



QUARTERLY STATEMENT

AS OF SEPTEMBER 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 MARCHMAN CHANDLER (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

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 _____

STATEMENT AS OF SEPTEMBER 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	24,640,618		24,640,618	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 (\$1,938,509), cash equivalents (\$749,966) and short-term investments (\$1,650,081)	4,338,556		4,338,556	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)	28,979,174	0	28,979,174	29,149,500
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	210,071		210,071	194,807
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	305,107		305,107	446,015
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	64,664		64,664	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,130,676		2,130,676	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			0	0
18.2 Net deferred tax asset	128,880	43,108	85,772	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	1,108,976		1,108,976	1,157,926
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	685	685	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	32,928,233	43,793	32,884,440	31,649,042
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	32,928,233	43,793	32,884,440	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	685	685	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)	685	685	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	2,045,622	1,230,000
4. Commissions payable, contingent commissions and other similar charges	10,389	4,281
5. Other expenses (excluding taxes, licenses and fees)	48,491	37,239
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	27,833	46,139
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	61,248	160,302
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$9,383,200 and including warranty reserves of \$)		0
10. Advance premium	393	43,554
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	3,303,686	2,999,059
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	319,053	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	115,815	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	108,750	188,750
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	6,440,280	5,736,001
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	6,440,280	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)	10,977,632	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)	26,444,160	25,913,041
38. Totals (Page 2, Line 28, Col. 3)	32,884,440	31,649,042
DETAILS OF WRITE-INS		
2501. Unearned Fee Income	108,750	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)	108,750	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 \$ 15,420,904)	14,553,649	15,412,203	20,539,780
1.2 Assumed (written \$)		0	
1.3 Ceded (written \$ 15,420,904)	14,553,649	15,412,203	20,539,780
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	5,239,314	5,548,317	6,747,551
2.2 Assumed		0	
2.3 Ceded	5,239,314	5,548,317	6,747,551
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	1,164,292	924,732	1,081,218
4. Other underwriting expenses incurred	(1,086,451)	155,701	73,291
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	77,841	1,080,433	1,154,509
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(77,841)	(1,080,433)	(1,154,509)
INVESTMENT INCOME			
9. Net investment income earned	563,906	575,406	774,441
10. Net realized capital gains (losses) less capital gains tax of \$		11,056	42,113
11. Net investment gain (loss) (Lines 9 + 10)	563,906	586,462	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	215,000	162,000	218,250
15. Total other income (Lines 12 through 14)	215,000	164,498	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)	701,065	(329,473)	(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)	701,065	(329,473)	(221,552)
19. Federal and foreign income taxes incurred	258,326	(213,971)	(106,387)
20. Net income (Line 18 minus Line 19)(to Line 22)	442,739	(115,502)	(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)	442,739	(115,502)	(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	27,701	(50,900)	(42,694)
27. Change in nonadmitted assets	60,679	1,232	(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)	531,119	(165,170)	(322,455)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	26,444,160	26,070,326	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	215,000	160,000	216,250
1402. Miscellaneous Income		2,000	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)	215,000	162,000	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.....	412,814	650,045	(488,685)
2. Net investment income	650,089	602,845	861,367
3. Miscellaneous income	135,000	164,498	116,403
4. Total (Lines 1 to 3)	1,197,903	1,417,388	489,085
5. Benefit and loss related payments	1,853,309	223,762	(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	(1,085,105)	396,347	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).....	357,380	(342,278)	(73,630)
10. Total (Lines 5 through 9)	1,125,584	277,831	228,857
11. Net cash from operations (Line 4 minus Line 10)	72,319	1,139,557	260,228
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	672,701	1,756,893	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	17,009	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	672,701	1,773,902	4,506,780
13. Cost of investments acquired (long-term only):			
13.1 Bonds	979,712	7,826,206	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)	979,712	7,826,206	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)	(307,011)	(6,052,304)	(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).....	(141,598)	(616,399)	(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).....	(141,598)	(616,399)	(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)	(376,290)	(5,529,146)	(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)	4,338,556	2,499,237	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 September 30, 2011.
- (3) As of September 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 September 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	\$ 879,131	\$ 879,237	\$ (106)
Over 12 months	216,036	250,327	(34,291)
Total	<u>\$ 1,095,167</u>	<u>\$ 1,129,564</u>	<u>\$ (34,397)</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								
	September 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	133	-	133	104	-	104	29	-	29
(b) Statutory Valuation Allowance Adjustment	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	133	-	133	104	-	104	29	-	29
(d) Deferred Tax Liabilities	4	-	4	3	-	3	1	-	1
(e) Subtotal (Net Deferred Tax Assets) (1c-1d)	129	-	129	101	-	101	28	-	28
(f) Deferred Tax Assets Nonadmitted	43	-	43	26	-	26	17	-	17
(g) Net Admitted Deferred Tax Assets (1e-1f)	86	-	86	75	-	75	11	-	11

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

4. Admission calculation components:

	Dollars in Thousands								
	September 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.	86	-	86	75	-	75	11	-	11
(b) Paragraph 10.b. (the lesser paragraph of 10.b.i and 10.b.ii below)	-	-	-	-	-	-	-	-	-
(c) Paragraph 10.b.i.	-	-	-	-	-	-	-	-	-
(d) Paragraph 10.b.ii.	XXX	XXX	2,631	XXX	XXX	2,556	XXX	XXX	75
(e) Paragraph 10.c.	4	-	4	3	-	3	1	-	1
(f) Total (4a+4b+4e)	90	-	90	78	-	78	12	-	12
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)
	September 30, 2011	December 31, 2010	(Col 1-2) Change
(a) Federal	132	(235)	367
(b) Foreign	-	-	-
(c) Subtotal	132	(235)	367
(d) Federal income tax on net capital gains	-	23	(23)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	126	129	(3)
(g) Federal and Foreign income taxes incurred	258	(83)	341

(2) Deferred Tax Assets:

	Dollars in Thousands		
	(1)	(2)	(3)
	September 30, 2011	December 31, 2010	(Col 1-2) Change
(a) Ordinary :			
(1) Unpaid losses and LAE	70	40	30
(2) Unearned premiums	-	3	(3)
(3) Unrealized losses	-	-	-
(4) Compensation Related	32	-	32
(5) Fixed assets	-	-	-
(6) Nonadmitted assets	-	27	(27)
(7) Other	31	34	(3)
(99) Subtotal	133	104	29
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	43	26	17
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	90	78	12
(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)	90	78	12

NOTES TO FINANCIAL STATEMENTS

(3) Deferred Tax Liabilities:

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

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

Dollars in Thousands		
(1)	(2)	(3)
September 30, 2011	December 31, 2010	(Col 1-2) Change
86	75	11

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		
	September 30, 2011		
	Amount	Tax Effect	Effective Tax Rate (%)
Provision computed at statutory rate	701	245	35.0%
Tax-exempt interest	(125)	(44)	-6.3%
Other, including change in nonadmitted assets	83	29	4.1%
Totals	659	230	32.8%
Federal income taxes incurred [expense/(benefit)]		258	36.8%
Change in net deferred income tax [charge/(benefit)]		(28)	-4.0%
Total statutory income taxes		230	32.8%

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

- At September 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	\$ 132,114
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. Nature of relationships

Effective September 15, 2011, APS Insurance Services, Inc. was merged into its parent company, American Physicians Service Group, Inc.

Effective September 16, 2011, APMC Financial Services, Inc. was merged into its parent company, American Physicians Management Consulting, Inc.

Effective September 16, 2011, APS Professional Liability Insurance Agency, Inc. and American Physicians Management Consulting, Inc. were merged into their parent company, American Physicians Service Group, Inc.

Effective September 30, 2011, American Physicians Insurance Company was merged into affiliate ProAssurance Indemnity Company, Inc.

All merged subsidiaries except APS Insurance Services, Inc. and American Physicians Insurance Company were inactive at the time of merger.

B, C – No significant change.

D. Amounts due (to) or from related parties

ProAssurance Mid-Continent Underwriters, Inc.	\$ 1,107,210
PICA Management Resources, Inc.	1,766
Subtotal: due from affiliates	<u>1,108,976</u>
ProAssurance Group Services Corporation	(72,601)
ProAssurance Indemnity Company, Inc.	(32,554)
ProAssurance Casualty Company	(7,590)
ProAssurance National Capital Insurance Company	(1,724)
ProAssurance Wisconsin Insurance Company	(1,346)
Subtotal: due (to) affiliates	<u>(115,815)</u>
Total due from/(to) affiliates	<u>\$ 993,161</u>

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.

NOTES TO FINANCIAL STATEMENTS

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.

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	\$ 250	\$ 250	\$ 216	\$ -

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

Note 22 - Events Subsequent

None.

Note 23 - Reinsurance

A through B – None

C. Reinsurance assumed and ceded and protected cells

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Unearned Premium	Commission Equity	Unearned Premium	Commission Equity	Unearned Premium	Commission Equity
a. Affiliates	\$ -	\$ -	\$ 9,260,408	\$ 3,241,143	\$ (9,260,408)	\$ (3,241,143)
b. All Other	-	-	122,792	30,698	(122,792)	(30,698)
c. Total	\$ -	\$ -	\$ 9,383,200	\$ 3,271,841	\$ (9,283,200)	\$ (3,271,841)

d. Direct Unearned Premium Reserve: \$9,383,200

(2) None

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

D through H - None

NOTES TO FINANCIAL STATEMENTS

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 nine months ended September 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.

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 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

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 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				

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

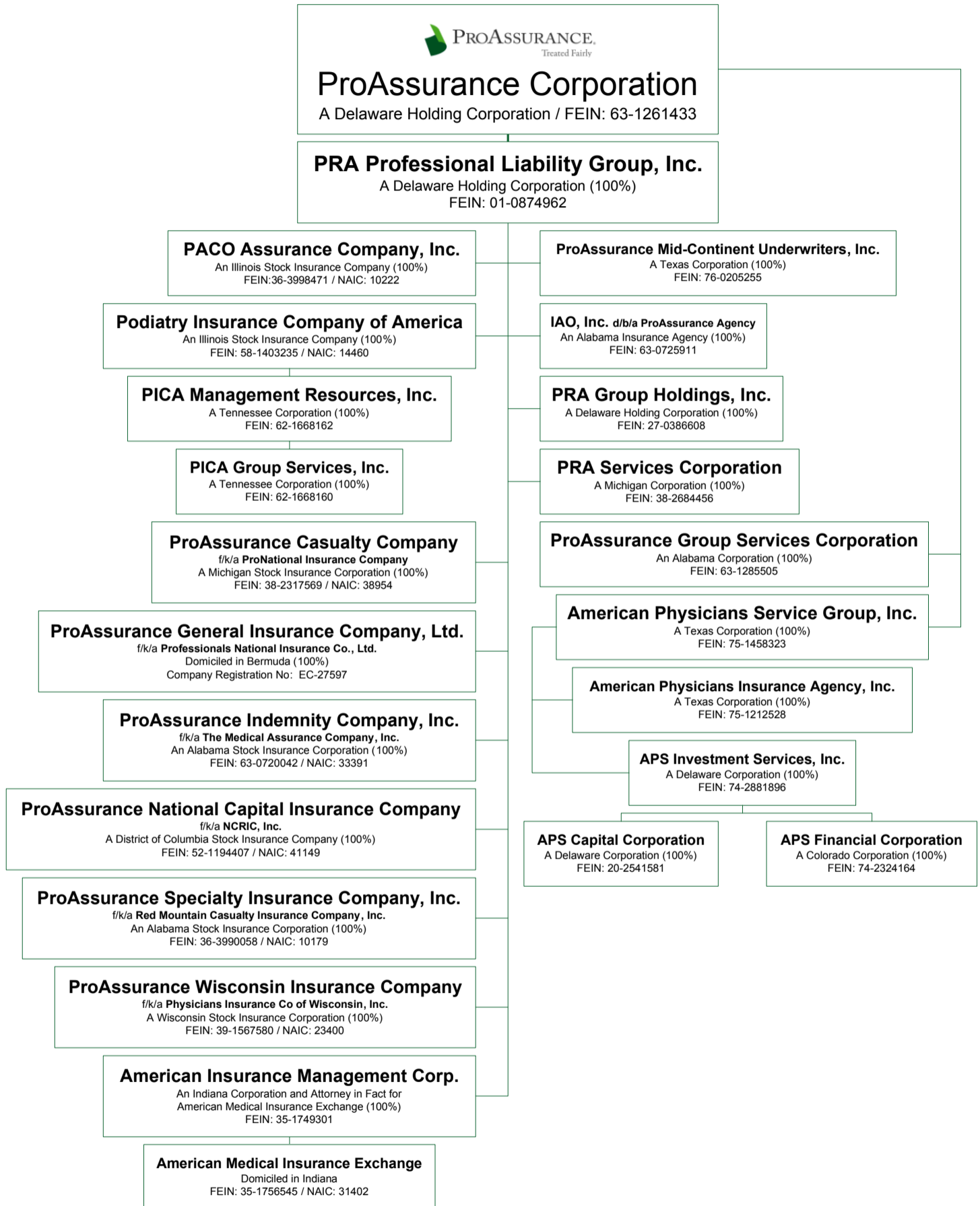
Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL	L		0	0	0	0
2. Alaska	AK	E	51,930	0	0	22,367	0
3. Arizona	AZ	E	302,265	431,048	9,000	99,759	492,753
4. Arkansas	AR	E	466,665	274,538	0	0	650,401
5. California	CA	N	0	0	0	0	0
6. Colorado	CO	E	144,236	99,901	0	0	300,800
7. Connecticut	CT	E	17,047	0	0	0	1,514
8. Delaware	DE	E	158,476	129,754	0	0	649,067
9. District of Columbia	DC	E	196,794	270,466	0	0	219,997
10. Florida	FL	E	1,843,159	2,367,888	303,000	29,500	2,329,815
11. Georgia	GA	E	1,359,373	1,240,160	121,301	473,370	1,555,508
12. Hawaii	HI	E	51,143	58,767	0	0	66,425
13. Idaho	ID	E	50,203	47,281	2,220	0	64,745
14. Illinois	IL	E	1,372,171	1,052,226	108,000	0	1,455,753
15. Indiana	IN	E	94,207	311,924	232,500	0	138,323
16. Iowa	IA	E	72,944	245,581	0	13,983	128,275
17. Kansas	KS	E	53,911	78,348	0	0	75,215
18. Kentucky	KY	E	171,703	351,063	(5,000)	0	641,952
19. Louisiana	LA	E	448,675	524,108	350,000	6,500	398,816
20. Maine	ME	N	0	0	0	0	0
21. Maryland	MD	E	402,813	488,695	0	110	395,276
22. Massachusetts	MA	N	0	0	0	0	0
23. Michigan	MI	E	593,002	832,822	62,003	13,201	522,678
24. Minnesota	MN	E	167,772	13,291	158,150	0	198,047
25. Mississippi	MS	E	479,775	434,912	0	0	1,108,180
26. Missouri	MO	E	121,056	177,162	0	110	163,408
27. Montana	MT	E	27,759	29,880	0	0	26,459
28. Nebraska	NE	E	117,496	148,000	124,000	102,500	64,360
29. Nevada	NV	E	134,428	150,861	0	0	158,390
30. New Hampshire	NH	N	0	0	0	0	0
31. New Jersey	NJ	E	379,860	581,444	0	0	549,740
32. New Mexico	NM	E	138,365	164,810	100,000	0	81,460
33. New York	NY	N	0	0	0	0	0
34. North Carolina	NC	E	274,035	308,562	0	0	281,001
35. North Dakota	ND	E	0	(2,964)	0	0	3,344
36. Ohio	OH	E	701,277	858,018	413,000	0	1,838,835
37. Oklahoma	OK	E	173,448	205,237	0	0	231,852
38. Oregon	OR	E	125,923	83,472	495	0	79,598
39. Pennsylvania	PA	E	311,273	419,372	70,251	0	337,858
40. Rhode Island	RI	N	0	0	0	0	0
41. South Carolina	SC	E	157,466	173,926	55,000	0	122,507
42. South Dakota	SD	E	20,790	22,611	0	0	23,868
43. Tennessee	TN	E	509,051	491,474	5,501	0	1,186,949
44. Texas	TX	E	2,443,907	2,014,397	116,775	7,152	1,993,334
45. Utah	UT	E	209,327	144,607	0	0	156,824
46. Vermont	VT	E	43,859	53,771	(4,000)	0	64,518
47. Virginia	VA	E	240,416	392,150	330	300,000	420,163
48. Washington	WA	E	445,694	224,701	0	29,703	265,628
49. West Virginia	WV	E	51,559	76,047	0	0	78,845
50. Wisconsin	WI	E	273,564	361,602	0	0	366,549
51. Wyoming	WY	E	22,087	33,827	0	0	25,416
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CN	N	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Totals	(a)	1	15,420,904	16,365,740	2,222,526	1,075,888	19,936,813
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
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0

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

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

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



PART 1 - LOSS EXPERIENCE

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	67,850	24,426	36.0	36.0
11.2 Medical professional liability -claims made	11,705,379	4,213,937	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	347,920	125,251	36.0	36.0
17.2 Other liability-claims made	2,432,500	875,700	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	14,553,649	5,239,314	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	2	3
	Current Quarter	Current Year to Date	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	10,423	67,850	230,348
11.2 Medical professional liability-claims made	4,311,456	13,025,886	11,316,997
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	176,816	448,864	299,500
17.2 Other liability-claims made	549,627	1,878,304	4,518,895
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	5,048,322	15,420,904	16,365,740
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 SEPTEMBER 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 .....		.46	.46		.7	.7			.39	.39	.0	.0	.0
2. 2009 .....		.269	.269		.39	.39			.230	.230	.0	.0	.0
3. Subtotals 2009 + prior .....	.0	.315	.315	.0	.46	.46	.0	.0	.269	.269	.0	.0	.0
4. 2010 .....		.915	.915		.133	.133			.782	.782	.0	.0	.0
5. Subtotals 2010 + prior .....	.0	1,230	1,230	.0	.179	.179	.0	.0	1,051	1,051	.0	.0	.0
6. 2011	XXX	XXX	XXX	XXX	.170	.170	XXX		.995	.995	XXX	XXX	XXX
7. Totals	0	1,230	1,230	0	349	349	0	0	2,046	2,046	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 3
3.	 1 0 1 7 9 2 0 1 1 3 6 5 0 0 0 0 3
4.	 1 0 1 7 9 2 0 1 1 5 0 5 0 0 0 0 3

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	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Current year change in encumbrances .....	.0	.0
4. Total gain (loss) on disposals .....	.0	.0
5. Deduct amounts received on disposals .....	.0	.0
6. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
7. Deduct current year's other than temporary impairment recognized .....	.0	.0
8. Deduct current year's depreciation .....	.0	.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	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Capitalized deferred interest and other .....	.0	.0
4. Accrual of discount .....	.0	.0
5. Unrealized valuation increase (decrease) .....	.0	.0
6. Total gain (loss) on disposals .....	.0	.0
7. Deduct amounts received on disposals .....	.0	.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....	.0	.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....	.0	.0
10. Deduct current year's other than temporary impairment recognized .....	.0	.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	.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	.0
2.2 Additional investment made after acquisition .....	.0	.0
3. Capitalized deferred interest and other .....	.0	.0
4. Accrual of discount .....	.0	.0
5. Unrealized valuation increase (decrease) .....	.0	.0
6. Total gain (loss) on disposals .....	.0	.0
7. Deduct amounts received on disposals .....	.0	.0
8. Deduct amortization of premium and depreciation .....	.0	.0
9. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
10. Deduct current year's other than temporary impairment recognized .....	.0	.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	979,712	8,046,428
3. Accrual of discount	3,011	4,142
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.0	64,790
6. Deduct consideration for bonds and stocks disposed of	672,701	4,506,780
7. Deduct amortization of premium	104,058	141,639
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other than temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	24,640,618	24,434,654
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	24,640,618	24,434,654

STATEMENT AS OF SEPTEMBER 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).....	25,962,388	4,294,053	3,176,287	(39,489)	25,745,692	25,962,388	27,040,665	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	25,962,388	4,294,053	3,176,287	(39,489)	25,745,692	25,962,388	27,040,665	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	25,962,388	4,294,053	3,176,287	(39,489)	25,745,692	25,962,388	27,040,665	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 \$ 2,400,047 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

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	1,650,081	XXX	1,660,746	7,813	

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	9,602,891	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	10,161,793	27,732,388
7. Deduct amortization of premium.....	12,012	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).....	1,650,081	2,220,995
11. Deduct total nonadmitted amounts.....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	1,650,081	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

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0
2. Cost of cash equivalents acquired	749,869	.0
3. Accrual of discount .....	.97	.0
4. Unrealized valuation increase (decrease) .....		.0
5. Total gain (loss) on disposals.....		.0
6. Deduct consideration received on disposals .....		.0
7. Deduct amortization of premium .....		.0
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)	749,966	.0
11. Deduct total nonadmitted amounts .....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	749,966	0

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

STATEMENT AS OF SEPTEMBER 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		09/01/2011	MBS PAYMENT		137	137	141	137				0		137		0	0	6	03/01/2031	1
0599999 - Bonds - U.S. Governments																					
						137	137	141	137	0	0	0	0	0	137	0	0	0	6	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		09/01/2011	MBS PAYMENT		15,173	15,173	15,682	15,251		(79)		(79)		15,173		0	0	582	10/01/2033	1
31297H-KB-4	FG A29290		09/01/2011	MBS PAYMENT		23,982	23,982	23,817	23,965		17		17		23,982		0	0	819	03/01/2033	1
31297S-ZP-3	FG A37050		09/01/2011	MBS PAYMENT		17,630	17,630	17,416	17,607		24		24		17,630		0	0	580	01/01/2035	1
314040-ZZ-5	FN 775760		09/01/2011	MBS PAYMENT		62,702	62,702	63,750	62,748		(46)		(46)		62,702		0	0	2,244	11/01/2032	1
31405M-C6-0	FN 793071		09/01/2011	MBS PAYMENT		43,445	43,445	45,149	43,511		(66)		(66)		43,445		0	0	1,567	11/01/2033	1
31406W-US-1	FN 822393		09/01/2011	MBS PAYMENT		63,372	63,372	64,016	63,423		(52)		(52)		63,372		0	0	2,368	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																					
						226,304	226,304	229,830	226,505	0	(202)	0	(202)	0	226,304	0	0	0	8,160	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
40430G-AJ-9	HFC Home Eq Ln ABS C11		09/20/2011	MBS PAYMENT		12,072	12,072	12,072	12,072				0		12,072		0	0	53	03/20/2017	12*
000000-00-0	JP MORGAN CHASE & CO		08/26/2011	DIRECT		100,000	100,000	100,000	100,000				0		100,000		0	0	530	08/11/2013	1
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)																					
						112,072	112,072	112,072	112,072	0	0	0	0	0	112,072	0	0	0	583	XXX	XXX
8399997 - Subtotals - Bonds - Part 4																					
						338,513	338,513	342,043	338,714	0	(202)	0	(202)	0	338,513	0	0	0	8,749	XXX	XXX
8399999 - Subtotals - Bonds																					
						338,513	338,513	342,043	338,714	0	(202)	0	(202)	0	338,513	0	0	0	8,749	XXX	XXX
9999999 Totals																					
						338,513	338,513	342,043	338,714	0	(202)	0	(202)	0	338,513	0	0	0	8,749	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



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 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								
2. Alaska AK								
3. Arizona AZ	139,974	181,986			(24,485)			288,288
4. Arkansas AR	86,723	138,080			29,709	200,006	2	124,892
5. California CA								
6. Colorado CO		(387)			24,861	300,001	1	(95,392)
7. Connecticut CT								
8. Delaware DE					440,000	750,000	1	(244,946)
9. District of Columbia DC	(13,018)	28,250			(14,830)			73,078
10. Florida FL	631,412	589,039	242,500	1	132,054	352,501	4	513,377
11. Georgia GA	883,955	606,441			218,319	600,004	4	238,491
12. Hawaii HI								
13. Idaho ID	4,952	1,488			536			536
14. Illinois IL	833,127	509,440			93,398	400,003	3	520,254
15. Indiana IN		907			327			828
16. Iowa IA	22,781	16,890			(23,920)			89,732
17. Kansas KS								
18. Kentucky KY	20,364	107,875	(5,000)		253,835	687,506	6	(224,009)
19. Louisiana LA	20,004	3,334			1,200			1,200
20. Maine ME								
21. Maryland MD	233,969	200,870			27,313			197,274
22. Massachusetts MA								
23. Michigan MI	76,098	79,684			28,686			30,321
24. Minnesota MN	89,739	65,531	132,900	1	(1,409)			81,418
25. Mississippi MS	312,216	427,243			153,808	1,175,003	6	(199,009)
26. Missouri MO		3,294			(8,814)			32,149
27. Montana MT		5,206			1,874			2,874
28. Nebraska NE	754	403			145			145
29. Nevada NV	16,710	5,570			2,005			11,152
30. New Hampshire NH								
31. New Jersey NJ	84,877	59,860			16,549			44,151
32. New Mexico NM	1,581	1,630			587			1,737
33. New York NY								
34. North Carolina NC	7,710	3,160			1,138			8,699
35. North Dakota ND								
36. Ohio OH	258,890	336,674	397,500	2	121,203	1,050,002	5	87,925
37. Oklahoma OK	31,328	45,283			(8,698)			85,703
38. Oregon OR	2,571	246			89			89
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC	20,044	35,928			12,934			29,077
42. South Dakota SD								
43. Tennessee TN	233,115	226,724			81,621	1,300,003	4	(361,460)
44. Texas TX	230,458	131,965			82,508	200,002	2	(63,681)
45. Utah UT					(5,000)			14,504
46. Vermont VT								
47. Virginia VA	93,306	79,467			(26,392)	5,000	1	221,362
48. Washington WA	30,989	25,263			(20,905)			78,940
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
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	4,354,629	3,917,344	767,900	4	1,590,246	7,020,031	39	1,589,699
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 SEPTEMBER 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								
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		9,361			(11,630)			47,249
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL	55,828	39,419			9,191			38,803
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA		(7,021)			(7,528)			19,359
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								2,815
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV					(5,000)			12,104
50. Wisconsin WI								
51. Wyoming WY								
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	55,828	41,759	0	0	(14,967)	0	0	120,330
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 SEPTEMBER 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 AL								
2. Alaska AK	3,345	2,087			751			920
3. Arizona AZ	20,854	23,967			8,628			22,109
4. Arkansas AR	41,112	24,311			88,752	227,202	4	(72,943)
5. California CA								
6. Colorado CO	35,616	15,565			5,603			16,470
7. Connecticut CT								
8. Delaware DE	141,265	106,142			(1,789)			133,914
9. District of Columbia DC	202,366	155,519			50,987			86,385
10. Florida FL	162,545	174,573	35,500	2	62,846	377,500	12	(38,519)
11. Georgia GA	85,206	82,555	51,301	1	69,720	387,500	7	(124,094)
12. Hawaii HI	500	330			(4,881)			16,050
13. Idaho ID	1,500	2,055			15,740	25,000	1	(5,974)
14. Illinois IL	62,982	61,684			22,206	138,000	7	(16,924)
15. Indiana IN	30,471	28,534			5,272	1,000	1	36,806
16. Iowa IA	2,300	1,720			619	10,000	1	5,231
17. Kansas KS	9,508	8,302			2,989			17,526
18. Kentucky KY	38,404	45,327			16,318	25,000	1	37,622
19. Louisiana LA	77,948	76,807	350,000	1	227,650	75,000	1	(21,857)
20. Maine ME								
21. Maryland MD	28,022	51,709			8,615	2,200	1	63,687
22. Massachusetts MA								
23. Michigan MI	45,073	54,063			(537)	25,000	1	101,758
24. Minnesota MN	8,522	11,177			4,024	1,000	1	5,158
25. Mississippi MS	42,995	38,974			14,031	50,000	1	913
26. Missouri MO	36,753	30,471			5,970			36,639
27. Montana MT	5,741	8,267			2,976			5,906
28. Nebraska NE	83,635	67,880	124,000	1	94,437			28,181
29. Nevada NV	19,327	12,069			4,345	25,000	1	(4,843)
30. New Hampshire NH								
31. New Jersey NJ	59,034	84,284			50,342	175,000	4	(54,893)
32. New Mexico NM	14,722	8,720			3,139	1,000	1	14,192
33. New York NY								
34. North Carolina NC	32,558	28,513			5,265	1,000	1	45,430
35. North Dakota ND		3,035			1,093			1,093
36. Ohio OH	64,491	101,890			171,681	500,763	1	(162,533)
37. Oklahoma OK	4,754	6,410			(2,693)	2,000	2	23,563
38. Oregon OR	5,960	3,738			1,346			8,708
39. Pennsylvania PA	109,662	90,319	62,000	1	32,515	61,001	1	28,998
40. Rhode Island RI								
41. South Carolina SC	15,859	21,321			7,676			11,487
42. South Dakota SD	14,025	16,089			792			18,681
43. Tennessee TN	62,207	59,429	5,501	1	(8,606)			99,539
44. Texas TX	427,837	433,130	100,525	1	155,927	882,500	13	(228,370)
45. Utah UT	3,126	4,960			1,786	25,000	1	(3,785)
46. Vermont VT	2,000	4,807			31,731	50,000	1	(16,233)
47. Virginia VA	52,586	49,470	330	1	(2,191)		1	61,380
48. Washington WA	24,782	29,418			10,590			11,007
49. West Virginia WV	22,466	14,636			269			20,923
50. Wisconsin WI	25,767	43,170			65,541	251,000	4	(83,172)
51. Wyoming WY								
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	2,127,826	2,087,427	729,157	9	1,231,475	3,318,666	70	126,136
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 SEPTEMBER 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	AL								
2. Alaska	AK	37,050			14,602			17,062	
3. Arizona	AZ	91,613			(4,640)			131,222	
4. Arkansas	AR	295,850			84,246			118,067	
5. California	CA								
6. Colorado	CO	59,537			13,629			48,342	
7. Connecticut	CT	14,229			1,266			1,266	
8. Delaware	DE	14,541			4,864			8,920	
9. District of Columbia	DC	5,444			(16,959)			55,973	
10. Florida	FL	800,371			196,869	35,000	2	678,048	
11. Georgia	GA	262,032	50,000	1	77,943	125,000	1	42,817	
12. Hawaii	HI	34,849			7,838			35,461	
13. Idaho	ID	27,231			13,937			30,811	
14. Illinois	IL	348,457	8,000	1	84,198			179,579	
15. Indiana	IN	43,732			5,412			47,916	
16. Iowa	IA	38,312			10,402			14,534	
17. Kansas	KS	34,974			3,308			41,445	
18. Kentucky	KY	78,486			17,146			58,141	
19. Louisiana	LA	236,898			60,293			197,735	
20. Maine	ME								
21. Maryland	MD	120,879			25,362			75,034	
22. Massachusetts	MA								
23. Michigan	MI	358,290			78,007			200,505	
24. Minnesota	MN	49,146			12,018			19,899	
25. Mississippi	MS	87,744			21,120	50,000	1	3,735	
26. Missouri	MO	69,199			20,587			55,066	
27. Montana	MT	16,860			8,590			11,779	
28. Nebraska	NE	14,589			4,334			18,628	
29. Nevada	NV	57,175			11,006			57,314	
30. New Hampshire	NH								
31. New Jersey	NJ	175,313			29,537			164,354	
32. New Mexico	NM	98,933	100,000	1	30,671			35,350	
33. New York	NY								
34. North Carolina	NC	152,445			35,703			151,717	
35. North Dakota	ND				1,679			1,900	
36. Ohio	OH	133,983			17,971			157,733	
37. Oklahoma	OK	116,007			34,464			90,757	
38. Oregon	OR	93,719			15,090			44,091	
39. Pennsylvania	PA	137,370			38,562	176,000	2	(19,086)	
40. Rhode Island	RI								
41. South Carolina	SC	101,336	55,000	1	23,667			47,456	
42. South Dakota	SD	5,625			1,013			1,013	
43. Tennessee	TN	169,794			39,621			88,319	
44. Texas	TX	1,399,400	3,750	1	287,980	126,000	3	741,491	
45. Utah	UT	174,628			27,526	11,000	2	68,057	
46. Vermont	VT	36,341			3,709			22,219	
47. Virginia	VA	62,514			6,582			69,033	
48. Washington	WA	263,922			36,955	56,000	3	31,545	
49. West Virginia	WV	22,993			4,475			29,662	
50. Wisconsin	WI	202,183			37,214			118,934	
51. Wyoming	WY	11,459			3,816			12,142	
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	
59. Totals		6,555,453	5,726,697	216,750	5	1,431,613	579,000	14	4,005,986
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	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		0	0	0	0	0	0	0	