/01/2033	1.....
31297H	KB 4	FG A29290.....	.09/01/2009	MBS PAYMENT.....		16,724	16,724	16,609	16,707		17		17		16,724			0	503	07/01/2033	1.....
31297S	ZP 3	FG A37050.....	.09/01/2009	MBS PAYMENT.....		14,524	14,524	14,347	14,510		13		13		14,524			0	458	02/01/2035	1.....
31404Q	ZZ 5	FN 775760.....	.09/01/2009	MBS PAYMENT.....		3,984	3,984	4,051	3,990		(5)		(5)		3,984			0	146	03/01/2033	1.....
31405M	CG 0	FN 793071.....	.09/01/2009	MBS PAYMENT.....		2,663	2,663	2,768	2,676		(13)		(13)		2,663			0	106	02/01/2034	1.....
31406W	US 1	FN 822393.....	.09/01/2009	MBS PAYMENT.....		3,247	3,247	3,280	3,248		(1)		(1)		3,247			0	119	12/01/2034	1.....
3199999.		Total - Bonds - U.S. Special Revenue & Assessment.....				46,013	46,013	46,089	46,015	0	(3)	0	(3)	0	46,013	0	0	0	1,541	XXX	XXX
Bonds - Industrial and Miscellaneous																					
40430G	AJ 9	HFC Home Eq Ln ABS Cif 2005-3 M1.....	.09/20/2009	MBS PAYMENT.....		7,869	7,869	7,869	7,869				0		7,869			0	43	07/20/2017	1FE.....
637432	CV 5	NATIONAL RURAL UTILITIES.....	.08/28/2009	MATURITY.....		500,000	500,000	548,055	506,325		(6,325)		(6,325)		500,000			0	28,750	08/28/2009	1FE.....
780097	AL 5	ROYAL BK SCOTLND GRP PLC.....	F..09/08/2009	JEFFERIES & CO.....		893,450	1,000,000	1,015,670	1,009,494		(1,013)		(1,013)		1,008,482		(115,032)	(115,032)	47,222	10/01/2014	2FE.....
3899999.		Total - Bonds - Industrial & Miscellaneous.....				1,401,319	1,507,869	1,571,594	1,523,688	0	(7,338)	0	(7,338)	0	1,516,351	0	(115,032)	(115,032)	76,015	XXX	XXX
8399997.		Total - Bonds - Part 4.....				6,061,106	6,167,656	6,266,288	6,205,271	0	(29,135)	0	(29,135)	0	6,176,138	0	(115,032)	(115,032)	312,188	XXX	XXX
8399999.		Total - Bonds.....				6,061,106	6,167,656	6,266,288	6,205,271	0	(29,135)	0	(29,135)	0	6,176,138	0	(115,032)	(115,032)	312,188	XXX	XXX
9999999.		Total - Bonds, Preferred and Common Stocks.....				6,061,106	XXX	6,266,288	6,205,271	0	(29,135)	0	(29,135)	0	6,176,138	0	(115,032)	(115,032)	312,188	XXX	XXX

QE05

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

**Sch. DB-Part A-Section 1
NONE**

**Sch. DB-Part B-Section 1
NONE**

**Sch. DB-Part C-Section 1
NONE**

**Sch. DB-Part D-Section 1
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.....					.....4,493	.....4,998	.....5,002	XXX
BANK OF AMERICA..... ATLANTA, GA.....					.....417,956	.....1,416,801	.....1,203,858	XXX
0199999. Total Open Depositories.....	...XXX...	...XXX...	.....0	.....0	.....422,449	.....1,421,799	.....1,208,859	XXX
0399999. Total Cash on Deposit.....	...XXX...	...XXX...	.....0	.....0	.....422,449	.....1,421,799	.....1,208,859	XXX
0599999. Total Cash.....	...XXX...	...XXX...	.....0	.....0	.....422,449	.....1,421,799	.....1,208,859	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



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	173,362	211,675	50,000	1	(53,797)			502,243
4. Arkansas.....AR	75,546	117,808			(77,589)			428,896
5. California.....CA								
6. Colorado.....CO	7,002	4,412			1,588			1,588
7. Connecticut.....CT								
8. Delaware.....DE		168			100			19,154
9. District of Columbia.....DC	101,472	90,938			32,738			97,059
10. Florida.....FL	141,462	150,404	857,194	2	54,146	300,708	1	452,847
11. Georgia.....GA	218,819	265,426			95,553	600,004	4	1,194,825
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	422,459	384,653			143,462	120,002	2	504,324
15. Indiana.....IN								
16. Iowa.....IA	40,009	43,148			19,532	100,001	1	(26,067)
17. Kansas.....KS								
18. Kentucky.....KY	268,167	255,953	310,000	2	92,143	600,002	3	515,794
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD	124,636	62,865			22,631			186,105
22. Massachusetts.....MA								
23. Michigan.....MI	85,757	104,374	398,000	2	37,575	2,000		168,918
24. Minnesota.....MN								
25. Mississippi.....MS	360,268	663,909			589,007	950,003	4	(311,071)
26. Missouri.....MO	34,369	12,712			4,576			111,378
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								16,048
32. New Mexico.....NM	7,500	2,507			902			902
33. New York.....NY								
34. North Carolina.....NC			(1,992)					27,562
35. North Dakota.....ND								
36. Ohio.....OH	260,810	306,556	100,000	1	103,730	500,003	3	901,407
37. Oklahoma.....OK	33,756	29,601	150,000	1	(89,344)			273,585
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN	330,296	303,206	650,000	2	109,154	100,001	1	332,620
44. Texas.....TX	32,458	31,907			11,487			68,089
45. Utah.....UT		19,927			11,784			17,595
46. Vermont.....VT								
47. Virginia.....VA	63,713	149,108			54,888	800,002	2	(150,049)
48. Washington.....WA	205,674	29,302	65,000	1	10,549	100,001	1	34,177
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.....	2,987,535	3,240,559	2,578,202	12	1,174,815	4,172,727	22	5,367,929

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	114,346	74,344			26,764			26,764
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	43,419	18,081			6,509			6,509
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA	52,325	23,510			8,464			8,464
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	7,002	3,684			1,326			1,326
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV	83,584	62,516			22,506			22,506
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.....	300,676	182,135	0	0	65,569	0	0	65,569

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	47,930	36,684			13,206	6,800		50,752
4. Arkansas.....AR	11,783	18,671			6,721	39,054		11,274
5. California.....CA								
6. Colorado.....CO	12,570	6,177			2,224			5,167
7. Connecticut.....CT								
8. Delaware.....DE	199,406	135,127			48,607	16,502		94,605
9. District of Columbia.....DC		1,436			517			6,376
10. Florida.....FL	131,059	155,987			56,155	11,550	1	161,964
11. Georgia.....GA	136,703	171,252	34,379		61,651	44,890	1	87,912
12. Hawaii.....HI	44,699	23,751			8,550			11,868
13. Idaho.....ID		2,772			998			2,608
14. Illinois.....IL	63,042	46,170			11,635			64,898
15. Indiana.....IN	24,441	14,700			5,292			9,100
16. Iowa.....IA	6,743	12,599			537	16,502		6,451
17. Kansas.....KS	9,167	12,014			4,325			8,321
18. Kentucky.....KY	69,070	27,195			9,790			10,407
19. Louisiana.....LA	68,090	35,698			12,851	6,250		22,550
20. Maine.....ME								
21. Maryland.....MD	30,878	29,592	3,960		10,653	4,950		19,688
22. Massachusetts.....MA								
23. Michigan.....MI	52,958	61,246			22,049	122,003	1	11,307
24. Minnesota.....MN								721
25. Mississippi.....MS	50,199	29,222			10,520	2,750		14,143
26. Missouri.....MO	27,767	21,757			7,833			12,249
27. Montana.....MT		605			218			347
28. Nebraska.....NE	67,833	57,569			20,725	1,000		21,388
29. Nevada.....NV	13,749	10,079			3,628			13,408
30. New Hampshire.....NH								
31. New Jersey.....NJ	24,603	39,990			14,396			31,255
32. New Mexico.....NM	5,551	10,109			3,639			10,492
33. New York.....NY								
34. North Carolina.....NC	31,023	50,314			18,113			53,955
35. North Dakota.....ND		3,742			1,347			3,612
36. Ohio.....OH	42,433	64,756	7,134	1	29,942			94,907
37. Oklahoma.....OK	10,411	7,995			2,878			38,671
38. Oregon.....OR	2,000	9,907			3,566			6,979
39. Pennsylvania.....PA	144,497	98,713			35,537	3,300		53,657
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD	5,322	12,314			4,433			7,686
43. Tennessee.....TN	87,580	63,260			22,774	58,251	1	29,073
44. Texas.....TX	606,027	422,623			152,144	57,151	2	220,770
45. Utah.....UT	2,911	14,381			567			33,028
46. Vermont.....VT	1,250	1,252			451			1,273
47. Virginia.....VA	44,627	38,278			12,571	8,350		34,528
48. Washington.....WA	10,799	14,251			5,130	2,860		8,567
49. West Virginia.....WV	26,600	17,428			6,274			9,707
50. Wisconsin.....WI	36,795	33,544			12,076			25,272
51. Wyoming.....WY		2,012			724			2,312
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.....	2,150,516	1,815,172	45,473	1	645,247	402,163	6	1,313,248

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	232,251	84,150			30,294	1,000	1	29,294
4. Arkansas.....AR	10,658	3,623			1,304			1,304
5. California.....CA								
6. Colorado.....CO	53,177	28,868			10,392			10,392
7. Connecticut.....CT								
8. Delaware.....DE	1,500	760			274			274
9. District of Columbia.....DC	225,579	52,711			18,976			18,976
10. Florida.....FL	746,378	330,794			119,086	30,000	2	89,086
11. Georgia.....GA	166,917	69,613			25,061			25,061
12. Hawaii.....HI	32,655	9,532			3,431	1,000	1	2,431
13. Idaho.....ID	18,492	8,954			3,223			3,223
14. Illinois.....IL	103,387	49,423			17,792			17,792
15. Indiana.....IN	76,794	38,223			13,760			13,760
16. Iowa.....IA	5,100	2,432			875			875
17. Kansas.....KS	48,955	25,706			9,254			9,254
18. Kentucky.....KY	73,481	32,894			11,842			11,842
19. Louisiana.....LA	213,443	108,115			38,921			38,921
20. Maine.....ME								
21. Maryland.....MD	55,010	26,415			9,509			9,509
22. Massachusetts.....MA								
23. Michigan.....MI	359,554	182,903			65,845	50,000	1	15,845
24. Minnesota.....MN								
25. Mississippi.....MS	16,843	5,145			1,852			1,852
26. Missouri.....MO	58,979	33,950			12,222			12,222
27. Montana.....MT								
28. Nebraska.....NE	9,629	2,603			937			937
29. Nevada.....NV	71,705	31,637			11,389			11,389
30. New Hampshire.....NH								
31. New Jersey.....NJ	134,285	63,780			22,961			22,961
32. New Mexico.....NM	132,480	67,967			24,468			24,468
33. New York.....NY								
34. North Carolina.....NC	197,579	98,004			35,281			35,281
35. North Dakota.....ND								
36. Ohio.....OH	210,765	109,110			39,280			39,280
37. Oklahoma.....OK	21,751	9,220			3,319			3,319
38. Oregon.....OR	31,184	9,442			3,399			3,399
39. Pennsylvania.....PA	106,157	52,634			18,948	1,000	1	17,948
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN	39,130	20,954			7,544			7,544
44. Texas.....TX	876,147	480,041			172,815	2,000	2	170,815
45. Utah.....UT	60,570	36,069			12,985			12,985
46. Vermont.....VT	21,077	11,259			4,053			4,053
47. Virginia.....VA	47,624	23,518			8,467	1,000	1	7,467
48. Washington.....WA	32,944	12,350			4,446			4,446
49. West Virginia.....WV	41,898	23,235			8,365			8,365
50. Wisconsin.....WI	111,781	54,366			19,572			19,572
51. Wyoming.....WY	11,120	3,914			1,409			1,409
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.....	4,656,979	2,204,314	0	0	793,551	86,000	9	707,551

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