



QUARTERLY STATEMENT

AS OF JUNE 30, 2011
OF THE CONDITION AND AFFAIRS OF THE

PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

NAIC Group Code 2698 (Current Period) , 2698 (Prior Period) NAIC Company Code 10179 Employer's ID Number 36-3990058

Organized under the Laws of ALABAMA , State of Domicile or Port of Entry ALABAMA

Country of Domicile UNITED STATES

Incorporated/Organized 12/05/1994 Commenced Business 12/05/1994

Statutory Home Office 100 BROOKWOOD PLACE (Street and Number) , BIRMINGHAM, AL 35209 (City or Town, State and Zip Code)

Main Administrative Office 100 BROOKWOOD PLACE (Street and Number) BIRMINGHAM, AL 35209 (City or Town, State and Zip Code) 205-445-2600 (Area Code) (Telephone Number)

Mail Address PO BOX 590009 (Street and Number or P.O. Box) , BIRMINGHAM, AL 35259-0009 (City or Town, State and Zip Code)

Primary Location of Books and Records 100 BROOKWOOD PLACE (Street and Number) BIRMINGHAM, AL 35209 (City or Town, State and Zip Code) 205-877-4400 (Area Code) (Telephone Number)

Internet Web Site Address www.proassurance.com

Statutory Statement Contact ELLEN ANN MARCHMAN (Name) 205-445-2638 (Area Code) (Telephone Number) (Extension)
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OFFICERS

Name	Title	Name	Title
<u>HOWARD HARLEY FRIEDMAN</u> ,	<u>PRESIDENT</u>	<u>KATHRYN ANNE NEVILLE</u> ,	<u>SECRETARY</u>
<u>EDWARD LEWIS RAND, JR.</u> ,	<u>TREASURER</u>	<u>WILLIAM STANCIL STARNES</u> ,	<u>CHAIRMAN</u>

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

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

State ofALABAMA.....

County ofJEFFERSON.....ss

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.

HOWARD HARLEY FRIEDMAN
PRESIDENT

KATHRYN ANNE NEVILLE
SECRETARY

EDWARD LEWIS RAND, JR.
TREASURER

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 _____

Subscribed and sworn to before me this _____ day of _____, _____

STATEMENT AS OF JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	24,135,453		24,135,453	24,434,654
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$3,318,261), cash equivalents (\$0) and short-term investments (\$1,826,935)	5,145,196		5,145,196	4,714,846
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	29,280,649	0	29,280,649	29,149,500
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	193,595		193,595	194,807
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	173,858		173,858	446,015
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	172,437		172,437	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	919,377		919,377	626,036
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	118,345		118,345	0
18.2 Net deferred tax asset			0	74,758
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	1,436,353		1,436,353	1,157,926
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	1,370	1,370	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	32,295,984	1,370	32,294,614	31,649,042
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	32,295,984	1,370	32,294,614	31,649,042
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Other Taxes and Fees	1,370	1,370	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,370	1,370	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		0
3. Loss adjustment expenses	1,789,988	1,230,000
4. Commissions payable, contingent commissions and other similar charges	11,742	4,281
5. Other expenses (excluding taxes, licenses and fees)	49,604	37,239
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	47,377	46,139
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		160,302
7.2 Net deferred tax liability	5,120	0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$9,250,737 and including warranty reserves of \$0)		0
10. Advance premium		43,554
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	3,170,891	2,999,059
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	322,821	379,059
15. Remittances and items not allocated		0
16. Provision for reinsurance	399,000	399,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	128,553	248,618
20. Derivatives		0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	61,250	188,750
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	5,986,346	5,736,001
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	5,986,346	5,736,001
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,000,000	3,000,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	12,466,528	12,466,528
35. Unassigned funds (surplus)	10,841,740	10,446,513
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		0
36.2 shares preferred (value included in Line 31 \$)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	26,308,268	25,913,041
38. Totals (Page 2, Line 28, Col. 3)	32,294,614	31,649,042
DETAILS OF WRITE-INS		
2501. Unearned Fee Income	61,250	188,750
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	61,250	188,750
2901.		0
2902.		0
2903.		0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		0
3202.		0
3203.		0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 10,372,582)	9,637,789	10,031,331	20,539,780
1.2 Assumed (written \$)		0	
1.3 Ceded (written \$ 10,372,582)	9,637,789	10,031,331	20,539,780
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	3,469,604	3,611,204	6,747,551
2.2 Assumed		0	
2.3 Ceded	3,469,604	3,611,204	6,747,551
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	771,023	601,880	1,081,218
4. Other underwriting expenses incurred	(709,754)	565,192	73,291
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	61,269	1,167,072	1,154,509
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(61,269)	(1,167,072)	(1,154,509)
INVESTMENT INCOME			
9. Net investment income earned	379,707	374,827	774,441
10. Net realized capital gains (losses) less capital gains tax of \$		0	42,113
11. Net investment gain (loss) (Lines 9 + 10)	379,707	374,827	816,554
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)		(2)	(104,347)
13. Finance and service charges not included in premiums		2,500	2,500
14. Aggregate write-ins for miscellaneous income	127,500	120,000	218,250
15. Total other income (Lines 12 through 14)	127,500	122,498	116,403
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	445,938	(669,747)	(221,552)
17. Dividends to policyholders		0	0
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)	445,938	(669,747)	(221,552)
19. Federal and foreign income taxes incurred	47,514	(325,931)	(106,387)
20. Net income (Line 18 minus Line 19)(to Line 22)	398,424	(343,816)	(115,165)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	25,913,041	26,235,496	26,235,496
22. Net income (from Line 20)	398,424	(343,816)	(115,165)
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$		0	0
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(106,299)	(62,088)	(42,694)
27. Change in nonadmitted assets	103,102	(1,645)	(38,596)
28. Change in provision for reinsurance		0	(126,000)
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	395,227	(407,549)	(322,455)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	26,308,268	25,827,947	25,913,041
DETAILS OF WRITE-INS			
0501.		0	0
0502.		0	0
0503.		0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401. Fee income	127,500	120,000	216,250
1402. Miscellaneous Income		0	2,000
1403.		0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	127,500	120,000	218,250
3701.		0	0
3702.		0	0
3703.		0	0
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 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.....	303,102	162,706	(488,685)
2. Net investment income	446,960	391,715	861,367
3. Miscellaneous income	0	122,498	116,403
4. Total (Lines 1 to 3)	750,062	676,919	489,085
5. Benefit and loss related payments	504,375	(415,064)	(45,363)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	(729,790)	784,172	347,850
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	326,161	91,009	(73,630)
10. Total (Lines 5 through 9)	100,747	460,117	228,857
11. Net cash from operations (Line 4 minus Line 10)	649,316	216,802	260,228
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	334,188	461,386	4,506,780
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	334,188	461,386	4,506,780
13. Cost of investments acquired (long-term only):			
13.1 Bonds	100,000	5,332,410	8,046,428
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	100,000	5,332,410	8,046,428
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	234,188	(4,871,024)	(3,539,648)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(453,154)	312,024	(34,117)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(453,154)	312,024	(34,117)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	430,350	(4,342,198)	(3,313,537)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,714,846	8,028,383	8,028,383
19.2 End of period (Line 18 plus Line 19.1)	5,145,196	3,686,185	4,714,846

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. Use of estimates – No significant change.

C. Accounting policies

Effective January 1, 2011, the Company amended its capitalization policy to increase the threshold above which individual assets that are part of larger projects are capitalized. If the total project cost exceeds \$75,000, assets included in that project will be capitalized. If the total project cost does not exceed \$75,000, only assets over \$5,000 each will be capitalized. Previously, the threshold for total project cost was \$5,000.

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 – None

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 as of June 30, 2011.
- (3) As of June 30, 2011, the Company holds no loan-backed securities that have other-than temporary impairments recognized in earnings based on the fact that the present value of projected cash flows expected to be collected was less than the amortized cost of the securities.
- (4) For all loan-backed securities held at June 30, 2011 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	235,077	262,399	(27,322)
Total	<u>\$ 235,077</u>	<u>\$ 262,399</u>	<u>\$ (27,322)</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 – None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTES TO FINANCIAL STATEMENTS

Note 7 - Investment Income

A. Accrued investment income

No significant change in accrued investment income.

B. Amounts nonadmitted – None

Note 8 - Derivative Instruments

None.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) are as follows:

1.

	Dollars in Thousands								
	June 30, 2011			December 31, 2010			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	98	-	98	104	-	104	(6)	-	(6)
(b) Statutory Valuation Allowance Adjustment	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	98	-	98	104	-	104	(6)	-	(6)
(d) Deferred Tax Liabilities	103	-	103	3	-	3	100	-	100
(e) Subtotal (Net Deferred Tax Assets) (1c-1d)	(5)	-	(5)	101	-	101	(106)	-	(106)
(f) Deferred Tax Assets Nonadmitted	-	-	-	26	-	26	(26)	-	(26)
(g) Net Admitted Deferred Tax Assets (1e-1f)	(5)	-	(5)	75	-	75	(80)	-	(80)

2 – 3. The Company has not elected to admit additional DTAs pursuant to SSAP 10R, paragraph 10.e. for the reporting period ended June 30, 2011.

4. Admission calculation components:

	Dollars in Thousands								
	June 30, 2011			December 31, 2010			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
Admission Calculation Components – SSAP 10R, paragraphs 10.a., 10.b., and 10.c.:									
(a) Paragraph 10.a.	47	-	47	75	-	75	(28)	-	(28)
(b) Paragraph 10.b. (the lesser paragraph of 10.b.i and 10.b.ii below)	9	-	9	-	-	-	9	-	9
(c) Paragraph 10.b.i.	9	-	9	-	-	-	9	-	9
(d) Paragraph 10.b.ii.	XXX	XXX	2,621	XXX	XXX	2,556	XXX	XXX	65
(e) Paragraph 10.c.	42	-	42	3	-	3	39	-	39
(f) Total (4a+4b+4e)	98	-	98	78	-	78	20	-	20
Admission Calculation Components – SSAP 10R, paragraph 10.e.: Not applicable									
Used in SSAP 10R, Paragraph 10.d.: No significant change									

5. Since the Company has not elected to admit additional DTAs pursuant to SSAP 10R, paragraph 10.e. had no impact on admitted deferred tax assets.

6. Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs: No significant change.

B. Regarding deferred tax liabilities that are not recognized

None.

NOTES TO FINANCIAL STATEMENTS

C. Current and deferred income taxes consist of the following major components:

(1) Current Income Tax:

	Dollars in Thousands		
	(1)	(2)	(3)
	June 30, 2011	December 31, 2010	(Col 1-2) Change
(a) Federal	48	(235)	283
(b) Foreign	-	-	-
(c) Subtotal	48	(235)	283
(d) Federal income tax on net capital gains	-	23	(23)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	129	(129)
(g) Federal and Foreign income taxes incurred	48	(83)	131

(2) Deferred Tax Assets:

	Dollars in Thousands		
	(1)	(2)	(3)
	June 30, 2011	December 31, 2010	(Col 1-2) Change
(a) Ordinary :			
(1) Unpaid losses and LAE	61	40	21
(2) Unearned premiums	-	3	(3)
(3) Unrealized losses	-	-	-
(4) Compensation Related	-	-	-
(5) Fixed assets	-	-	-
(6) Nonadmitted assets	-	27	(27)
(7) Other	37	34	3
(99) Subtotal	98	104	(6)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	26	(26)
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	98	78	20
(e) Capital:			
(1) OTTI - fixed maturities	-	-	-
(2) OTTI - other invested assets	-	-	-
(3) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	-	-	-
(i) Admitted deferred tax assets (2d+2h)	98	78	20

NOTES TO FINANCIAL STATEMENTS

(3) Deferred Tax Liabilities:

	Dollars in Thousands		
	(1) June 30, 2011	(2) December 31, 2010	(3) (Col 1-2) Change
(a) Ordinary			
(1) Bond market discount	4	3	1
(2) Compensation Related	99	-	99
(3) Guaranty assessments	-	-	-
(4) Other (including items <5% of total ordinary tax	-	-	-
(99) Subtotal	103	3	100
(b) Capital			
(1) Unrealized gains	-	-	-
(99) Subtotal	-	-	-
(c) Deferred Tax Liabilities (3a99+3b99)	103	3	100

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

Dollars in Thousands		
(1)	(2)	(3)
June 30, 2011	December 31, 2010	(Col 1-2) Change
(5)	75	(80)

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

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

	Dollars in Thousands		
	June 30, 2011		
	Amount	Tax Effect	Effective Tax Rate (%)
Provision computed at statutory rate	446	156	35.0%
Tax-exempt interest	(83)	(29)	-6.5%
Other, including Change in nonadmitted assets	77	27	6.0%
Totals	440	154	34.5%
Federal income taxes incurred [expense/(benefit)]		48	10.7%
Change in net deferred income tax [charge/(benefit)]		106	23.8%
Total statutory income taxes		154	34.5%

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

- At June 30, 2011, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
- The following is income tax expense for 2011 and 2010 that is available for recoupment in the event of future net losses.

Year	Amount
2011	\$ 47,514
2010	\$ -

F. Consolidated federal income tax return – No significant change.

NOTES TO FINANCIAL STATEMENTS

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

A through C – No significant change.

D. Amounts due (to) or from related parties

ProAssurance Mid-Continent Underwriters, Inc.	\$	1,434,587
PICA Management Resources, Inc.		1,766
Subtotal: due from affiliates		1,436,353
ProAssurance Group Services Corporation		(74,037)
ProAssurance Indemnity Company, Inc.		(35,824)
ProAssurance Casualty Company		(13,018)
ProAssurance National Capital Insurance Company		(4,440)
ProAssurance Wisconsin Insurance Company		(1,234)
Subtotal: due (to) affiliates		(128,553)
Total due from/(to) affiliates	\$	1,307,800

E. Guarantees or contingencies for related parties – None

F. Management, service contracts, cost sharing agreements

Effective May 15, 2011, the Company and its affiliates amended its Expense Allocation and Management Services Agreements to include new affiliates APS Insurance Services, Inc., American Physicians Insurance Agency, Inc., and American Physicians Service Group, Inc.

G through L – No significant change.

Note 11 - Debt

None.

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

No significant change.

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

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

None.

NOTES TO FINANCIAL STATEMENTS

Note 20 – Fair Value

- A.
1. Fair Value Measurements at Reporting Date: None
 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
 3. The Company's policy is to recognize transfers between levels at the end of the reporting period.
 4. Valuation Methodologies - Level 2 and Level 3 of the Fair Value Hierarchy: None
 5. Fair Value Measurements of Derivative Assets and Liabilities: None
- B through D - None

Note 21 - 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 – None
- (3) Direct Exposure through other Investments:

(000's)

Type	Actual Cost	Book / Adjusted Carrying Value	Fair Value	Other-than-Temporary Impairments
RMBS	\$ 262	\$ 262	\$ 235	\$ -

- (4) Underwriting Exposure to subprime mortgage risk through Mortgage Guaranty and Financial Guaranty insurance coverage – None

Note 22 - Events Subsequent

None.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

None.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

A. Reasons for changes in prior year incurred

Combined reserves for incurred losses and loss adjustment expenses attributable to insured events as of December 31, 2010 were \$1,230,000. The re-estimation of those reserves during the six months ended June 30, 2011 resulted in no change to the estimate of loss and loss adjustment expenses attributable to insured events as of December 31, 2010.

Note 26 - Intercompany Pooling Arrangements

None.

Note 27 - Structured Settlements

None.

Note 28 - Health Care Receivables

None.

Note 29 - Participating Policies

None.

NOTES TO FINANCIAL STATEMENTS

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - High Deductibles

None.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

None.

Note 33 - Asbestos/Environmental Reserves

None.

Note 34 - Subscriber Savings Accounts

None.

Note 35 - Multiple Peril Crop Insurance

None.

Note 36 - 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 the 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	2	3
Name of Entity	NAIC Company Code	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 NA
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. 12/31/2010
- 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). 12/03/2007
- 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 NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 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 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	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

GENERAL INTERROGATORIES

- 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

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	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
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

- 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.

GENERAL INTERROGATORIES

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.....	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)

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

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:

.....

5. Affiliates added to Expense Sharing and Management Services Agreements effective May 15, 2011. No change in terms.

GENERAL INTERROGATORIES

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 [] NA [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 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 Discount 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
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:
 5.1 A&H loss percent %
 5.2 A&H cost containment percent %
 5.3 A&H expense percent excluding cost containment expenses %

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 \$
 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
 6.4 If yes, please provide the balance of the funds administered as of the reporting date \$

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 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
NONE				

STATEMENT AS OF JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1		Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
	Active Status		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	0	0	0	0	0	0
2. Alaska	AK	E	46,390	0	0	0	15,037	0
3. Arizona	AZ	E	307,664	379,769	9,000	0	447,804	522,901
4. Arkansas	AR	E	272,798	74,807	0	0	626,136	355,768
5. California	CA	N	0	0	0	0	0	0
6. Colorado	CO	E	83,963	77,032	0	0	286,372	354,790
7. Connecticut	CT	E	7,975	0	0	0	309	0
8. Delaware	DE	E	152,330	123,614	0	0	194,155	183,119
9. District of Columbia	DC	E	819	7,081	0	0	194,645	198,046
10. Florida	FL	E	1,470,095	1,777,651	260,000	27,750	2,322,565	1,568,896
11. Georgia	GA	E	863,722	740,611	13,801	0	1,485,702	1,493,460
12. Hawaii	HI	E	29,650	15,743	0	0	74,941	48,914
13. Idaho	ID	E	39,488	29,875	2,220	0	57,039	19,072
14. Illinois	IL	E	752,540	623,682	8,000	0	1,546,721	932,685
15. Indiana	IN	E	75,522	246,748	7,500	0	227,666	198,734
16. Iowa	IA	E	40,296	151,692	0	187	115,195	142,402
17. Kansas	KS	E	46,044	63,749	0	0	73,847	49,750
18. Kentucky	KY	E	131,851	159,261	(5,000)	0	709,939	404,560
19. Louisiana	LA	E	287,765	343,134	0	6,500	623,781	240,300
20. Maine	ME	N	0	0	0	0	0	0
21. Maryland	MD	E	357,695	345,856	0	0	377,981	251,421
22. Massachusetts	MA	N	0	0	0	0	0	0
23. Michigan	MI	E	377,711	548,810	42,503	0	527,842	569,742
24. Minnesota	MN	E	30,028	0	158,150	0	184,305	0
25. Mississippi	MS	E	359,874	353,196	0	0	1,042,483	759,364
26. Missouri	MO	E	110,060	104,271	0	0	149,977	138,108
27. Montana	MT	E	11,532	6,217	0	0	20,992	2,486
28. Nebraska	NE	E	110,152	138,628	(1,000)	0	122,930	66,944
29. Nevada	NV	E	105,748	111,013	0	0	138,927	94,716
30. New Hampshire	NH	N	0	0	0	0	0	0
31. New Jersey	NJ	E	192,433	316,316	0	0	525,902	222,731
32. New Mexico	NM	E	82,974	106,424	0	0	177,184	111,622
33. New York	NY	N	0	0	0	0	0	0
34. North Carolina	NC	E	210,124	219,690	0	0	266,782	216,871
35. North Dakota	ND	E	0	(2,964)	0	0	2,292	2,442
36. Ohio	OH	E	343,507	494,244	37,500	0	1,955,780	1,590,591
37. Oklahoma	OK	E	67,188	84,162	0	0	218,702	171,994
38. Oregon	OR	E	42,571	33,003	0	0	74,165	35,337
39. Pennsylvania	PA	E	202,227	285,666	62,000	0	314,951	217,677
40. Rhode Island	RI	N	0	0	0	0	0	0
41. South Carolina	SC	E	148,891	128,207	55,000	0	120,712	80,929
42. South Dakota	SD	E	8,765	2,500	0	0	26,316	15,261
43. Tennessee	TN	E	279,576	192,607	5,501	0	1,170,109	1,008,706
44. Texas	TX	E	1,844,396	1,299,294	18,450	0	1,973,683	1,247,222
45. Utah	UT	E	90,516	124,604	0	0	132,102	109,157
46. Vermont	VT	E	34,633	49,483	(4,000)	0	55,179	19,957
47. Virginia	VA	E	195,343	256,864	0	302,750	469,804	641,259
48. Washington	WA	E	277,896	180,077	0	0	211,525	303,837
49. West Virginia	WV	E	38,910	56,362	0	0	88,350	77,641
50. Wisconsin	WI	E	218,833	291,319	0	0	346,092	126,615
51. Wyoming	WY	E	22,087	20,628	0	0	23,085	12,432
52. American Samoa	AS	N	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0
57. Canada	CN	N	0	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Totals	(a)	1	10,372,582	10,560,926	669,625	337,187	19,720,006	14,808,459
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 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

NONE

PART 1 - LOSS EXPERIENCE

Line 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	0.0
2. Allied lines			0.0	0.0
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril			0.0	0.0
5. Commercial multiple peril			0.0	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine			0.0	0.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability -occurrence	57,427	20,674	36.0	36.0
11.2 Medical professional liability -claims made	7,540,877	2,714,716	36.0	36.0
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation			0.0	0.0
17.1 Other liability occurrence	217,457	78,284	36.0	36.0
17.2 Other liability-claims made	1,822,028	655,930	36.0	36.0
17.3 Excess Workers' Compensation			0.0	0.0
18.1 Products liability-occurrence			0.0	0.0
18.2 Products liability-claims made			0.0	0.0
19.1,19.2 Private passenger auto liability			0.0	0.0
19.3,19.4 Commercial auto liability			0.0	0.0
21. Auto physical damage			0.0	0.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	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	0.0
35. TOTALS	9,637,789	3,469,604	36.0	36.0
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
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	2,886	57,427	145,930
11.2 Medical professional liability-claims made	4,093,073	8,714,430	7,108,935
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	173,362	272,048	178,628
17.2 Other liability-claims made	604,742	1,328,677	3,127,433
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
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	4,874,063	10,372,582	10,560,926
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 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

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)	2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2011 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. 2008 + Prior	0	46	46	0	5	5	0	0	41	41	0	0	0
2. 2009	0	269	269	0	30	30	0	0	239	239	0	0	0
3. Subtotals 2009 + prior	0	315	315	0	35	35	0	0	280	280	0	0	0
4. 2010	0	915	915	0	103	103	0	0	812	812	0	0	0
5. Subtotals 2010 + prior	0	1,230	1,230	0	138	138	0	0	1,092	1,092	0	0	0
6. 2011	XXX	XXX	XXX	XXX	73	73	XXX	0	698	698	XXX	XXX	XXX
7. Totals	0	1,230	1,230	0	211	211	0	0	1,790	1,790	0	0	0
8. Prior Year-End Surplus As Regards Policy-holders	25,913										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

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 on "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.

	<u>Response</u>
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.....
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?NO.....

Explanation:

- 1.
- 3.
- 4.

Bar Code:

1. 
 1 0 1 7 9 2 0 1 1 4 9 0 0 0 0 0 2

3. 
 1 0 1 7 9 2 0 1 1 3 6 5 0 0 0 0 2

4. 
 1 0 1 7 9 2 0 1 1 5 0 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
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	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	24,434,654	20,967,713
2. Cost of bonds and stocks acquired	100,000	8,046,428
3. Accrual of discount	2,129	4,142
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		64,790
6. Deduct consideration for bonds and stocks disposed of	334,188	4,506,780
7. Deduct amortization of premium	67,142	141,639
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	24,135,453	24,434,654
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	24,135,453	24,434,654

STATEMENT AS OF JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	25,745,692	2,861,129	2,607,239	(37,194)	25,745,692	25,962,388	0	26,655,649
2. Class 2 (a).....	0				0	0	0	0
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	0				0	0	0	0
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	25,745,692	2,861,129	2,607,239	(37,194)	25,745,692	25,962,388	0	26,655,649
PREFERRED STOCK								
8. Class 1.....	0				0	0	0	0
9. Class 2.....	0				0	0	0	0
10. Class 3.....	0				0	0	0	0
11. Class 4.....	0				0	0	0	0
12. Class 5.....	0				0	0	0	0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	25,745,692	2,861,129	2,607,239	(37,194)	25,745,692	25,962,388	0	26,655,649

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 1,826,935 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	1,826,935	XXX	1,835,771	9,688	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,220,995	5,184,075
2. Cost of short-term investments acquired	6,938,420	24,769,684
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	7,324,019	27,732,388
7. Deduct amortization of premium.....	8,461	376
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,826,935	2,220,995
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,826,935	2,220,995

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

STATEMENT AS OF JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, 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	Foreign	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. Governments																						
36213H-M7-1	GN 554882		06/01/2011	MBS PAYMENT		136	136	140	136				0		136		0	0	4	03/01/2031	1	
0599999 - Bonds - U.S. Governments																						
						136	136	140	136	0	0	0	0	0	136	0	0	0	4	XXX	XXX	
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																						
31297F-J5-3	FG A27484		06/01/2011	MBS PAYMENT		27,574	27,574	28,500	27,628		(54)		(54)		27,574		0	0	772	10/01/2033	1	
31297H-KB-4	FG A29290		06/01/2011	MBS PAYMENT		2,700	2,700	2,681	2,698		2		2		2,700		0	0	56	03/01/2033	1	
31297S-ZP-3	FG A37050		06/01/2011	MBS PAYMENT		10,400	10,400	10,274	10,389		11		11		10,400		0	0	196	01/01/2035	1	
314040-ZZ-5	FN 775760		06/01/2011	MBS PAYMENT		5,231	5,231	5,319	5,232		(1)		(1)		5,231		0	0	120	12/01/2032	1	
31405M-C6-0	FN 793071		06/01/2011	MBS PAYMENT		2,568	2,568	2,669	2,570		(2)		(2)		2,568		0	0	64	12/01/2033	1	
31406W-US-1	FN 822393		06/01/2011	MBS PAYMENT		2,135	2,136	2,157	2,137		(1)		(1)		2,136		0	0	49	11/01/2034	1	
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																						
						50,608	50,609	51,600	50,654	0	(45)	0	(45)	0	50,609	0	0	0	0	1,257	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
40430G-AJ-9	HOUSEHOLD HOME EQUITY LOAN TRUST		06/20/2011	MBS PAYMENT		12,037	12,037	12,037	12,037		0		0		12,037		0	0	34	04/20/2016	12*	
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)																						
						12,037	12,037	12,037	12,037	0	0	0	0	0	12,037	0	0	0	0	34	XXX	XXX
8399997 - Subtotals - Bonds - Part 4																						
						62,781	62,782	63,777	62,827	0	(45)	0	(45)	0	62,782	0	0	0	0	1,295	XXX	XXX
8399999 - Subtotals - Bonds																						
						62,781	62,782	63,777	62,827	0	(45)	0	(45)	0	62,782	0	0	0	0	1,295	XXX	XXX
9999999 Totals																						
						62,781	XXX	63,777	62,827	0	(45)	0	(45)	0	62,782	0	0	0	0	1,295	XXX	XXX

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

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

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							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

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

Physicians

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

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	0	0	0	0	0	0	0	
2. Alaska	AK	0	0	0	0	0	0	0	
3. Arizona	AZ	173,350	132,037	0	0	(52,467)	0	260,307	
4. Arkansas	AR	30,379	91,924	0	0	33,093	200,006	2	128,276
5. California	CA	0	0	0	0	0	0	0	0
6. Colorado	CO	0	(387)	0	0	24,861	300,001	1	(95,392)
7. Connecticut	CT	0	0	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	5,000	100,001	1	(29,947)
9. District of Columbia	DC	(6,627)	25,642	0	0	(15,769)	0	0	72,139
10. Florida	FL	555,944	392,695	242,500	1	141,370	352,501	4	522,693
11. Georgia	GA	505,745	354,583	0	0	127,650	300,003	3	447,823
12. Hawaii	HI	0	0	0	0	0	0	0	0
13. Idaho	ID	4,952	244	0	0	88	0	0	88
14. Illinois	IL	279,496	278,285	0	0	100,182	400,003	3	527,039
15. Indiana	IN	0	907	0	0	327	0	0	828
16. Iowa	IA	6,370	11,060	0	0	(31,018)	0	0	82,633
17. Kansas	KS	0	0	0	0	0	0	0	0
18. Kentucky	KY	20,364	79,925	(5,000)	0	328,773	787,507	7	(249,072)
19. Louisiana	LA	0	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0	0
21. Maryland	MD	233,969	159,598	0	0	7,455	0	0	177,416
22. Massachusetts	MA	0	0	0	0	0	0	0	0
23. Michigan	MI	8,662	54,931	0	0	19,775	0	0	21,410
24. Minnesota	MN	0	42,974	132,900	1	(9,529)	0	0	73,298
25. Mississippi	MS	266,382	281,525	0	0	101,349	975,003	6	(51,467)
26. Missouri	MO	0	3,294	0	0	(8,814)	0	0	32,149
27. Montana	MT	0	3,959	0	0	1,425	0	0	2,425
28. Nebraska	NE	0	0	0	0	0	0	0	0
29. Nevada	NV	16,710	1,370	0	0	493	0	0	9,640
30. New Hampshire	NH	0	0	0	0	0	0	0	0
31. New Jersey	NJ	84,877	38,510	0	0	13,863	0	0	41,465
32. New Mexico	NM	0	0	0	0	0	0	0	1,151
33. New York	NY	0	0	0	0	0	0	0	0
34. North Carolina	NC	7,710	1,222	0	0	440	0	0	8,001
35. North Dakota	ND	0	0	0	0	0	0	0	0
36. Ohio	OH	142,946	203,838	37,500	1	73,382	1,005,003	5	445,104
37. Oklahoma	OK	31,328	31,614	0	0	(18,619)	0	0	75,783
38. Oregon	OR	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0	0	0
41. South Carolina	SC	20,044	23,719	0	0	8,539	0	0	24,682
42. South Dakota	SD	0	0	0	0	0	0	0	0
43. Tennessee	TN	43,004	151,885	0	0	84,679	1,400,004	5	(458,403)
44. Texas	TX	122,012	84,312	0	0	80,352	200,002	2	(65,837)
45. Utah	UT	0	0	0	0	0	0	0	19,504
46. Vermont	VT	0	0	0	0	0	0	0	0
47. Virginia	VA	85,455	54,114	0	0	19,481	5,000	1	267,235
48. Washington	WA	30,989	17,473	0	0	(23,710)	0	0	76,136
49. West Virginia	WV	0	0	0	0	0	0	0	0
50. Wisconsin	WI	0	0	0	0	0	0	0	0
51. Wyoming	WY	0	0	0	0	0	0	0	0
52. American Samoa	AS	0	0	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0	0	0
57. Canada	CN	0	0	0	0	0	0	0	0
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		2,664,061	2,521,253	407,900	3	1,012,651	6,025,034	40	2,367,107
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

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

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

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	0	0	0	0	0	0	0	0
2. Alaska AK	0	0	0	0	0	0	0	0
3. Arizona AZ	0	0	0	0	0	0	0	0
4. Arkansas AR	0	0	0	0	0	0	0	0
5. California CA	0	0	0	0	0	0	0	0
6. Colorado CO	0	0	0	0	0	0	0	0
7. Connecticut CT	0	0	0	0	0	0	0	0
8. Delaware DE	0	0	0	0	0	0	0	0
9. District of Columbia DC	0	0	0	0	0	0	0	0
10. Florida FL	0	0	0	0	0	0	0	0
11. Georgia GA	0	9,361	0	0	(11,630)	0	0	47,249
12. Hawaii HI	0	0	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0	0	0
14. Illinois IL	52,902	25,796	0	0	9,287	0	0	38,898
15. Indiana IN	0	0	0	0	0	0	0	0
16. Iowa IA	0	0	0	0	0	0	0	0
17. Kansas KS	0	0	0	0	0	0	0	0
18. Kentucky KY	0	0	0	0	0	0	0	0
19. Louisiana LA	0	(4,537)	0	0	(1,633)	0	0	25,253
20. Maine ME	0	0	0	0	0	0	0	0
21. Maryland MD	0	0	0	0	0	0	0	0
22. Massachusetts MA	0	0	0	0	0	0	0	0
23. Michigan MI	0	0	0	0	0	0	0	0
24. Minnesota MN	0	0	0	0	0	0	0	0
25. Mississippi MS	0	0	0	0	0	0	0	0
26. Missouri MO	0	0	0	0	0	0	0	0
27. Montana MT	0	0	0	0	0	0	0	0
28. Nebraska NE	0	0	0	0	0	0	0	0
29. Nevada NV	0	0	0	0	0	0	0	0
30. New Hampshire NH	0	0	0	0	0	0	0	0
31. New Jersey NJ	0	0	0	0	0	0	0	0
32. New Mexico NM	0	0	0	0	0	0	0	0
33. New York NY	0	0	0	0	0	0	0	0
34. North Carolina NC	0	0	0	0	0	0	0	0
35. North Dakota ND	0	0	0	0	0	0	0	0
36. Ohio OH	0	0	0	0	0	0	0	0
37. Oklahoma OK	0	0	0	0	0	0	0	0
38. Oregon OR	0	0	0	0	0	0	0	0
39. Pennsylvania PA	0	0	0	0	0	0	0	0
40. Rhode Island RI	0	0	0	0	0	0	0	0
41. South Carolina SC	0	0	0	0	0	0	0	0
42. South Dakota SD	0	0	0	0	0	0	0	0
43. Tennessee TN	0	0	0	0	0	0	0	0
44. Texas TX	0	0	0	0	0	0	0	2,815
45. Utah UT	0	0	0	0	0	0	0	0
46. Vermont VT	0	0	0	0	0	0	0	0
47. Virginia VA	0	0	0	0	0	0	0	0
48. Washington WA	0	0	0	0	0	0	0	0
49. West Virginia WV	0	0	0	0	0	0	0	17,104
50. Wisconsin WI	0	0	0	0	0	0	0	0
51. Wyoming WY	0	0	0	0	0	0	0	0
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. 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	52,902	30,620	0	0	(3,976)	0	0	131,319
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0



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SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

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

Other Health Care Professionals

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

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	0	0	0	0	0	0	0	0
2. Alaska	3,345	1,244	0	0	448	0	0	617
3. Arizona	11,649	15,758	0	0	5,673	0	0	19,154
4. Arkansas	18,947	14,057	0	0	95,061	237,203	3	(76,635)
5. California	0	0	0	0	0	0	0	0
6. Colorado	13,447	7,619	0	0	2,743	0	0	13,609
7. Connecticut	0	0	0	0	0	0	0	0
8. Delaware	137,749	70,638	0	0	(19,570)	0	0	116,132
9. District of Columbia	0	103,964	0	0	27,427	0	0	62,826
10. Florida	120,153	115,454	17,500	1	41,564	372,500	16	(36,802)
11. Georgia	68,195	55,410	8,801	1	19,948	280,000	7	(23,866)
12. Hawaii	500	204	0	0	73	0	0	21,004
13. Idaho	1,500	1,364	0	0	15,491	25,000	1	(6,223)
14. Illinois	33,297	39,155	0	0	14,096	63,000	5	49,966
15. Indiana	21,413	21,214	0	0	7,637	3,000	3	37,171
16. Iowa	2,300	1,141	0	0	411	0	0	15,022
17. Kansas	7,398	5,270	0	0	1,897	0	0	16,435
18. Kentucky	31,659	34,910	0	0	12,568	25,000	1	33,872
19. Louisiana	20,450	53,333	0	0	109,200	425,000	1	(140,308)
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	13,596	34,912	0	0	12,568	2,200	1	67,641
22. Massachusetts	0	0	0	0	0	0	0	0
23. Michigan	24,024	36,670	0	0	13,201	25,000	1	115,496
24. Minnesota	0	7,761	0	0	2,794	1,000	1	3,928
25. Mississippi	7,171	25,977	0	0	9,352	50,000	1	(3,766)
26. Missouri	32,541	20,645	0	0	(2,568)	0	0	28,101
27. Montana	2,791	5,473	0	0	1,970	0	0	4,900
28. Nebraska	78,228	45,073	(1,000)	0	26,226	125,000	1	(40,030)
29. Nevada	18,166	7,403	0	0	2,665	25,000	1	(6,523)
30. New Hampshire	0	0	0	0	0	0	0	0
31. New Jersey	26,904	55,412	0	0	49,948	175,000	4	(55,287)
32. New Mexico	5,487	4,977	0	0	1,792	0	0	13,845
33. New York	0	0	0	0	0	0	0	0
34. North Carolina	23,761	17,043	0	0	6,136	1,000	1	46,301
35. North Dakota	0	2,012	0	0	724	0	0	725
36. Ohio	35,715	66,379	0	0	23,896	250,763	1	(60,317)
37. Oklahoma	4,754	5,191	0	0	1,869	2,000	2	28,124
38. Oregon	5,960	2,244	0	0	808	0	0	8,170
39. Pennsylvania	87,511	58,271	62,000	1	20,978	86,001	2	(7,539)
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	10,919	14,174	0	0	5,103	0	0	8,914
42. South Dakota	2,000	10,696	0	0	3,851	0	0	21,739
43. Tennessee	54,068	38,651	5,501	1	(21,086)	0	0	87,059
44. Texas	328,867	295,645	2,200	1	106,432	506,503	8	196,458
45. Utah	0	3,326	0	0	1,198	0	0	20,627
46. Vermont	2,000	3,091	0	0	16,113	25,000	1	(6,851)
47. Virginia	37,794	27,123	0	0	9,764	550	1	73,115
48. Washington	24,782	19,024	0	0	6,849	0	0	7,265
49. West Virginia	16,750	9,756	0	0	3,512	0	0	24,167
50. Wisconsin	24,058	30,535	0	0	65,993	251,000	4	(82,721)
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa								
53. Guam								
54. Puerto Rico								
55. U.S. Virgin Islands								
56. Northern Mariana Islands								
57. Canada								
58. Aggregate other alien	0	0	0	0	0	0	0	0
59. Totals	1,359,849	1,388,199	95,002	5	704,755	2,956,720	67	595,515
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2011 OF THE PROASSURANCE SPECIALTY INSURANCE COMPANY, INC.

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

Other Health Care Facilities

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

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	0	0	0	0	0	0	0	0
2. Alaska	32,550	25,039	0	0	9,014	0	0	11,475
3. Arizona	89,663	73,314	0	0	(18,607)	0	0	117,256
4. Arkansas	189,595	152,233	0	0	54,804	0	0	88,625
5. California	0	0	0	0	0	0	0	0
6. Colorado	37,853	31,309	0	0	1,271	0	0	35,984
7. Connecticut	6,832	722	0	0	260	0	0	260
8. Delaware	12,431	8,301	0	0	2,988	0	0	7,045
9. District of Columbia	5,444	6,674	0	0	(17,597)	0	0	55,335
10. Florida	599,879	538,796	0	0	193,966	25,000	1	685,145
11. Georgia	181,380	136,184	0	0	49,026	126,000	2	62,899
12. Hawaii	16,503	23,028	0	0	8,290	0	0	35,913
13. Idaho	20,409	25,522	0	0	9,188	0	0	26,062
14. Illinois	324,613	195,243	8,000	1	70,288	42,000	0	123,668
15. Indiana	36,022	28,772	0	0	358	0	0	42,862
16. Iowa	24,061	15,955	0	0	5,744	0	0	9,876
17. Kansas	31,813	26,456	0	0	(476)	0	0	37,662
18. Kentucky	52,426	48,645	0	0	12,512	0	0	53,507
19. Louisiana	186,098	184,919	0	0	56,571	0	0	194,013
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	92,911	62,111	0	0	17,360	0	0	67,032
22. Massachusetts	0	0	0	0	0	0	0	0
23. Michigan	263,085	201,558	0	0	72,561	50,000	1	145,059
24. Minnesota	22,430	17,788	0	0	6,404	0	0	14,285
25. Mississippi	62,869	31,944	0	0	11,500	50,000	1	(5,885)
26. Missouri	63,808	49,859	0	0	17,949	0	0	52,428
27. Montana	6,902	15,104	0	0	5,437	0	0	8,626
28. Nebraska	14,589	8,379	0	0	3,016	0	0	17,311
29. Nevada	46,511	38,628	0	0	(1,094)	0	0	45,214
30. New Hampshire	0	0	0	0	0	0	0	0
31. New Jersey	65,339	130,693	0	0	7,050	0	0	141,867
32. New Mexico	61,228	57,416	0	0	20,670	100,000	1	25,349
33. New York	0	0	0	0	0	0	0	0
34. North Carolina	111,266	128,456	0	0	21,244	0	0	137,258
35. North Dakota	0	3,092	0	0	1,113	0	0	1,334
36. Ohio	104,492	110,703	0	0	(5,147)	0	0	134,616
37. Oklahoma	22,383	81,654	0	0	29,395	0	0	85,689
38. Oregon	28,428	34,860	0	0	12,550	0	0	41,550
39. Pennsylvania	68,738	71,061	0	0	25,582	176,000	2	(32,066)
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	97,703	47,021	55,000	1	16,928	0	0	40,716
42. South Dakota	5,625	1,402	0	0	505	0	0	505
43. Tennessee	147,732	91,241	0	0	32,847	0	0	81,544
44. Texas	1,101,756	650,119	3,750	1	234,043	172,250	3	641,304
45. Utah	69,791	46,709	0	0	1,815	0	0	53,346
46. Vermont	28,038	15,587	0	0	5,611	0	0	24,121
47. Virginia	49,131	50,997	0	0	(1,641)	0	0	60,809
48. Washington	124,439	55,371	0	0	19,934	56,000	3	14,524
49. West Virginia	18,773	17,677	0	0	6,364	0	0	31,550
50. Wisconsin	158,047	110,536	0	0	19,793	0	0	101,513
51. Wyoming	11,459	7,155	0	0	2,576	0	0	10,902
52. American Samoa	0	0	0	0	0	0	0	0
53. Guam	0	0	0	0	0	0	0	0
54. Puerto Rico	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	0	0	0	0	0	0	0	0
57. Canada	0	0	0	0	0	0	0	0
58. Aggregate other alien	0	0	0	0	0	0	0	0
59. Totals	4,695,045	3,658,233	66,750	3	1,021,965	797,250	14	3,528,088
DETAILS OF WRITE-INS								
5801.								
5802.								
5803.								
5898. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0