



QUARTERLY STATEMENT

As of September 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 1st day of November, 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.....	26,950,977		26,950,977	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 (\$.....2,158,830), cash equivalents (\$.....0) and short-term investments (\$.....323,398).....	2,482,228		2,482,228	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).....	29,433,205	0	29,433,205	28,996,096
12. Title plants less \$.....0 charged off (for Title insurers only).....			0	
13. Investment income due and accrued.....	221,712		221,712	146,092
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection.....	133,255		133,255	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.....	983,746		983,746	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.....			0	
17.2 Net deferred tax asset.....	92,973	61,406	31,567	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.....	1,556,059		1,556,059	1,143,712
23. Health care (\$.....0) and other amounts receivable.....			0	
24. Aggregate write-ins for other than invested assets.....	3,237	3,237	0	0
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 through 24).....	32,424,187	64,643	32,359,544	32,371,101
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
27. Total (Lines 25 and 26).....	32,424,187	64,643	32,359,544	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.....	3,237	3,237	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).....	3,237	3,237	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....		
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	1,162,099	870,000
4. Commissions payable, contingent commissions and other similar charges.....	7,843	63,531
5. Other expenses (excluding taxes, licenses and fees).....	83,257	267,047
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	32,327	33,495
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	304,643	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 \$...9,039,737 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).....	3,793,479	3,621,123
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	326,644	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.....	270,926	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.....	35,000	150,000
25. Total liabilities excluding protected cell liabilities (Lines 1 through 24).....	6,289,218	6,135,605
26. Protected cell liabilities.....		
27. Total liabilities (Lines 25 and 26).....	6,289,218	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).....	10,603,798	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).....	26,070,326	26,235,496
37. Totals.....	32,359,544	32,371,101

DETAILS OF WRITE-INS

2401. Unearned Fee Income.....	35,000	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).....	35,000	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 \$.....16,365,740).....	15,412,203	8,895,554	13,262,927
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....16,365,740).....	15,412,203	8,895,554	13,262,927
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	5,548,317	3,202,399	3,046,411
2.2 Assumed.....			
2.3 Ceded.....	5,548,317	3,202,399	3,046,411
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	924,732	537,719	408,829
4. Other underwriting expenses incurred.....	155,701	746,477	586,017
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,080,433	1,284,196	994,846
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(1,080,433)	(1,284,196)	(994,846)
INVESTMENT INCOME			
9. Net investment income earned.....	575,406	902,740	1,085,947
10. Net realized capital gains (losses) less capital gains tax of \$.....5,953.....	11,056	(120,947)	(134,084)
11. Net investment gain (loss) (Lines 9 + 10).....	586,462	781,793	951,863
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....2).....	(2)	(41)	(41)
13. Finance and service charges not included in premiums.....	2,500		
14. Aggregate write-ins for miscellaneous income.....	162,000	236,486	307,150
15. Total other income (Lines 12 through 14).....	164,498	236,445	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).....	(329,473)	(265,958)	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).....	(329,473)	(265,958)	264,126
19. Federal and foreign income taxes incurred.....	(213,971)	(59,842)	105,695
20. Net income (Line 18 minus Line 19) (to Line 22).....	(115,502)	(206,116)	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).....	(115,502)	(206,116)	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.....	(50,900)	(59,023)	2,000
27. Change in nonadmitted assets.....	1,232	275,874	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).....	(165,170)	10,735	664,737
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	26,070,326	25,581,494	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.....	160,000	235,486	306,150
1402. Miscellaneous Income.....	2,000		1,000
1403. Client Risk Survey Income.....		1,000	
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).....	162,000	236,486	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.....	650,045	2,260,202	3,250,539
2. Net investment income.....	602,845	1,280,786	1,568,111
3. Miscellaneous income.....	164,498	236,445	307,109
4. Total (Lines 1 through 3).....	1,417,388	3,777,433	5,125,759
5. Benefit and loss related payments.....	223,762	1,359,744	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.....	396,347	611,374	679,602
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(342,278)	(53,929)	(120,605)
10. Total (Lines 5 through 9).....	277,831	1,917,189	2,145,041
11. Net cash from operations (Line 4 minus Line 10).....	1,139,557	1,860,244	2,980,718
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,756,893	25,017,737	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).....	1,756,893	25,017,737	29,162,763
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	7,826,206	6,904,368	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).....	7,826,206	6,904,368	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).....	(6,069,313)	18,113,369	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).....	(616,399)	(21,430,217)	(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).....	(616,399)	(21,430,217)	(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).....	(5,546,155)	(1,456,604)	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).....	2,482,228	4,532,964	8,028,383

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. 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 September 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 September 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	270,882	300,596	(29,714)
Total	<u>\$ 270,882</u>	<u>\$ 300,596</u>	<u>\$ (29,714)</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.

Note 7 - Investment Income

No significant change.

NOTES TO FINANCIAL STATEMENTS**Note 8 - Derivative Instruments**

None.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at September 30, 2010 and December 31, 2009 are as follows:

1.

	In Thousands								
	2010			2009			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	53	44	97	148	-	148	(95)	44	(51)
(b) Statutory Valuation Allowance Adjustment	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	53	44	97	148	-	148	(95)	44	(51)
(d) Deferred Tax Liabilities	4	-	4	4	-	4	-	-	-
(e) Subtotal (Net Deferred Tax Assets) (1c-1d)	49	44	93	144	-	144	(95)	44	(51)
(f) Deferred Tax Assets Nonadmitted	23	38	61	62	-	62	(39)	38	(1)
(g) Net Admitted Deferred Tax Assets (1e-1f)	26	6	32	82	-	82	(56)	6	(50)

2. The Company has not elected to admit additional DTAs pursuant to SSAP 10R, paragraph 10e for the reporting period ended September 30, 2010. The current period election does not differ from the prior year-end.

3. Not applicable.

4.

	In Thousands								
	2010			2009			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+9) Total
Admission Calculation Components – SSAP 10R, paragraphs 10.a., 10.b., and 10.c.:									
(a) Paragraph 10.a.	26	6	32	82	-	82	(56)	6	(50)
(b) Paragraph 10.b. (the lesser paragraph of 10.b.i and 10.b.ii below)	-	-	-	-	-	-	-	-	-
(c) Paragraph 10.b.i.	-	-	-	-	-	-	-	-	-
(d) Paragraph 10.b.ii.	XXX	XXX	2,581	XXX	XXX	2,556	XXX	XXX	25
(e) Paragraph 10.c.	4	-	4	4	-	4	-	-	-
(f) Total (4a+4b+4e)	30	6	36	86	-	86	(56)	6	(50)
Admission Calculation Components – SSAP 10R, paragraph 10.e.:									
(g) Paragraph 10.e.i.	-	-	-	-	-	-	-	-	-
(h) Paragraph 10.e.ii. (the lesser paragraph of 10.e.ii.a. and 10.e.ii.b. below)	-	-	-	-	-	-	-	-	-
(i) Paragraph 10.e.ii.a.	-	-	-	-	-	-	-	-	-
(j) Paragraph 10.e.ii.b.	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-
(k) Paragraph 10.e.iii.	-	-	-	-	-	-	-	-	-
(l) Total (4g+4h+4k)	-	-	-	-	-	-	-	-	-
Used in SSAP 10R, Paragraph 10.d.:									
(m) Total Adjusted Capital	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-
(n) Authorized Control Level	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-

5.

	In Thousands								
	2010			2009			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+9) Total
SSAP 10R, Paragraphs 10.a., 10.b. and 10.c.:									
(a) Admitted Deferred Tax Assets	26	6	32	82	-	82	(56)	6	(50)
(b) Admitted Assets	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-
(c) Adjusted Statutory Surplus*	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-
(d) Total Adjusted Capital from DTAs	XXX	XXX	-	XXX	XXX	-	XXX	XXX	-
Increases due to SSAP 10R, paragraph 10.e.									
(e) Admitted Deferred Tax Assets	(30)	(6)	(36)	-	-	-	(30)	(6)	(36)
(f) Admitted Assets			-			-	-	-	-
(g) Statutory Surplus			-			-	-	-	-

* As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, Paragraph 10.b.ii.

NOTES TO FINANCIAL STATEMENTS

B. Regarding deferred tax liabilities that are not recognized:

Not applicable.

C. Current and deferred income taxes consist of the following major components as of September 30, 2010 and December 31, 2009:

(1) Current Income Tax:

	In Thousands		
	(1) 2010	(2) 2009	(3) (Col 1-2) Change
(a) Federal	(214)	106	(320)
(b) Foreign	-	-	-
(c) Subtotal	(214)	106	(320)
(d) Federal income tax on net capital gains	6	(72)	78
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and Foreign income taxes incurred	(208)	34	(242)

2. Deferred Tax Assets:

	In Thousands		
	(1) 2010	(2) 2009	(3) (Col 1-2) Change
(a) Ordinary :			
(1) Unpaid losses and LAE	36	32	4
(2) Unearned premiums	-	-	-
(3) Unrealized losses	-	-	-
(4) Compensation Related	-	64	(64)
(5) Fixed assets	-	-	-
(6) Nonadmitted assets	1	1	-
(7) Other	16	51	(35)
(99) Subtotal	53	148	(95)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	23	62	(39)
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	30	86	(56)
(e) Capital:			
(1) OTTI - fixed maturities	-	-	-
(2) OTTI - other invested assets	-	-	-
(3) Other (including items <5% of total capital tax assets)	44	-	44
(99) Subtotal	44	-	44
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	38	-	38
(h) Admitted capital deferred tax assets (2e99-2f-2g)	6	-	6
(i) Admitted deferred tax assets (2d+2h)	36	86	(50)

NOTES TO FINANCIAL STATEMENTS

3. Deferred Tax Liabilities:

	In Thousands		
	(1)	(2)	(3)
	2010	2009	(Col 1-2) Change
(a) Ordinary			
(1) Bond market discount	3	3	-
(2) Partnerships	-	-	-
(3) Guaranty assessments	-	-	-
(4) BOLI redemption	-	-	-
(5) Other	1	1	-
(99) Subtotal	4	4	-
(b) Capital			
(1) Unrealized gains	-	-	-
(99) Subtotal	-	-	-
(c) Deferred Tax Liabilities	4	4	-

4. Net Deferred Tax Assets/Liabilities (2i-3c)

In Thousands		
(1)	(2)	(3)
2010	2009	(Col 1-2) Change
32	82	(50)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Among the more significant book to tax adjustments were the following:

	In Thousands		
	2010		
	Amount In Thousands	Effective Tax Rate (%)	Effective Tax Rate (%)
Provisions computed at statutory rate	(323)	(113)	35.0%
Tax-Exempt Interest	(126)	(44)	13.6%
Cash Surrender Value of Life Insurance	-	-	0.0%
Other, Including Change in Nonadmitted Assets	1	-	0.0%
Totals	(448)	(157)	48.6%
Federal income taxes incurred [expense/(benefit)]		(214)	66.3%
Tax on capital gains/(losses)		6	-1.9%
Change in net deferred income tax [charge/(benefit)]		51	-15.8%
Change in Accounting Principle		-	0.0%
Total statutory income taxes		(157)	48.6%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

- At September 30, 2010, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
- The following is income tax expense for 2010 and 2009 that is available for recoupment in the event of future net losses.

Year	Amount
2010	5,953
2009	33,496

F. Consolidated federal income tax return

- 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.
- 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**

A. Nature of relationships

Effective July 8, 2010, affiliate Podiatry Insurance Company of America became a subsidiary of affiliate PRA Professional Liability Group, Inc. It was previously a subsidiary of the Company's ultimate parent, ProAssurance Corporation.

Effective July 9, 2010, affiliate PACO Assurance Company, Inc. became a subsidiary of affiliate PRA Professional Liability Group, Inc. It was previously a subsidiary of affiliate Podiatry Insurance Company of America.

B through G – 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	Actual Cost	Book / Adjusted Carrying Value	Fair Value	Other-than-Temporary Impairments
RMBS	\$ 301	\$ 301	\$ 271	\$ -

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

Note 21 - Events Subsequent

None.

NOTES TO FINANCIAL STATEMENTS

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

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

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

2.2 If yes, date of change:

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

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

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

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

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

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2006.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/3/2007.....

6.4 By what department or departments?
ALABAMA DEPARTMENT OF INSURANCE

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A

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

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

7.2 If yes, give full information:

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

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

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

INVESTMENT

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
If no, attach a description with this statement.

16. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III. Conducting Examinations, F-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes No

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
US BANK	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 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
						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	431,048	533,203	99,759	50,000	507,292	606,592
4. Arkansas.....AR	E	274,538	113,157			383,804	486,144
5. California.....CA	N						
6. Colorado.....CO	E	99,901	112,960			261,856	24,787
7. Connecticut.....CT	N						
8. Delaware.....DE	E	129,754	201,446			204,416	130,828
9. District of Columbia.....DC	E	270,466	331,862			232,510	123,788
10. Florida.....FL	E	2,367,888	1,409,374	29,500	857,194	1,871,083	1,125,032
11. Georgia.....GA	E	1,240,160	856,941	473,370	34,379	1,255,261	2,008,577
12. Hawaii.....HI	E	58,767	95,258			53,294	19,714
13. Idaho.....ID	E	47,281	28,433			22,628	8,126
14. Illinois.....IL	E	1,052,226	792,776			1,137,067	747,878
15. Indiana.....IN	E	311,924	203,951			184,293	35,985
16. Iowa.....IA	E	245,581	56,086	13,983		156,522	98,952
17. Kansas.....KS	E	78,348	72,370			59,356	20,959
18. Kentucky.....KY	E	351,063	476,583		310,000	413,320	1,146,844
19. Louisiana.....LA	E	524,108	439,827	6,500		423,355	97,801
20. Maine.....ME	N						
21. Maryland.....MD	E	488,695	255,398	110	3,960	333,370	231,192
22. Massachusetts.....MA	N						
23. Michigan.....MI	E	832,822	686,747	13,201	398,000	611,791	405,008
24. Minnesota.....MN	E	13,291				25,792	721
25. Mississippi.....MS	E	434,912	443,628			825,131	660,253
26. Missouri.....MO	E	177,162	149,273	110		154,425	141,233
27. Montana.....MT	E	29,880	820			4,934	489
28. Nebraska.....NE	E	148,000	94,559	102,500		68,767	27,459
29. Nevada.....NV	E	150,861	173,087			111,607	36,545
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	E	581,444	300,228			286,344	93,503
32. New Mexico.....NM	E	164,810	188,648			128,645	45,105
33. New York.....NY	N						
34. North Carolina.....NC	E	308,562	379,613		(1,992)	251,300	150,909
35. North Dakota.....ND	E	(2,964)				2,173	3,829
36. Ohio.....OH	E	858,018	647,070		107,134	1,798,668	1,563,448
37. Oklahoma.....OK	E	205,237	82,043		150,000	235,133	318,287
38. Oregon.....OR	E	83,472	47,884			45,447	12,803
39. Pennsylvania.....PA	E	419,372	362,955			232,467	98,702
40. Rhode Island.....RI	N						
41. South Carolina.....SC	E	173,926	4,500			115,759	528
42. South Dakota.....SD	E	22,611	5,822			17,835	8,224
43. Tennessee.....TN	E	491,474	505,476		650,000	1,028,675	538,165
44. Texas.....TX	E	2,014,397	1,975,909	7,152		1,450,787	629,090
45. Utah.....UT	E	144,607	80,099			127,734	70,769
46. Vermont.....VT	E	53,771	32,448			24,573	7,414
47. Virginia.....VA	E	392,150	226,156	300,000		525,718	711,516
48. Washington.....WA	E	224,701	312,220	29,703	65,000	175,822	165,895
49. West Virginia.....WV	E	76,047	170,487			85,318	44,029
50. Wisconsin.....WI	E	361,602	203,243			157,645	53,848
51. Wyoming.....WY	E	33,827	19,938			14,955	4,897
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	16,365,740	13,072,478	1,075,888	2,623,675	16,006,872	12,705,868

DETAILS OF WRITE-INS

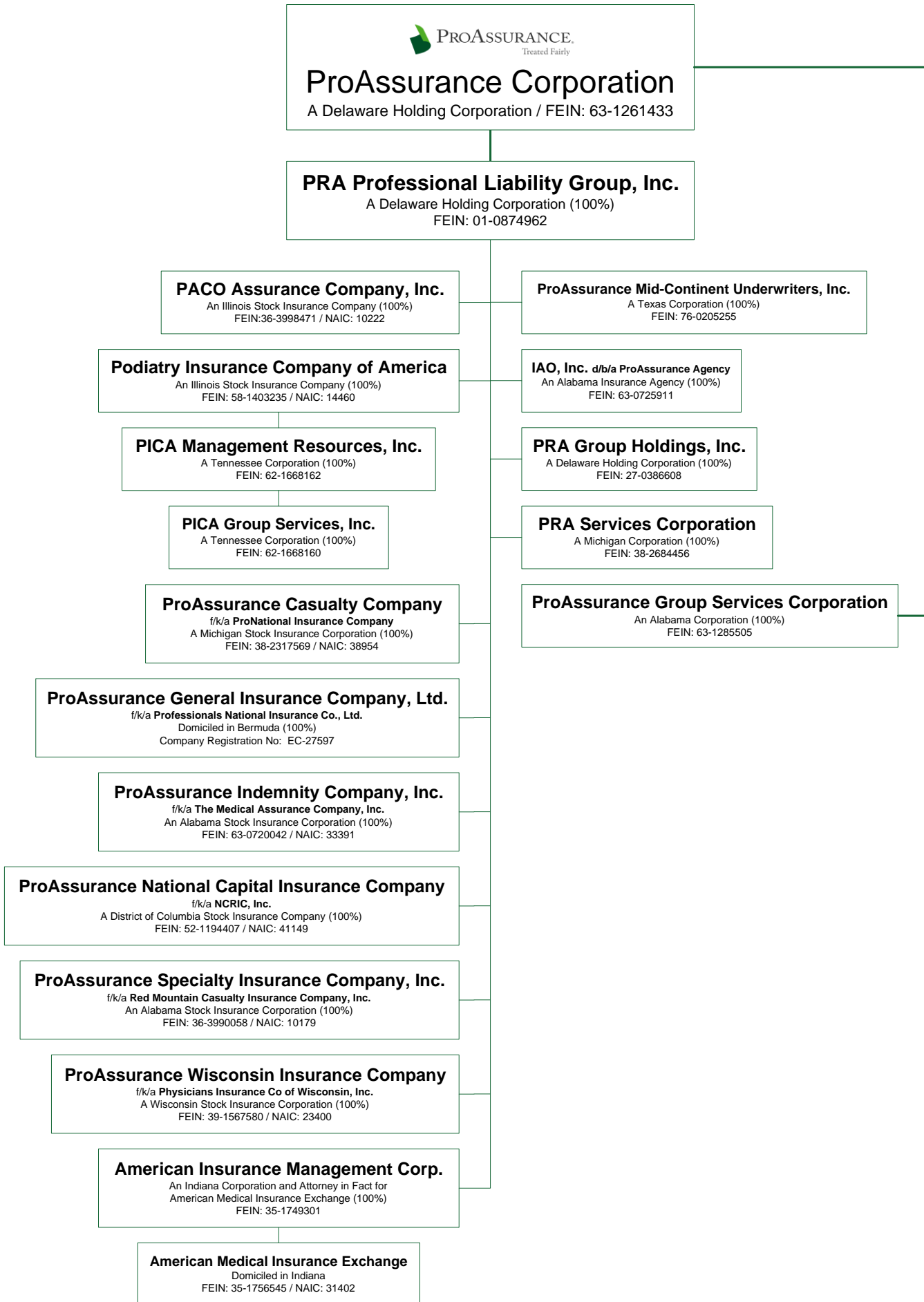
5801.....	XXX						
5802.....	XXX						
5803.....	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above).....	XXX	0	0	0	0	0	0

(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



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.....	230,348	82,925	36.0	36.0
11.2. Medical professional liability - claims-made.....	10,911,405	3,928,030	36.0	35.9
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.....	566,487	203,935	36.0	36.0
17.2. Other liability-claims made.....	3,703,963	1,333,427	36.0	36.4
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.....	15,412,203	5,548,317	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.....	84,418	230,348	34,255
11.2. Medical professional liability - claims made.....	4,208,063	11,316,997	10,061,450
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.....	120,872	299,500	184,066
17.2. Other liability-claims made.....	1,391,461	4,518,895	2,792,707
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.....	5,804,814	16,365,740	13,072,478

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		58	58			105	105	0	0	0
2. 2008.....		43	43		15	15			28	28	0	0	0
3. Subtotals 2008 + Prior.....	0	206	206	0	73	73	0	0	133	133	0	0	0
4. 2009.....		664	664		234	234			430	430	0	0	0
5. Subtotals 2009 + Prior.....	0	870	870	0	307	307	0	0	563	563	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	326	326	XXX		599	599	XXX	XXX	XXX
7. Totals.....	0	870	870	0	633	633	0	0	1,162	1,162	0	0	0
8. Prior Year-End's Surplus As Regards Policyholders	26,235										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. ....0.0 %	2. ....0.0 %	3. ....0.0 %
													Col. 13, Line 7 Line 8
													4. ....0.0 %

Q13

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	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:



Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1004.			0	
1097. Summary of remaining write-ins for Line 10.....	0	0	0	0

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2404.			0	
2497. Summary of remaining write-ins for Line 24.....	0	0	0	0

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31, Prior Year
2404.		
2497. Summary of remaining write-ins for Line 24.....	0	0

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31, Prior Year
2804.		
2897. Summary of remaining write-ins for Line 28.....	0	0

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31, Prior Year
3104.		
3197. Summary of remaining write-ins for Line 31.....	0	0

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.....	7,826,206	7,915,617
3. Accrual of discount.....	2,772	7,128
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	17,009	(206,284)
6. Deduct consideration for bonds and stocks disposed of.....	1,756,893	29,162,761
7. Deduct amortization of premium.....	105,831	131,214
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	26,950,977	20,967,713
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	26,950,977	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).....	27,070,520	5,495,753	5,255,839	(36,059)	28,919,839	27,070,520	27,274,375	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.....	27,070,520	5,495,753	5,255,839	(36,059)	28,919,839	27,070,520	27,274,375	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.....	27,070,520	5,495,753	5,255,839	(36,059)	28,919,839	27,070,520	27,274,375	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 \$.....323,398; 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.....	.....323,398	.....XXX.....	.....323,398	.....	.....

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.....	.....19,818,272	.....38,148,302
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....24,678,948	.....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).....	.....323,398	.....5,184,075
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....323,398	.....5,184,075

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous									
24702R AL 5	DELL INC.....		...09/07/2010	BARCLAYS AMERICAN.....		.....1,624,626	.....1,625,000		1FE.....
JPMOR8 13 6	JP MORGAN CHASE & CO.....		...08/11/2010	DIRECT.....		.....100,000	.....100,000		1.....
78008K BS 1	ROYAL BANK OF CANADA.....	A.....	...08/13/2010	RBC CAPITAL MARKETS SECURITIES - US.....		.....769,170	.....750,000	.....1,859	1FE.....
3899999.	Total - Bonds - Industrial & Miscellaneous.....					.....2,493,796	.....2,475,000	.....1,859	XXX.....
8399997.	Total - Bonds - Part 3.....					.....2,493,796	.....2,475,000	.....1,859	XXX.....
8399999.	Total - Bonds.....					.....2,493,796	.....2,475,000	.....1,859	XXX.....
9999999.	Total - Bonds, Preferred and Common Stocks.....					.....2,493,796	.....XXX	.....1,859	XXX.....

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

QE04

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market Indicator (a)
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							

Bonds - U.S. Government

36213H M7 1	GN 554882	09/01/2010	MBS PAYMENT		130	130	134	130				0		130		0	6	03/01/2031	1
0399999	Total - Bonds - U.S. Government				130	130	134	130	0	0	0	0	0	130	0	0	6	XXX	XXX

Bonds - U.S. Special Revenue and Special Assessment

31297F J5 3	FG A27484	09/01/2010	MBS PAYMENT		11,009	11,009	11,379	11,064		(55)		(55)		11,009		0	473	11/01/2033	1
31297H KB 4	FG A29290	09/01/2010	MBS PAYMENT		23,920	23,920	23,755	23,912		8		8		23,920		0	843	05/01/2033	1
31297S ZP 3	FG A37050	09/01/2010	MBS PAYMENT		29,358	29,358	29,001	29,325		33		33		29,358		0	1,037	01/01/2035	1
31404Q ZZ 5	FN 775760	09/01/2010	MBS PAYMENT		13,528	13,528	13,754	13,537		(8)		(8)		13,528		0	538	01/01/2033	1
31405M CG 0	FN 793071	09/01/2010	MBS PAYMENT		33,190	33,190	34,492	33,266		(76)		(76)		33,190		0	1,410	12/01/2033	1
31406W US 1	FN 822393	09/01/2010	MBS PAYMENT		51,563	51,563	52,087	51,662		(99)		(99)		51,563		0	1,965	12/01/2034	1
3199999	Total - Bonds - U.S. Special Revenue & Assessment				162,568	162,568	164,468	162,766	0	(197)	0	(197)	0	162,568	0	0	6,266	XXX	XXX

Bonds - Industrial and Miscellaneous

40430G AJ 9	HFC Home Eq Ln ABS Cf 2005-3 M1	09/20/2010	MBS PAYMENT		6,780	6,780	6,780	6,780				0		6,780		0	31	01/20/2021	1Z*	
481247 AE 4	JPMORGAN CHASE & CO	09/13/2010	BARCLAYS AMERICAN		1,026,029	1,000,000	1,013,751	1,012,511		(3,490)		(3,490)		1,009,020		17,009	17,009	15,406	06/22/2012	1FE
997655 34 5	BANK ONE CERT DEPOS	08/11/2010	MATURITY		100,000	100,000	100,000	100,000				0		100,000		0	1,646	08/11/2013	1	
3899999	Total - Bonds - Industrial & Miscellaneous				1,132,809	1,106,780	1,120,531	1,119,291	0	(3,490)	0	(3,490)	0	1,115,800	0	17,009	17,009	17,083	XXX	XXX
8399997	Total - Bonds - Part 4				1,295,507	1,269,478	1,285,133	1,282,187	0	(3,687)	0	(3,687)	0	1,278,498	0	17,009	17,009	23,355	XXX	XXX
8399999	Total - Bonds				1,295,507	1,269,478	1,285,133	1,282,187	0	(3,687)	0	(3,687)	0	1,278,498	0	17,009	17,009	23,355	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks				1,295,507	XXX	1,285,133	1,282,187	0	(3,687)	0	(3,687)	0	1,278,498	0	17,009	17,009	23,355	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.....	.....	.....	.....	.....	.....2,487,748	.....611,104	.....2,158,830	XXX..
BANK OF AMERICA..... ATLANTA, GA.....	.....	.....	.....	.....	.....30,359	.....	.....	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	.....0	.....0	.....2,518,107	.....611,104	.....2,158,830	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	.....0	.....0	.....2,518,107	.....611,104	.....2,158,830	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	.....0	.....0	.....2,518,107	.....611,104	.....2,158,830	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



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	176,049	193,580			(50,311)			318,333
4. Arkansas.....AR	84,777	128,654			(23,685)	100,001	1	195,688
5. California.....CA								
6. Colorado.....CO	4,874	5,850			202,106	300,001	1	(95,338)
7. Connecticut.....CT								
8. Delaware.....DE					55,000	100,001	1	(34,947)
9. District of Columbia.....DC	48,060	102,732			36,984			121,202
10. Florida.....FL	834,281	651,163	25,000	1	94,419	350,003	4	469,246
11. Georgia.....GA	389,195	239,423	475,000	1	(153,808)	200,002	2	490,264
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	475,584	440,243			158,488	300,002	2	544,126
15. Indiana.....IN	2,300	813			293			293
16. Iowa.....IA	226,643	236,369	187		85,093			131,715
17. Kansas.....KS								
18. Kentucky.....KY	114,625	131,933			47,496	400,002	3	(112,334)
19. Louisiana.....LA	1	1						
20. Maine.....ME								
21. Maryland.....MD	173,616	228,174			82,106			204,612
22. Massachusetts.....MA								
23. Michigan.....MI	89,636	127,269			145,817	101,001	2	(34,103)
24. Minnesota.....MN								
25. Mississippi.....MS	313,358	573,879			206,596	1,150,004	6	(390,488)
26. Missouri.....MO	5,056	11,388			4,100			69,750
27. Montana.....MT	7,984	766			276			276
28. Nebraska.....NE								
29. Nevada.....NV		17,571			6,326			9,147
30. New Hampshire.....NH								
31. New Jersey.....NJ	74,040	35,653			12,835			20,883
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	127,214	298,984			(27,366)	700,002	3	720,767
37. Oklahoma.....OK	51,093	52,222			18,800			147,506
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC	19,580	26,669			9,601			12,105
42. South Dakota.....SD								
43. Tennessee.....TN	281,039	252,768			440,997	1,300,003	4	(423,396)
44. Texas.....TX	88,701	48,792			17,565			65,764
45. Utah.....UT		31,288			11,264			19,504
46. Vermont.....VT								
47. Virginia.....VA	108,240	182,264	300,000	1	65,576			365,373
48. Washington.....WA	36,238	137,041			49,335			116,557
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.....	3,732,184	4,155,799	800,187	3	1,496,014	5,001,022	29	2,948,718

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	88,678			31,924			62,806
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	51,582	35,874			12,915			24,931
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA	9,833	30,002			10,801			25,994
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.....	183,448	156,107	0	0	56,199	0	0	151,150

DETAILS OF WRITE-INS

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



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

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

Other Health Care Professionals, Including Dentists, Chiropractors and Podiatrists

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ	22,887	40,022	100,000	1	49,408	25,000	1	(9,752)
4. Arkansas.....AR	46,569	26,745			9,628	35,203	1	26,811
5. California.....CA								
6. Colorado.....CO	12,069	11,593			4,174			9,570
7. Connecticut.....CT								
8. Delaware.....DE	124,808	149,407			5,787			135,713
9. District of Columbia.....DC	209,651	34,463			12,407			16,375
10. Florida.....FL	206,859	170,768	4,500	1	61,477	231,250	10	12,632
11. Georgia.....GA	105,380	112,646	(1,630)		40,553	164,751	5	33,310
12. Hawaii.....HI		12,736			4,585			20,931
13. Idaho.....ID	1,500	814			293			3,052
14. Illinois.....IL	66,699	72,900			2,244			67,527
15. Indiana.....IN	62,107	43,589			15,692			27,162
16. Iowa.....IA	2,300	1,714			(7,383)			16,403
17. Kansas.....KS	4,219	12,006			4,322			13,601
18. Kentucky.....KY	82,334	59,592			21,453	25,000	1	13,909
19. Louisiana.....LA	92,197	73,848			140,585	271,250	3	(90,878)
20. Maine.....ME								
21. Maryland.....MD	57,995	51,879	110	1	7,677	2,200	1	37,049
22. Massachusetts.....MA								
23. Michigan.....MI	79,210	75,215	13,201	1	27,077	125,001	2	33,973
24. Minnesota.....MN								
25. Mississippi.....MS	45,789	26,762			9,634	2,750	1	29,771
26. Missouri.....MO	47,013	29,427	110	1	10,594			25,539
27. Montana.....MT	5,896	4,218			1,519			1,944
28. Nebraska.....NE	83,837	63,261	7,500	1	22,774	16,000	1	33,861
29. Nevada.....NV	6,186	10,753			3,871	25,000	1	(10,076)
30. New Hampshire.....NH								
31. New Jersey.....NJ	81,951	73,099			26,315	6,000	2	54,862
32. New Mexico.....NM	11,034	6,886			2,479			11,101
33. New York.....NY								
34. North Carolina.....NC	35,559	37,039			13,334			57,121
35. North Dakota.....ND	(2,615)	(2,400)			(864)			2,121
36. Ohio.....OH	118,347	118,289			42,584	51,000	2	86,705
37. Oklahoma.....OK	9,887	11,096			3,994	2,000	2	25,061
38. Oregon.....OR	2,000	1,995			718			7,181
39. Pennsylvania.....PA	89,703	92,844			10,424	16,001	1	72,032
40. Rhode Island.....RI								
41. South Carolina.....SC	12,617	5,348			1,925			1,925
42. South Dakota.....SD	22,111	17,304			6,229			15,947
43. Tennessee.....TN	65,205	57,743			(7,213)	11,001	1	67,968
44. Texas.....TX	503,135	475,492	7,152	1	171,177	359,701	3	184,725
45. Utah.....UT	3,639	4,337			1,561			33,825
46. Vermont.....VT		521			187			1,659
47. Virginia.....VA	49,817	39,196			4,811	11,550	1	48,405
48. Washington.....WA	22,024	11,707	29,703	1	6,514	110	1	47
49. West Virginia.....WV	23,439	17,063			6,143	2,000	2	16,097
50. Wisconsin.....WI	48,380	34,015			12,245	56,000	3	(18,994)
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.....	2,461,738	2,085,932	160,646	8	750,934	1,438,768	45	1,118,662

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 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	126,378	167,448			60,281	1,000	1	119,965
4. Arkansas.....AR	116,443	34,565			12,443			15,466
5. California.....CA								
6. Colorado.....CO	42,194	33,476			12,051			29,902
7. Connecticut.....CT								
8. Delaware.....DE	3,880	6,018			2,167			3,196
9. District of Columbia.....DC	9,808	125,710			45,256			91,401
10. Florida.....FL	730,852	826,304			297,469	55,000	3	485,189
11. Georgia.....GA	187,249	163,588			58,892	28,000	4	90,478
12. Hawaii.....HI	38,691	36,519			13,147	1,000	1	21,442
13. Idaho.....ID	24,053	18,462			6,646			12,944
14. Illinois.....IL	201,315	136,389			49,100	50,000	1	32,255
15. Indiana.....IN	66,447	59,605			21,458			45,960
16. Iowa.....IA	4,500	2,862			1,030			2,569
17. Kansas.....KS	49,259	45,259			16,293			32,856
18. Kentucky.....KY	70,490	58,747			21,149			42,850
19. Louisiana.....LA	212,419	203,975			73,431			137,292
20. Maine.....ME								
21. Maryland.....MD	115,909	79,606			28,658			48,688
22. Massachusetts.....MA								
23. Michigan.....MI	320,604	308,957			111,224	200,000	2	32,736
24. Minnesota.....MN	6,783	695			250			250
25. Mississippi.....MS	39,836	36,258			13,053	25,000	1	(6,909)
26. Missouri.....MO	68,214	46,242			16,647			37,286
27. Montana.....MT	6,249	2,920			1,051			1,303
28. Nebraska.....NE	33,133	24,971			8,990			11,213
29. Nevada.....NV	66,588	72,848			26,225			48,845
30. New Hampshire.....NH								
31. New Jersey.....NJ	253,730	179,748			64,709	25,000	1	86,429
32. New Mexico.....NM	115,841	118,832			42,780	50,000	1	43,526
33. New York.....NY								
34. North Carolina.....NC	161,937	180,384			64,938			119,582
35. North Dakota.....ND								
36. Ohio.....OH	219,136	220,685			79,447			144,596
37. Oklahoma.....OK	109,222	78,074			28,107			43,928
38. Oregon.....OR	55,153	40,313			14,513			22,947
39. Pennsylvania.....PA	147,355	119,956			43,184	50,000	1	29,131
40. Rhode Island.....RI								
41. South Carolina.....SC	77,750	55,932			20,135	50,000	1	22,541
42. South Dakota.....SD								
43. Tennessee.....TN	65,563	64,600			23,256			41,004
44. Texas.....TX	951,989	808,571			291,085	103,000	6	474,408
45. Utah.....UT	86,501	78,759			28,353			52,188
46. Vermont.....VT	33,043	23,806			8,570			15,667
47. Virginia.....VA	96,646	95,092			34,233			52,749
48. Washington.....WA	46,930	31,893			11,482			20,077
49. West Virginia.....WV	29,933	23,032			8,291			22,167
50. Wisconsin.....WI	164,870	121,755			43,832			78,345
51. Wyoming.....WY	13,082	11,805			4,250			7,031
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.....	5,169,975	4,744,661	0	0	1,708,076	638,000	23	2,613,493

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