

QUARTERLY STATEMENT
OF THE
**PROASSURANCE SPECIALTY
INSURANCE COMPANY, INC.**

FORMERLY

(RED MOUNTAIN CASUALTY
INSURANCE COMPANY, INC.)

of

BIRMINGHAM

IN THE STATE OF

ALABAMA

TO THE

INSURANCE DEPARTMENT

OF THE

STATE OF
ALABAMA

FOR THE PERIOD ENDED
MARCH 31, 2009

PROPERTY AND CASUALTY

2009



QUARTERLY STATEMENT

As of March 31, 2009

of the Condition and Affairs of the

PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

(f/k/a Red Mountain Casualty 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	100 BROOKWOOD PLACE..... BIRMINGHAM AL 35209 <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> nmilby@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 there from for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) HOWARD HARLEY FRIEDMAN _____ 1. (Printed Name) PRESIDENT _____ (Title)	_____ (Signature) KATHRYN ANNE NEVILLE _____ 2. (Printed Name) SECRETARY _____ (Title)	_____ (Signature) EDWARD LEWIS RAND, JR. _____ 3. (Printed Name) TREASURER _____ (Title)
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Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	26,955,836		26,955,836	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 (\$.....(259,023)), cash equivalents (\$.....0) and short-term investments (\$.....2,226,673).....	1,967,650		1,967,650	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).....	28,923,486	.0	28,923,486	48,534,795
11. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
12. Investment income due and accrued.....	278,813		278,813	.510,432
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection.....	3,734,212	578,387	3,155,825	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.....	1,076,460		1,076,460	.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.....			.0	
16.2 Net deferred tax asset.....	277,836	57,941	219,895	.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).....	25	25	.0	
20. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
21. Receivables from parent, subsidiaries and affiliates.....	35,613		35,613	.1,664
22. Health care (\$.....0) and other amounts receivable.....			.0	
23. Aggregate write-ins for other than invested assets.....	17,669	2,648	15,021	15,021
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23).....	34,344,114	639,001	33,705,113	50,817,383
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
26. Total (Lines 24 and 25).....	34,344,114	639,001	33,705,113	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.....	15,021		15,021	15,021
2302. Prepaid Other Taxes and Fees.....	2,648	2,648	.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).....	17,669	2,648	15,021	15,021

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.....	928,123	906,000
4. Commissions payable, contingent commissions and other similar charges.....	1,048,306	316,538
5. Other expenses (excluding taxes, licenses and fees).....	113,455	134,550
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	16,854	12,830
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	92,510	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 \$...5,220,045 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).....	3,523,277	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.....	603,062	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.....	1,379,735	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.....	126,668	196,151
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	8,323,990	25,246,624
25. Protected cell liabilities.....		
26. Total liabilities (Lines 24 and 25).....	8,323,990	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).....	9,914,595	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).....	25,381,123	25,570,759
36. Totals.....	33,705,113	50,817,383

DETAILS OF WRITE-INS

2301. Unearned Fee Income.....	126,668	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).....	126,668	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 \$.....4,331,379).....	2,251,497	1,528,882	6,186,682
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....4,331,379).....	2,251,497	1,528,882	6,186,682
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	810,614	458,919	1,153,224
2.2 Assumed.....			
2.3 Ceded.....	810,614	458,919	1,153,224
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	135,077	91,784	236,881
4. Other underwriting expenses incurred.....	225,348	184,323	47,618
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	360,425	276,107	284,499
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(360,425)	(276,107)	(284,499)
INVESTMENT INCOME			
9. Net investment income earned.....	397,323	525,161	2,027,807
10. Net realized capital gains (losses) less capital gains tax of \$.....(43,703).....	(81,163)		(75)
11. Net investment gain (loss) (Lines 9 + 10).....	316,160	525,161	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)
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	69,483	510,463	1,301,833
15. Total other income (Lines 12 through 14).....	69,442	510,463	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).....	25,177	759,517	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).....	25,177	759,517	3,045,062
19. Federal and foreign income taxes incurred.....	62,957	237,806	967,631
20. Net income (Line 18 minus Line 19) (to Line 22).....	(37,780)	521,711	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).....	(37,780)	521,711	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.....	135,963	(3,064)	110,671
27. Change in nonadmitted assets.....	(287,819)	4,944	(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).....	(189,636)	523,591	1,436,646
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	25,381,123	24,657,704	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.....	69,483	496,283	1,280,671
1402. Client Risk Survey Income.....			7,000
1403. Miscellaneous Income.....		14,180	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).....	69,483	510,463	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.....	29,425	(729,921)
2. Net investment income.....	673,745	2,253,121
3. Miscellaneous income.....	69,442	1,301,829
4. Total (Lines 1 through 3).....	772,612	2,825,029
5. Benefit and loss related payments.....	938,012	(319,458)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	(489,349)	(25,779)
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(56,974)	852,916
10. Total (Lines 5 through 9).....	391,689	507,679
11. Net cash from operations (Line 4 minus Line 10).....	380,923	2,317,350
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	15,519,721	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).....	15,519,721	6,051,641
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	100,000	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).....	100,000	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).....	15,419,721	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).....	(19,822,562)	(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).....	(19,822,562)	(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).....	(4,021,918)	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).....	1,967,650	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

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

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.

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

As of February 26, 2009 bonds and interest of \$14.5 million were transferred to 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 (see Note 20). 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.

Effective January 2, 2009, the Company's parent, ProAssurance Corporation, purchased Mid-Continent General Agency, Inc. Prior to that date, Mid-Continent General Agency was an independent agency that has underwritten premiums for the Company since 2007.

Effective January 2, 2009, the Company and its affiliates amended its Tax Allocation Agreement, Management Services Agreement and Expense Allocation Agreement to add new affiliate Mid-Continent General Agency, Inc.

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

NOTES TO FINANCIAL STATEMENTS

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.

Note 20 - Other Items

- C. Pursuant to the provisions contained in its reinsurance agreement, on February 26, 2009, ProAssurance Casualty Company changed its reinsurance funding mechanism with the Company from a funds held arrangement to a trust agreement arrangement. Consequently, the Company returned the funds held to ProAssurance Casualty Company which affected the following line items on the Company's balance sheet:

Assets:

Line 1. Bonds and interest decreased by \$14,502,456

Line 5. Cash decreased by \$5,948,018

Liabilities:

Line 13. Funds held by company under reinsurance treaties decreased by \$20,450,474

- H. 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	\$353,000	\$353,000	\$224,000	\$0

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

None

Note 21 - Events Subsequent

Effective April 1, 2009, the Company and its affiliates amended its Tax Allocation Agreement and effective May 1, 2009 its Expense Allocation and Management Services Agreements to include Podiatry Insurance Company of America and its subsidiaries.

Note 22 - Reinsurance

NOTES TO FINANCIAL STATEMENTS

No significant change.

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.

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 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.

EXPENSE ALLOCATION, MANAGEMENT SERVICES AGREEMENT AND TAX ALLOCATION AGREEMENT WERE ALL AMENDED TO INCLUDE MID-CONTINENT GENERAL AGENCY, INC., A NEW AFFILIATE ADDED JANUARY 02, 2009.

- 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

(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 [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....35,613

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 [X]

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 [X]

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.....	\$.....	\$.....

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

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 [X] 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 [X]

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 [X] No []

17.2 If no, list exceptions:

PROASSURANCE SPECIALTY INSURANCE CO., INC. (Red Mtn Cas Ins Co, 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 [X] No []

3.2 If yes, give full and complete information thereto:

Effective 4/1/09, PICA became an affiliate of PRA Specialty. The Q/S Reinsurance Contract between PRA Specialty and PICA was terminated effective 3/31/09 on a run-off basis, effecting a decrease in ceded premium (\$98.8K in 2008) and other corresponding adjustments.

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	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	147,756	271,978	75,000		614,681	715,067
4. Arkansas.....AR	E	84,901	122,334			576,030	456,106
5. California.....CA	N						
6. Colorado.....CO	E	33,802	2,554			6,613	819
7. Connecticut.....CT	N						
8. Delaware.....DE	E	143,410	10,123			97,431	81,455
9. District of Columbia.....DC	E	32,670	8,100			80,750	45,526
10. Florida.....FL	E	356,191	147,389	652,372	221,824	1,100,772	1,708,592
11. Georgia.....GA	E	291,156	246,790	11,001		1,868,690	1,914,515
12. Hawaii.....HI	E	10,053	570			5,181	1,652
13. Idaho.....ID	E	4,885				3,042	392
14. Illinois.....IL	E	214,949	7,405			590,931	541,704
15. Indiana.....IN	E	26,777	1,336			7,381	762
16. Iowa.....IA	E					82,672	85,141
17. Kansas.....KS	E	22,111	1,448			7,524	804
18. Kentucky.....KY	E	182,361	63,601	60,000		1,305,104	1,543,931
19. Louisiana.....LA	E	116,877	3,368			27,163	6,059
20. Maine.....ME	N						
21. Maryland.....MD	E	63,071	(11,210)			195,083	266,534
22. Massachusetts.....MA	N						
23. Michigan.....MI	E	258,522	46,898			691,419	626,131
24. Minnesota.....MN	E		3,498			721	527
25. Mississippi.....MS	E	310,602	28,252			214,130	19,319
26. Missouri.....MO	E	47,673	32,023			116,820	877,707
27. Montana.....MT	E					200	59
28. Nebraska.....NE	E	81,730	392			8,151	104
29. Nevada.....NV	E	29,581	3,786			13,158	8,892
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	E	95,904	3,378			47,797	36,837
32. New Mexico.....NM	E	97,167	7,517			17,522	1,505
33. New York.....NY	N						
34. North Carolina.....NC	E	130,593	16,964	(1,992)	450,000	86,856	67,228
35. North Dakota.....ND	E					2,798	631
36. Ohio.....OH	E	248,386	214,845	100,000		1,359,074	1,531,247
37. Oklahoma.....OK	E	17,483	73,721			553,510	510,561
38. Oregon.....OR	E	2,705	1,936			5,871	814
39. Pennsylvania.....PA	E	83,272	15,427			35,899	6,650
40. Rhode Island.....RI	N						
41. South Carolina.....SC	E		775				46
42. South Dakota.....SD	E	6,340	636			5,317	567
43. Tennessee.....TN	E	168,498	83,521		50,000	1,091,424	1,255,775
44. Texas.....TX	E	633,212	80,040			278,878	131,020
45. Utah.....UT	E	51,800	3,115			50,331	20,066
46. Vermont.....VT	E					1,411	101
47. Virginia.....VA	E	93,537	17,660			649,154	428,971
48. Washington.....WA	E	36,547	19,781			202,192	83,319
49. West Virginia.....WV	E	133,684	3,742			15,811	573
50. Wisconsin.....WI	E	73,173	3,831			21,537	1,506
51. Wyoming.....WY	E					2,350	438
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	4,331,379	1,537,524	896,381	721,824	12,041,379	12,979,653

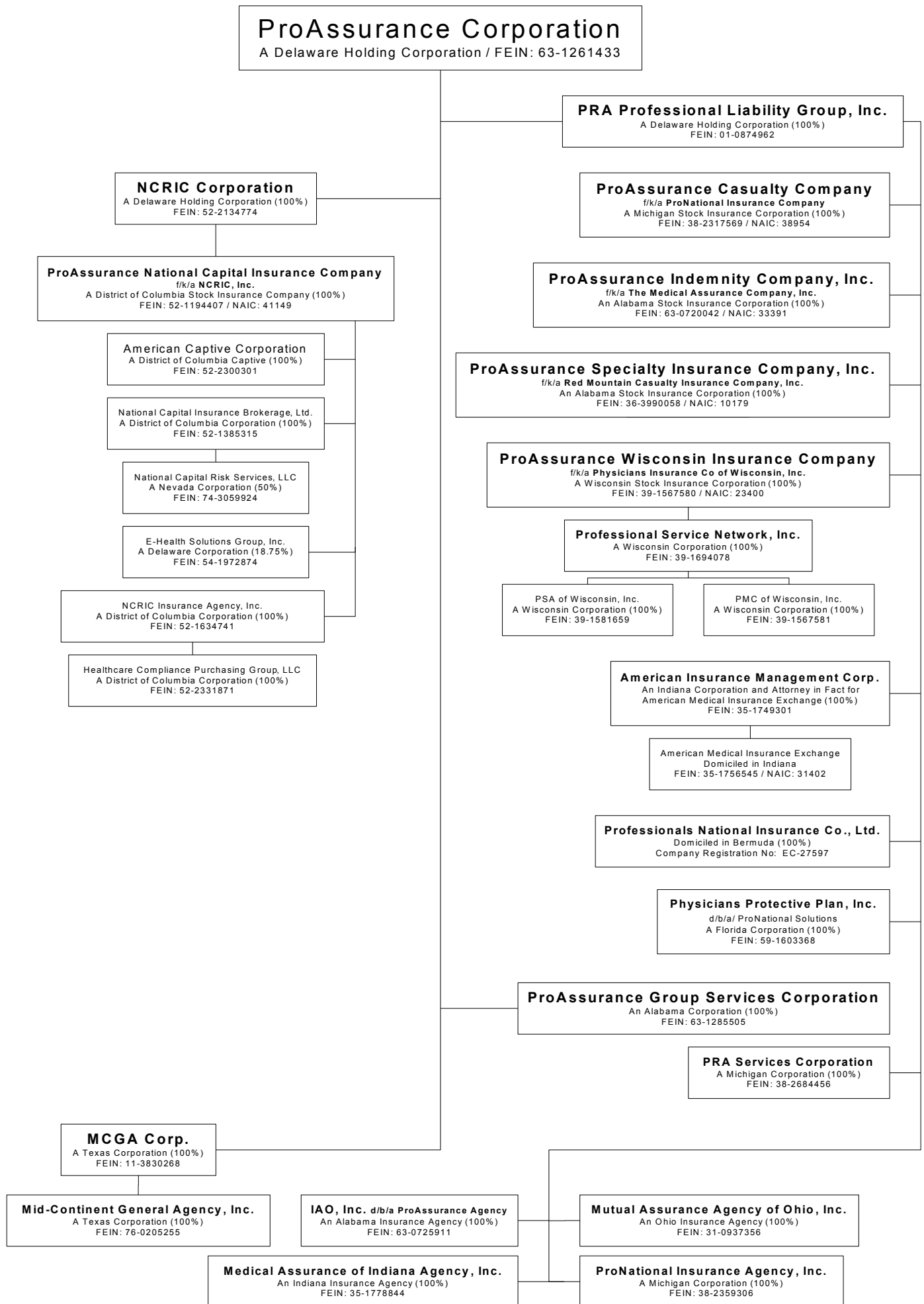
DETAILS OF WRITE-INS

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.....	1,944,683	700,161	36.0	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.....	56,847	20,465	36.0	
17.2. Other liability-claims made.....	215,712	77,656	36.0	
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.....	2,251,497	810,614	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	34,255	
11.2. Medical professional liability - claims made.....	3,804,096	3,804,096	1,537,524
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.....	50,403	50,403	
17.2. Other liability-claims made.....	442,625	442,625	
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.....	4,331,379	4,331,379	1,537,524
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		.53	.53			.438	.438	.0	.0	.0
2. 2007.....		.207	.207		.22	.22			.185	.185	.0	.0	.0
3. Subtotals 2007 + Prior.....	0	.698	.698	0	.75	.75	0	0	.623	.623	0	0	0
4. 2008.....		.208	.208		.23	.23			.185	.185	.0	.0	.0
5. Subtotals 2008 + Prior.....	0	.906	.906	0	.98	.98	0	0	.808	.808	0	0	0
6. 2009.....	.XXX	.XXX	.XXX	.XXX	.15	.15	.XXX		.120	.120	.XXX	.XXX	.XXX
7. Totals.....	0	.906	.906	0	.113	.113	0	0	.928	.928	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 %

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Statement for March 31, 2009 of the **PROASSURANCE SPECIALTY INSURANCE CO., INC. (Red Mtn Cas Ins Co, Inc)**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

- 1.
- 2.
- 3.

Bar Code:



NONE

Statement for March 31, 2009 of the **PROASSURANCE SPECIALTY INSURANCE CO., INC. (Red Mtn Cas Ins Co, 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.....	42,545,226	45,478,149
2. Cost of bonds and stocks acquired.....	100,000	3,352,061
3. Accrual of discount.....	1,887	6,240
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	(124,866)	
6. Deduct consideration for bonds and stocks disposed of.....	15,519,720	6,051,757
7. Deduct amortization of premium.....	46,690	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).....	26,955,837	42,545,226
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	26,955,837	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).....	46,564,752	10,394,497	27,734,392	(42,347)	29,182,510			46,564,752
2. Class 2 (a).....	2,057,345		2,054,889	(2,456)				2,057,345
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	48,622,097	10,394,497	29,789,281	(44,803)	29,182,510	0	0	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.....	48,622,097	10,394,497	29,789,281	(44,803)	29,182,510	0	0	48,622,097

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(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....2,226,673; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals.....	2,226,673	XXX	2,226,673		

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.....	10,294,497	43,977,252
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	14,144,695	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).....	2,226,673	6,076,871
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	2,226,673	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.....		80,774,345
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 - Industrial and Miscellaneous									
BANKAM ER 4	BANK OF AMERICA		01/20/2009	DIRECT		100,000	100,000		1
3899999	Total - Bonds - Industrial & Miscellaneous					100,000	100,000	0	XXX
8399997	Total - Bonds - Part 3					100,000	100,000	0	XXX
8399999	Total - Bonds					100,000	100,000	0	XXX
9999999	Total - Bonds, Preferred and Common Stocks					100,000	XXX	0	XXX

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

PROASSURANCE SPECIALTY INSURANCE CO., INC. (Red Mtn Cas Ins Co, Inc)

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For re ign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
31331Y Z8 6	FEDERAL FARM CREDIT BANK.....		02/26/2009	PROASSURANCE CASUALTY		1,052,500	1,000,000	999,890	999,890				0		999,890		52,610	52,610	19,483	08/25/2011	1.....
36213H M7 1	GN 554882.....		03/01/2009	MBS PAYMENT.....		203	203	209	203				0		203			0	2	05/01/2030	1.....
0399999	Total - Bonds - U.S. Government.....					1,052,703	1,000,203	1,000,099	1,000,093	0	0	0	0	0	1,000,093	0	52,610	52,610	19,485	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
167723 BF 1	CHICAGO ILL TRAN AUTH CAP GRNT.....		02/26/2009	PROASSURANCE CASUALTY		1,073,330	1,000,000	1,096,330	1,080,863		(1,444)		(1,444)		1,079,419		(6,089)	(6,089)	12,396	06/01/2016	1FE.....
31297F J5 3	FG A27484.....		03/01/2009	MBS PAYMENT.....		26,366	26,366	27,252	26,373		(7)		(7)		26,366			0	354	11/01/2033	1.....
31297H KB 4	FG A29290.....		03/01/2009	MBS PAYMENT.....		42,095	42,095	41,805	42,091		4		4		42,095			0	463	10/01/2033	1.....
31297S ZP 3	FG A37050.....		03/01/2009	MBS PAYMENT.....		43,613	43,613	43,082	43,606		8		8		43,613			0	454	02/01/2035	1.....
31404Q ZZ 5	FN 775760.....		03/01/2009	MBS PAYMENT.....		31,920	31,920	32,453	31,922		(2)		(2)		31,920			0	292	05/01/2033	1.....
31405M CG 0	FN 793071.....		03/01/2009	MBS PAYMENT.....		42,012	42,012	43,660	42,018		(5)		(5)		42,012			0	615	09/01/2033	1.....
31406W US 1	FN 822393.....		03/01/2009	MBS PAYMENT.....		15,810	15,810	15,970	15,810		(1)		(1)		15,810			0	202	12/01/2034	1.....
751100 CJ 5	RALEIGH N C COMB ENTERPRISE SY.....		02/26/2009	PROASSURANCE CASUALTY		565,370	500,000	564,005	537,608		(1,015)		(1,015)		536,593		28,777	28,777	12,153	03/01/2014	1FE.....
810489 JL 9	SCOTTSDALE ARIZ MUN PPTY CORP.....		02/26/2009	PROASSURANCE CASUALTY		1,135,230	1,000,000	1,097,390	1,087,636		(926)		(926)		1,086,710		48,520	48,520	32,639	07/01/2020	1FE.....
927780 5F 9	VIRGINIA COLLEGE BLDG AUTH VA.....		02/26/2009	PROASSURANCE CASUALTY		569,860	500,000	560,635	537,429		(910)		(910)		536,519		33,341	33,341	12,153	09/01/2014	1FE.....
95667Q AW 6	WEST VA ST SCH BLDG AUTH REV.....		02/26/2009	PROASSURANCE CASUALTY		1,052,800	1,000,000	1,071,770	1,064,567		(673)		(673)		1,063,894		(11,094)	(11,094)	32,639	07/01/2020	1FE.....
3199999	Total - Bonds - U.S. Special Revenue & Assessment.....					4,598,406	4,201,816	4,594,352	4,509,923	0	(4,971)	0	(4,971)	0	4,504,951	0	93,455	93,455	104,360	XXX	XXX
Bonds - Industrial and Miscellaneous																					
013817 AF 8	ALCOA INC.....		02/26/2009	PROASSURANCE CASUALTY		845,014	1,000,000	1,103,100	1,044,006		(2,083)		(2,083)		1,041,922		(196,908)	(196,908)	36,833	01/15/2012	2FE.....
060505 BH 6	BANK OF AMERICA CORP.....		02/17/2009	MATURITY.....		1,000,000	1,000,000	993,440	999,819		181		181		1,000,000			0	16,875	02/17/2009	1FE.....
073902 CE 6	BEAR STEARNS CO INC.....		02/26/2009	PROASSURANCE CASUALTY		743,021	750,000	752,768	750,910		(73)		(73)		750,836		(7,815)	(7,815)	11,063	10/28/2010	1FE.....
14041N CC 3	Cap One Multi Exec Trust 2005-A3 A3.....		02/26/2009	PROASSURANCE CASUALTY		988,204	1,000,000	996,250	998,903		122		122		999,025		(10,821)	(10,821)	7,988	05/15/2010	1FE.....
161571 AL 8	Chase Iss Trst 2005-A4 A4.....		02/26/2009	PROASSURANCE CASUALTY		1,009,506	1,000,000	1,002,266	1,000,693		(72)		(72)		1,000,620		8,885	8,885	8,343	05/15/2010	1FE.....
244199 BB 0	DEERE & CO.....		02/26/2009	PROASSURANCE CASUALTY		1,083,985	1,000,000	1,179,050	1,104,151		(2,646)		(2,646)		1,101,505		(17,520)	(17,520)	23,360	04/25/2014	1FE.....
349631 AK 7	FORTUNE BRANDS INC.....		02/26/2009	PROASSURANCE CASUALTY		914,217	1,000,000	1,023,810	1,013,340		(373)		(373)		1,012,967		(98,750)	(98,750)	11,510	12/01/2013	2FE.....
40430G AJ 9	HFC Home Eq Ln ABS Cf 2005-3 M1.....		03/20/2009	MBS PAYMENT.....		9,637	9,637	9,637	9,637				0		9,637			0	13	07/20/2012	1FE.....
438516 AK 2	HONEYWELL INTERNATIONAL.....		02/26/2009	PROASSURANCE CASUALTY		1,056,428	1,000,000	1,190,120	1,040,369		(5,156)		(5,156)		1,035,213		21,215	21,215	36,458	03/01/2010	1FE.....
68402L AE 4	ORACLE CORP.....		02/26/2009	PROASSURANCE CASUALTY		1,046,444	1,000,000	1,028,350	1,021,005		(1,522)		(1,522)		1,019,483		26,961	26,961	30,694	01/15/2011	1FE.....
913017 BC 2	UNITED TECHNOLOGIES CORP.....		02/26/2009	PROASSURANCE CASUALTY		1,072,156	1,000,000	1,102,730	1,074,249		(5,915)		(5,915)		1,068,334		3,822	3,822	19,990	11/15/2010	1FE.....
99S200 38 8	BANK OF AMERICA CERT DEPO.....		01/18/2009	MATURITY.....		100,000	100,000	100,000	100,000				0		100,000			0	321	01/18/2009	1.....
3899999	Total - Bonds - Industrial & Miscellaneous.....					9,868,612	9,859,637	10,481,521	10,157,082	0	(17,537)	0	(17,537)	0	10,139,542	0	(270,931)	(270,931)	203,448	XXX	XXX
8399997	Total - Bonds - Part 4.....					15,519,721	15,061,656	16,075,972	15,667,098	0	(22,508)	0	(22,508)	0	15,644,586	0	(124,866)	(124,866)	327,293	XXX	XXX
8399999	Total - Bonds.....					15,519,721	15,061,656	16,075,972	15,667,098	0	(22,508)	0	(22,508)	0	15,644,586	0	(124,866)	(124,866)	327,293	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					15,519,721	XXX	16,075,972	15,667,098	0	(22,508)	0	(22,508)	0	15,644,586	0	(124,866)	(124,866)	327,293	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.....	.....	.....968	.....229	.....(986,677)	.....(135,025)	.....(263,969)	XXX
BANK OF AMERICA.....	ATLANTA, GA.....	.....	.....322	.....147	.....52,197	.....57,018	.....4,945	XXX
0199999. Total Open Depositories.....	...XXX...	...XXX...	.....1,290	.....376	.....(934,480)	.....(78,007)	.....(259,023)	XXX
0399999. Total Cash on Deposit.....	...XXX...	...XXX...	.....1,290	.....376	.....(934,480)	.....(78,007)	.....(259,023)	XXX
0599999. Total Cash.....	...XXX...	...XXX...	.....1,290	.....376	.....(934,480)	.....(78,007)	.....(259,023)	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

QE09



SUPPLEMENT "A" TO SCHEDULE T

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

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

Physicians - Including Surgeons and Osteopaths

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ	148,308	78,254	75,000	1	28,172	125,001		434,210
4. Arkansas.....AR	61,199	52,089			18,752			525,237
5. California.....CA								
6. Colorado.....CO	7,002	902			325			325
7. Connecticut.....CT								
8. Delaware.....DE								19,054
9. District of Columbia.....DC	11,340	29,575			10,647			74,968
10. Florida.....FL	153,856	53,624	652,372	1	19,305	903,356	2	20,180
11. Georgia.....GA	118,639	109,310			39,352	800,003	3	938,624
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL	242,238	123,544			44,476	100,001	1	425,339
15. Indiana.....IN								
16. Iowa.....IA		10,438			3,758			58,160
17. Kansas.....KS								
18. Kentucky.....KY	211,080	76,986	60,000	1	27,715	700,001	2	601,367
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD	20,710	7,888			2,913			166,387
22. Massachusetts.....MA								
23. Michigan.....MI	40,469	60,645			21,832	400,000	2	153,175
24. Minnesota.....MN								
25. Mississippi.....MS	656,934	233,718			154,139	300,001	1	(95,938)
26. Missouri.....MO								106,801
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								16,048
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC			(1,992)					27,562
35. North Dakota.....ND								
36. Ohio.....OH	212,616	149,990	100,000	1	(16,003)	100,001	1	1,181,675
37. Oklahoma.....OK		6,919			2,491	435,009	3	80,410
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN	74,179	115,306			41,510	850,001	3	164,976
44. Texas.....TX		11,029			3,970			60,573
45. Utah.....UT								5,811
46. Vermont.....VT								
47. Virginia.....VA	48,456	48,204			17,431	500,001	1	112,495
48. Washington.....WA						300,002	2	(111,372)
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.....	2,007,026	1,168,421	885,380	4	420,785	5,513,377	21	4,966,067

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.

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								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
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								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
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.....	0	0	0	0	0	0	0	0

NONE

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	49,423	19,031			6,851	550		50,647
4. Arkansas.....AR	21,766	12,110			4,359	8,801		39,165
5. California.....CA								
6. Colorado.....CO	18,981	5,586			2,011			4,954
7. Connecticut.....CT								
8. Delaware.....DE	143,410	43,617			15,702	16,502		61,700
9. District of Columbia.....DC	18,489	(1,408)			(507)			5,352
10. Florida.....FL	201,657	75,567			27,204	3,300		141,263
11. Georgia.....GA	174,396	74,773	11,001		26,919	13,751		107,696
12. Hawaii.....HI	7,695	1,077			388			3,705
13. Idaho.....ID	4,150	2,535			912			2,522
14. Illinois.....IL	56,822	30,808			11,091			64,355
15. Indiana.....IN	21,322	5,506			1,982			5,790
16. Iowa.....IA		4,793			1,725	16,502		7,640
17. Kansas.....KS	20,847	7,496			2,699			6,695
18. Kentucky.....KY	27,940	7,237			2,605			3,222
19. Louisiana.....LA	86,709	21,131			7,607			23,556
20. Maine.....ME								
21. Maryland.....MD	34,831	17,501			6,300	3,850		20,396
22. Massachusetts.....MA								
23. Michigan.....MI	180,799	50,713			18,257	103,301	1	26,217
24. Minnesota.....MN								721
25. Mississippi.....MS	22,301	8,018			2,886	2,750		6,509
26. Missouri.....MO	39,972	12,073			4,346			8,763
27. Montana.....MT		197			71			200
28. Nebraska.....NE	71,825	15,544			5,596			7,259
29. Nevada.....NV	24,090	7,121			2,563			12,343
30. New Hampshire.....NH								
31. New Jersey.....NJ	79,772	20,285			7,303			24,162
32. New Mexico.....NM	81,376	21,589			7,772			14,625
33. New York.....NY								
34. North Carolina.....NC	109,468	42,359			15,249			51,091
35. North Dakota.....ND		1,230			443			2,708
36. Ohio.....OH	55,603	(8,675)			(3,123)	7,134	1	61,842
37. Oklahoma.....OK	14,916	3,041			1,095			36,887
38. Oregon.....OR	2,227	5,042			1,815			5,228
39. Pennsylvania.....PA	68,420	21,098			7,595	3,300		25,716
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD	6,340	4,789			1,724			4,977
43. Tennessee.....TN	79,005	20,717			7,458	8,251		63,757
44. Texas.....TX	525,144	160,234			57,684	52,200	1	131,260
45. Utah.....UT	43,667	19,901			7,164			39,626
46. Vermont.....VT		540			194			1,017
47. Virginia.....VA	37,016	13,931			5,015	1,100		34,223
48. Washington.....WA	17,727	10,059			3,621	2,860		7,058
49. West Virginia.....WV	126,914	31,502			11,341			14,774
50. Wisconsin.....WI	62,064	20,124			7,244			20,440
51. Wyoming.....WY		1,513			545			2,132
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.....	2,537,084	810,305	11,001	0	291,706	244,152	3	1,152,193

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