

QUARTERLY STATEMENT

AS OF JUNE 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code 02698	NORCAL Specialty In		's ID Number 23-2005656
(Current Perio	od) (Prior Period)		_
Organized under the Laws of	Texas	State of Domicile or Port of Entry	Texas
Country of Domicile		United States	
ncorporated/Organized	06/30/1976	Commenced Business	01/01/1978
	500 N CAPITAL OF TX HWY, BLDG B SUITE	= 300 AUS	TIN, TX, US 78731
Statutory Florite Office	(Street and Number)	(City or Town	n, State, Country and Zip Code)
Main Administrative Office1	00 STERLING PARKWAY, SUITE 205	MECHANICSBURG, PA, US 17	050 844-466-7225 (Area Code) (Telephone Number)
-	(Street and Number)	(City or Town, State, Country and Zip Co	URG, PA, US 17055
//ail Address	PO BOX 2080 (Street and Number or P.O. Box)		te, Country and Zip Code)
Primary Location of Books and Re	cords 100 STERLING PARKWAY, SUITE 2 (Street and Number)		17050 844-466-7225
nternet Web Site Address	Address and Rambory	www.norcal-group.com	en e
	ELAINE MARIE SPARKS		615-301-1445
Statutory Statement Contact	(Name)		(Telephone Number) (Extension)
	proassurance.com	615-324 (Fax Nur	
(E-Wis	3.5.16-4476, 5.657 (1994) 1		
	OFFIC		Tida
Name	Title	Name	Title TREASURER & CHIEF FINANCIA
		DANA SHANNON HENDRICKS	OFFICER
KAREN MARIE MURPHY	PRESIDENT & CEO	DANA SHANNON HENDRICKS	,
KATHRYN ANNE NEVILLE	SECRETARY		
	OTHER OF	-FICERS	EXECUTIVE VICE PRESIDENT
LAWRENCE KERRY COCHRAI	N_, VICE PRESIDENT	ROBERT DAVID FRANCIS	SENIOR VICE PRESIDENT
	ASSISTANT TREASURER & ASSISTANT SECRETARY	DENNIS ALLEN MEISEL	FINANCE & CONTROLLER
JEFFREY PATTON LISENBY RACHEL REGA PAULSON	ASSISTANT SECRETARY	EDWARD LEWIS RAND JR.	CHAIRMAN
RACHEL REGA PAGESON			1
	DIRECTORS O	R TRUSTEES	
JEFFREY PATTON LISENBY		KAREN MARIE MURPHY	KATHRYN ANNE NEVILLE
EDWARD LEWIS RAND JR.	CYNTHIA HOUSER SKLAR #	KEVIN MERRICK SHOOK	W
1,000			
State of ALAE	BAMA		
	RSON ss		
above, all of the herein described ast that this statement, together with reli- liabilities and of the condition and affi- and have been completed in accorda law may differ; or, (2) that state rul	PHY DANA SHANNO	contained, annexed or referred to, is a period stated above, and of its income an and Accounting Practices and Procedure not related to accounting practices and by the described officers also includes to electronic filing) of the enclosed statement of	full and true statement of all the assets and deductions therefrom for the period endes manual except to the extent that: (1) state procedures, according to the best of the related corresponding electronic filling when the electronic filling may be requested. KATHRYN ANNE NEVILLE SECRETARY
		a. Is this an origina	mining: 103 [x] no []
Subscribed and sworn to before m	e this	b. If no:	andmont number
day of	AUGUST, 2024	 State the ame Date filed 	strattient trattibet
N -		2. Number of na	ettenhad

LAQUITA JACKSON NOTARY PUBLIC ALABAMA - STATE AT LARGE My Commission Expires 09/19/2026



1. State the amendment number 3. Number of pages attached

QUARTERLY STATEMENT

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

NORCAL Specialty Insurance Company NAIC Company Code **NAIC Group Code** 02698 02698 35114 Employer's ID Number 23-2005656 State of Domicile or Port of Entry Organized under the Laws of Texas Texas **United States** Country of Domicile Incorporated/Organized 06/30/1976 01/01/1978 Commenced Business Statutory Home Office AUSTIN, TX, US 78731 (City or Town, State, Country and Zip Code) 7600 N CAPITAL OF TX HWY, BLDG B SUITE 300 MECHANICSBURG, PA, US 17050 (City or Town, State, Country and Zip Code) Main Administrative Office 100 STERLING PARKWAY, SUITE 205 844-466-7225 (Area Code) (Telephone Number) et and Number MECHANICSBURG, PA, US 17055 PO BOX 2080 (Street and Number or P.O. Box) Mail Address MECHANICSBURG, PA, US 17050 Primary Location of Books and Records _100 STERLING PARKWAY, SUITE 205_ 844-466-7225 (City or Town, State, Country and Zip Code) (Street and Number) Internet Web Site Address www.norcal-group.com ELAINE MARIE SPARKS 615-301-1445 Statutory Statement Contact (Area Code) (Telephone Number) (Extension) 615-324-9169 financialfilings@proassurance.com
(F-Mail Address) **OFFICERS** Title Name Title Name TREASURER & CHIEF FINANCIAL KAREN MARIE MURPHY PRESIDENT & CEO DANA SHANNON HENDRICKS OFFICER KATHRYN ANNE NEVILLE SECRETARY OTHER OFFICERS LAWRENCE KERRY COCHRAN VICE PRESIDENT ROBERT DAVID FRANCIS EXECUTIVE VICE PRESIDENT ASSISTANT TREASURER & SENIOR VICE PRESIDENT FINANCE & CONTROLLER JEFFREY PATTON LISENBY ASSISTANT SECRETARY **DENNIS ALLEN MEISE**I EDWARD LEWIS RAND JR. RACHEL REGA PAULSON CHAIRMAN ASSISTANT SECRETARY **DIRECTORS OR TRUSTEES** JEFFREY PATTON LISENBY DENNIS ALLEN MEISEL KAREN MARIE MURPHY KATHRYN ANNE NEVILLE KEVIN MERRICK SHOOK EDWARD LEWIS RAND JR. CYNTHIA HOUSER SKLAR # VIRGINIA State of FAIRFAX 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 on addition to the enclosed statement. KAREN MARIE MURPH DANA SHANNON HENDRICKS KATHRYN ANNE NEVILLE TREASURER & CHIEF FINANCIAL OFFICER PRESIDENT & CEO SECRETARY Yes [X] No [] a. Is this an original filing? ed and sworn to before me this

ABRIL VIRIDIANA GONZALEZ BALEON **NOTARY PUBLIC** REG. #7816315 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES APRIL 30, 2027

AUGUST, 2024

day of

ASSETS

			Current Statement Date		4
		1	2	3 Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	53,514,715		53,514,715	51,010,043
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$0 encumbrances)				
	4.2 Properties held for the production of income				
	(less \$0 encumbrances)				
	4.3 Properties held for sale (less				
	\$0 encumbrances)				
5	Cash (\$(78,341)),				
٥.	cash equivalents (\$2,812,123)				
	and short-term investments (\$	2 733 782		2 733 782	1 870 753
6	Contract loans (including \$ premium notes)				
	·				
7.	Derivatives				
8.	Other invested assets				
9.			i		
	Securities lending reinvested collateral assets				
	Aggregate write-ins for invested assets				
	Subtotals, cash and invested assets (Lines 1 to 11)	56,248,497		56,248,497	55,889,796
13.	Title plants less \$				
	only)				
14.	Investment income due and accrued	313,019		313,019	350,072
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	501, 139	404,628	96,511	
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	but unbilled premiums)	455 , 193		455 , 193	1,000,371
	15.3 Accrued retrospective premiums (\$346,970) and				
	contracts subject to redetermination (\$	346,970	34,697	312,273	312,273
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	8,314,943		8,314,943	5,802,591
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
	2 Net deferred tax asset				298,230
	Guaranty funds receivable or on deposit				
	Electronic data processing equipment and software		l		
	Furniture and equipment, including health care delivery assets				
	(\$				
22	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	,				
	Health care (\$				
	Aggregate write-ins for other-than-invested assets				
	Total assets excluding Separate Accounts, Segregated Accounts and				
20.	- ' -	66,423,053	454,900	65,968,153	64,161,094
27	Protected Cell Accounts (Lines 12 to 25)	00,423,033	434,900	03,900,133	04,101,034
21.	From Separate Accounts, Segregated Accounts and Protected				
00	Cell Accounts		454.000	OF 000 4F0	04 404 004
28.	Total (Lines 26 and 27)	66,423,053	454,900	65,968,153	64,161,094
	DETAILS OF WRITE-INS				
			i e		
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Statement Date	December 31, Prior Year
1.	Losses (current accident year \$0)		
	Reinsurance payable on paid losses and loss adjustment expenses		
	Loss adjustment expenses		
4.	Commissions payable, contingent commissions and other similar charges	7 ,375	
5.	Other expenses (excluding taxes, licenses and fees)	134,526	150,349
	Taxes, licenses and fees (excluding federal and foreign income taxes)		83,396
7.1	Current federal and foreign income taxes (including \$	523,200	351,099
7.2	Net deferred tax liability		
8.	Borrowed money \$		
9.	$ \label{thm:condition} \textbf{Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$4,661,467 and \end{tabular} $		
	including warranty reserves of \$		
	including \$		
10.	Advance premium	250 , 445	241
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
	Ceded reinsurance premiums payable (net of ceding commissions)		
	Funds held by company under reinsurance treaties		
	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated		
	Provision for reinsurance (including \$		
	Net adjustments in assets and liabilities due to foreign exchange rates		
	Drafts outstanding		
	Payable to parent, subsidiaries and affiliates		
	Derivatives		
	Payable for securities		
	Payable for securities lending.		
	Liability for amounts held under uninsured plans Capital notes \$		
	Aggregate write-ins for liabilities		
	Protected cell liabilities		
20.	Aggregate write-ins for special surplus funds		
30	Common capital stock		
	Preferred capital stock		
	Aggregate write-ins for other than special surplus funds		
	Surplus notes		
	Gross paid in and contributed surplus		
	Unassigned funds (surplus)		
	Less treasury stock, at cost:		
	36.1		
	36.2		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	56,439,716	55,376,943
	Totals (Page 2, Line 28, Col. 3)	65,968,153	64,161,094
	DETAILS OF WRITE-INS		
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
	Summary of remaining write-ins for Line 32 from overflow page		
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	STATEMENT OF INC	OIVIL	•	
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	UNDERWRITING INCOME	to Bute	to Bate	December 01
1.	Premiums earned:			
	1.1 Direct (written \$			
	1.2 Assumed (written \$0)	5 238 820	5 715 288	10 930 315
	1.4 Net (written \$0)			
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$	0 004 400	0.055.074	7 040 745
	2.1 Direct			
	2.3 Ceded			
	2.4 Net			
	Loss adjustment expenses incurred			
	Other underwriting expenses incurred.			
6.	Aggregate write-ins for underwriting deductions Total underwriting deductions (Lines 2 through 5)	1.517	(124.625)	(124.978)
7.	Net income of protected cells			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(1,517)	124,625	124,978
	INVESTMENT INSOME			
۵	INVESTMENT INCOME Net investment income earned	1 027 335	818 504	1 775 623
10.	Net realized capital gains (losses) less capital gains tax of \$	1,027,030	010,034	1,770,023
11.	Net investment gain (loss) (Lines 9 + 10)	1,027,335	818,594	1,775,623
			·	
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$		(123 024)	(123 060)
13.	Finance and service charges not included in premiums			(123,909)
14.	Aggregate write-ins for miscellaneous income	1,518	(701)	(1,010)
15.	Total other income (Lines 12 through 14)	1,518	(124,625)	(124,979)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1 007 226	818,594	1,775,622
17	Dividends to policyholders	1,027,330	010,094	1,773,022
	Net income, after dividends to policyholders, after capital gains tax and before all other federal			
	and foreign income taxes (Line 16 minus Line 17)			1,775,622
i	Federal and foreign income taxes incurred	172,101 855,235	172,632 645,962	351,071
20.	Net income (Line 18 minus Line 19)(to Line 22)	000,200	040,902	1,424,551
	CAPITAL AND SURPLUS ACCOUNT			
	Surplus as regards policyholders, December 31 prior year		52,219,613	
	Net income (from Line 20)		<i>'</i>	1,424,551
i	Net transfers (to) from Protected Cell accounts			
24.	\$	(14.850)	12.166	55.000
25.	Change in net unrealized foreign exchange capital gain (loss)			
	Change in net deferred income tax			
i	Change in provision for reinquence	,	′ ′	′ ′ ′
	Change in provision for reinsurance			
	Surplus (contributed to) withdrawn from protected cells			
i	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
	32.1 Paid in			
	32.3 Transferred to surplus			
33.	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital			
34.	Net remittances from or (to) Home Office			
i	Dividends to stockholders			
	Change in treasury stock			
	Aggregate write-ins for gains and losses in surplus	1,062,774	2,568,222	3,157,329
	Change in surplus as regards policyholders (Lines 22 through 37)	56,439,716	54,787,835	55,376,942
	DETAILS OF WRITE-INS	55, 155,1 10	01,101,000	50,010,072
0501.				
l				
	Summary of remaining write-ins for Line 5 from overflow page			
	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
	Miscellaneous (Expense) Income	1 ,518	(701)	(1,010)
1402.				/
	Common of remaining units in feet ins 44 from quariformage			
	Summary of remaining write-ins for Line 14 from overflow page	1,518	(701)	(1,010)
		/	(701)	(1,010)
3702.				
	Summary of remaining write-ins for Line 37 from overflow page			
0100.	1017 For formes of of millough of oo plus of sof (Line of above)			

CASH FLOW

		1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
4	Cash from Operations	1 , 182 , 358	1,935,415	1 700 07
	Premiums collected net of reinsurance.	' '	853.420	1,789,97 1,839,59
	Miscellaneous income	1,518	(124,625)	(124,97
	Total (Lines 1 to 3)	2,120,520	2,664,210	3,504,58
	Benefit and loss related payments		(3,022,417)	(3,463,64
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		400.004	0.040.44
	Commissions, expenses paid and aggregate write-ins for deductions	` · · /	488,904	3,213,44
	' ' '			
9.	Federal and foreign income taxes paid (recovered) net of \$			
	gains (losses)			286,61
10.	Total (Lines 5 through 9)	2,224,717	(2,533,513)	36,41
11.	Net cash from operations (Line 4 minus Line 10)	(104, 197)	5,197,723	3,468,17
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	6,002,514	6,448,336	13,258,23
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	6 002 514	6 448 336	13,258,20
13	Cost of investments acquired (long-term only):			
	13.1 Bonds	8 044 290	1 418 562	13 392 19
	13.2 Stocks			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)	8,044,290	1,418,562	13,392,1
11	' ' '	0,044,290	1,410,502	13,382,10
	Net increase/(decrease) in contract loans and premium notes	(0.044.770)	F 000 774	(400.0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(2,041,776)	5,029,774	(133,9
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	' ' '			
	' ' ' ' ' '			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)		(2,542,022)	
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		(2,542,022)	
	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)	(2,145,973)	7 , 685 , 475	3,334,2
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	4,879,755	1,545,502	1 , 545 , 50
	19.2 End of period (Line 18 plus Line 19.1)	2,733,782	9,230,977	4,879,75

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting practices

The accompanying financial statements of the NORCAL Specialty Insurance Company (NSIC or the Company) have been prepared on the basis of accounting practices prescribed or permitted by the Texas Insurance Department.

The Company was redomesticated to Texas effective April 25, 2018 as a domiciled surplus lines insurance company.

The Texas Department of Insurance requires insurance companies domiciled in the State to prepare statutory basis financial statements in accordance with the National Association of Insurance Commissioners Accounting Practices and Procedure manual (NAIC SAP). As of this reporting date, the Company does not use prescribed or permitted practices that affect net income, statutory surplus or risk based capital that differ from NAIC SAP. Certain prior year balances have been reclassified to conform to the current year presentation.

				Year-to-date	per	iod ended
	SSAP #	F/S Page	F/S Line #	June 30, 2024	De	ecember 31, 2023
NET INCOME						_
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 855,235	\$	1,424,551
State Prescribed Practices that are an increase/ (2) (decrease) from NAIC SAP:				_		_
State Permitted Practices that are an increase/ (3) (decrease) from NAIC SAP:				_		<u> </u>
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 855,235	\$	1,424,551
SURPLUS						
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 56,439,716	\$	55,376,943
State Prescribed Practices that are an increase/ (6) (decrease) from NAIC SAP:				_		_
State Permitted Practices that are an increase/ (7) (decrease) from NAIC SAP:				_		<u> </u>
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 56,439,716	\$	55,376,943

The term "none" or "no significant change" is used in the following notes to indicate that the Company does not have any items requiring disclosure under the respective note.

- B. Use of estimates in the preparation of the financial statements No significant change.
- C. Accounting policy
 - (1) (5) No significant change.
 - (6) Loan-backed securities are reported at amortized cost provided that the SVO's designation is 1 or 2. If the SVO's designation is 3 or greater, the security is reported at the lower of amortized cost or fair value. The Company uses the prospective method to make valuation adjustments when necessary.
 - (7) (13) No significant change.
- D. Going Concern

Based upon its evaluation of relevant conditions and events, including the 100% intercompany reinsurance with NORCAL Insurance Company, management does not have substantial doubt about the Company's ability to continue as a going concern.

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. Mortgage loans, including mezzanine real estate loans None.
- B. Debt restructuring None.
- C. Reverse mortgages 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 recognized no other-than-temporary impairments of loan-backed securities for intent to sell or for inability to hold to recovery as of June 30, 2024.
 - (3) No loan-backed securities, held as of June 30, 2024, have incurred 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, 2024 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:
 - a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	\$ (46,191)
2.	12 Months or Longer	\$

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$ 12,270,438
2.	12 Months or Longer	\$ _

- (5) The Company did not hold any loan-backed or structured securities that were in an unrealized loss position as of June 30, 2024.
- E. Dollar repurchase agreements and/or securities lending transactions None.
- F. Repurchase agreements transactions accounted for as secured borrowing None.
- G. Reverse repurchase agreements transactions accounted for as secured borrowing None.
- H. Repurchase agreements transactions accounted for as a sale None.
- I. Reverse repurchase agreements transactions accounted for as a sale None.
- J. Real estate None.
- K. Low-income housing tax credits (LIHTC) None.

L. Restricted assets

(1) Restricted assets (including pledged)

(.)		Gr	oss (Admitte	ed & Nonadn			Current	Current Year					
			Current Yea	r						Perce	entage		
	1	2	3	4	5	6	7	8	9	10	11		
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)		
Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ _	\$ —	\$ _	— %	— %		
b. Collateral held under security lending agreements	_	_	_	_	_	_	_	_	\$ —	— %	— %		
c. Subject to repurchase agreements	_	_	_	_	_	_	_	_	\$ —	— %	— %		
d. Subject to reverse repurchase	_	_	_	_	_	_	_		\$ —	— %	— %		
e. Subject to dollar repurchase		_	_	_	_	_	_		\$ —	— %	— %		
f. Subject to dollar reverse repurchase	_	_	_	_	_	_	_		\$ —	— %	— %		
g. Placed under option contracts					_		_		\$ —	— %	— %		
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		_	_	_	_	_	_		\$ —	— %	— %		
i. FHLB capital stock	_	_	_	_	_	_	_	_	\$ —	— %	— %		
j. On deposit with states	2,746,645				2,746,645	5,253,794	(2,507,149)		\$2,746,645	4.1 %	4.2 %		
k. On deposit with other regulatory bodies					_	_			\$ —	— %	— %		
Pledged as collateral to FHLB (including assets backing funding agreements)							_		\$ —	— %	— %		
m. Pledged as collateral not captured in other categories	_	_	_	_	_	_	_	_	\$ —	— %	— %		
n. Other restricted assets	_	_	_	_	_	_	_	_	\$ —	— %	— %		
o. Total Restricted Assets	\$2,746,645	\$	\$ —	\$ —	\$2,746,645	\$5,253,794	\$(2,507,149)	\$	\$2,746,645	4.1 %	4.2 %		

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1 Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28
 - (2) Detail of assets pledged as collateral not captured in other categories None.
 - (3) Detail of other restricted assets None.
 - (4) Collateral received and reflected as assets within the reporting entity's financial statements None.
 - M. Working capital finance investments None.
 - N. Offsetting and netting of assets and liabilities None.
 - O. 5GI Securities None.
 - P. Short sales None.
 - Q. Prepayment penalty and acceleration fees None.
 - R. Reporting entity's share of cash pool by asset type None.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

- A. Detail for those greater than 10% of admitted assets None.
- B. Write-downs for impairments None.

Note 7 - Investment Income

- A. Accrued investment income None.
- B. Amounts nonadmitted None.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Inte	erest Income Due and Accrued	<u>A</u>	<u>Amount</u>				
1.	Gross	\$	313,019				
2.	Nonadmitted	\$	_				
3.	Admitted	\$	313,019				

- D. The aggregate deferred interest None.
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance None.

Note 8 - Derivative Instruments - None.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at June 30 are as follows:

1.	Cha	ange between years			6	3/30/2024			_	12/31/2023		Change					
	by t	ax character		(1)		(2)	(3)	(4)		(5)	(6)		(7)		(8)		(9)
							(Col 1+2)				(Col 4+5)	(Col 1-4)	(C	ol 2-5)	(Col 7+8)
			(Ordinary		Capital	Total	Ordinary		Capital	Total	(Ordinary	С	apital		Total
	(a)	Gross Deferred Tax Assets	\$	305,560	\$	10,467	\$ 316,027	\$ 380,959	\$	7,348	\$ 388,307	\$	(75,399)	\$	3,119	\$	(72,280)
	(b)	Statutory Valuation Allowance Adjustments		_		10,467	10,467	_		7,348	7,348		_		3,119		3,119
	(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)		305,560		_	305,560	380,959		_	380,959		(75,399)		_		(75,399)
	(d)	Deferred Tax Assets Nonadmitted		15,575		_	15,575	48,756		_	48,756		(33,181)		_		(33,181)
	(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)		289,985		_	289,985	332,203		_	332,203		(42,218)		_		(42,218)
	(f)	Deferred Tax Liabilities		64,624		_	64,624	33,973		_	33,973		30,651		_		30,651
	(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e-1f)	\$	225,361	\$	_	\$ 225,361	\$ 298,230	\$	_	\$ 298,230	\$	(72,869)	\$	_	\$	(72,869)
2.	2. Admission Calculation				6	3/30/2024			,	12/31/2023				С	hange		
	Cor	mponents SSAP No. 101		(1)		(2)	(3)	(4)		(5)	(6)		(7)		(8)		(9)
							(Col 1+2)				(Col 4+5)	(Col 1-4)	(C	ol 2-5)	(Col 7+8)
				Ordinary		Capital	Total	Ordinary		Capital	Total	(Ordinary	С	Capital		Total
	(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$	172,101	\$	_	\$ 172,101	\$ _	\$	_	\$ _	\$	172,101	\$	_	\$	172,101
	(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Lesser of 2(b)1 and															
		2(b)2 Below)	\$	53,260	\$	_	\$ 53,260	\$ 298,229	\$	_	\$ 298,229	\$	(244,969)	\$	_	\$	(244,969)
		Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date	\$	53,260	\$	_	\$ 53,260	\$ 298,229	\$	_	\$ 298,229	\$	(244,969)	\$	_	\$	(244,969)
		Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold		xxx		XXX	\$ 8,428,058	XXX		xxx	\$ 8,261,807		XXX		xxx	\$	166,251
	(c)	Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	\$	64,624	\$	_	\$ 64,624	\$ 33,973	\$	_	\$ 33,973	\$	30,651	\$	_	\$	30,651
	(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101	\$	289,985	\$	_	\$ 289,985	\$ 332,202	\$	_	\$ 332,202	\$	(42,217)	\$	_	\$	(42,217)

3. Ratio used as basis of admissibility

6/30/2024 12/31/2023 (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount 6,864 % 6,729 %

Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in $2(\mathsf{b})2$ Above \$

56,187,053 55,078,713 \$

4.	ımpact	or tax-pi	anning	strategies

6/30/	2024	12/31	/2023	Change				
(1)	(2)	(3)	(4)	(5)	(6)			
				(Col 1-3)	(Col 2-4)			
Ordinary	Capital	Ordinary	Capital	Ordinary	Capital			

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.

, 10	711 Groomago.						
1	Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 305,560 \$	— \$	380,959 \$	— \$	(75,399) \$	_
2	Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	_	_	_	_	_	_
3	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	289,985	_	332,203	_	(42,218)	_
4	Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	_	_	_	_	_	_

(b) Does the Company's tax-planning strategies include the use of reinsurance?

No

B. Deferred Tax Liabilities Not Recognized - None.

C. Current income taxes consist of the following major components: (1)(2) (3)(Col 1-2) 6/30/2024 12/31/2023 Change 1. Current Income Tax (a) Federal \$ 172,101 \$ 351,098 \$ (178,997)(b) Foreign (c) Subtotal (1a+1b) 172,101 351,098 (178,997)(d) Federal income tax on net capital gains (e) Utilization of capital loss carry-forwards (f) Other (27)27 172,101 \$ 351,071 \$ (178,970)(g) Federal and foreign income taxes incurred (1c+1d+1e+1f) 2. Deferred Tax Assets: (a) Ordinary 76,022 \$ 76,022 \$ Discounting of unpaid losses \$ (1) Unearned premium reserve 10,519 10 10,509 (2) (3) Policyholder reserves Investments (4) Deferred acquisition costs (5) Policyholder dividends accrual (6) 136 243 (107)(7) Fixed assets Compensation and benefits accrual (8) 25,112 27.909 (2,797)Pension accrual (9) (10) Receivables - nonadmitted 84.972 127.037 (42.065)(11) Net operating loss carry-forward (12) Tax credit carry-forward (13) Other 108,799 149.738 (40,939)(99) Subtotal (sum of 2a1 through 2a13) 305,560 380,959 (75,399)(b) Statutory valuation allowance adjustment Nonadmitted 15,575 48,756 (33,181)(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) 289,985 332,203 (42,218)(e) Capital (1) Investments 10.467 7.348 3.119 (99) Subtotal (2e1+2e2+2e3+2e4) 10,467 7,348 3,119 10,467 7,348 Statutory valuation allowance adjustment 3.119 Nonadmitted (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) 289,985 \$ 332,203 \$ Admitted deferred tax assets (2d + 2h) \$ (42,218)3. Deferred Tax Liabilities: (a) Ordinary Investments \$ 61.199 \$ 27.123 \$ 34.076 (1) Fixed assets (2) Deferred and uncollected premium (3) Policyholder reserves (4) (5) Other 3,425 6,850 (3,425)(99) Subtotal (3a1+3a2+3a3+3a4+3a5) 33,973 64.624 30.651 (b) Capital Investments (1) Real estate (2) (3) (99) Subtotal (3b1+3b2+3b3) (c) Deferred tax liabilities (3a99 + 3b99) \$ 64,624 \$ 33,973 \$ 30,651 4. Net deferred tax assets/liabilities (2i - 3c) \$ 225,361 \$ 298,230 \$ (72,869)6/30/2024 12/31/2023 Change Total deferred tax assets 305,560 \$ 380,959 \$ (75,399)Total deferred tax liabilities 64,624 33,973 30,651 Net deferred tax asset 240,936 346,986 (106,050)Merged deferred tax balances Tax effect of unrealized [(gains)/losses]

Change in net deferred income tax [(charge)/benefit]

346,986 \$

(106,050)

240,936 \$

D. Reconciliation of federal income tax rate to actual effective rate

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

	June 30, 2024							
		Amount		Tax Effect	Effective Tax Rate			
Provision computed at statutory rate	\$	1,027,336	\$	215,741	21.0 %			
Change in statutory valuation allowance		_			— %			
Change in nonadmitted assets		_		62,004	6.0 %			
Other		1,932		406	0.1 %			
Totals	\$	1,029,268	\$	278,151	27.1 %			
Federal income taxes incurred [expense/(benefit)]			\$	172,101	16.8 %			
Tax on gains/(losses)				_	— %			
Change in net deferred income tax [charge/(benefit)]				106,050	10.3 %			
Total statutory income taxes			\$	278,151	27.1 %			

- E. Operating loss and tax credit carryforwards and protective tax deposits
 - 1. At June 30, 2024, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
 - 2. The following is income tax expense for 2024 and 2023 that is available for recoupment in the event of future net losses.

June 30, 2024 \$ 172,101 December 31, 2023 \$ —

- 3. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.
- F. Consolidated federal income tax return
 - 1. The Company, the domestic entities listed in Schedule Y (except ProAssurance American Mutual, A Risk Retention Group), and segregated portfolio P18, a segregated portfolio cell of Inova Re Ltd., S.P.C., are included in the consolidated federal income tax return of ProAssurance Corporation, the ultimate parent.
 - 2. Except for the segregated portfolio P18, the method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made based upon separate return calculations in proportion to the total positive separate company taxable income of the group. Segregated portfolio P18 is subject to a separate written agreement with ProAssurance Corporation whereby allocation is made based upon a calculation of its separate company taxable income and the prohibition against the consolidated group's use of the segregated portfolio cell's loss against the income of other group members.
- G. Federal or foreign income tax loss contingencies None.
- H. Repatriation Transition Tax (RTT) None.
- I. Alternative Minimum Tax (AMT) Credit None.
- J. Inflation Reduction Act Corporate Alternative Minimum Tax (CAMT)
 - 1. The Act was enacted on August 16, 2022.
 - 2. The controlled group of corporations of which the reporting entity is a member has determined that it does not expect to be liable for CAMT in 2024.
 - 3. Based upon projected adjusted financial statement income for 2024, the controlled group of corporations of which the reporting entity is a member, has determined that average "adjusted financial statement income" is below the thresholds for the 2024 tax year such that it does not expect to be required to perform the CAMT calculations.

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

A. Nature of relationships

The Company is a stock insurance company 100% owned by NORCAL. The Company writes non-admitted business on an Excess and Surplus Lines basis.

In 2021, ProAssurance completed its acquisition of NORCAL. Policyholders who elected to receive NORCAL stock in the transaction and tender it to ProAssurance were also eligible for a share of contingent consideration in an amount up to approximately \$84,000,000 depending upon the after-tax development of NORCAL's ultimate net losses between

December 31, 2020 and December 31, 2023. As of June 30, 2024, it was determined that no contingent consideration was payable.

Affiliate PRA Group Holdings, Inc. was merged with and into PRA Professional Liability Group, Inc. effective March 31, 2023.

Affiliate NORCAL Specialty Insurance Services, LLC merged with and into NORCAL Insurance Company effective July 31, 2023. The merger was approved by the California Department of Insurance.

Affiliate ProAssurance Casualty Company merged with and into ProAssurance Indemnity Company, Inc. with ProAssurance Indemnity Company, Inc. surviving the merger effective December 31, 2023. Approvals for the merger were received from the Michigan Office of Financial and Insurance Services, the Alabama Department of Insurance, and the California Department of Insurance.

Effective January 15, 2024, affiliate Medmarc Casualty Insurance Company paid a dividend in the form of its subsidiary, Hamilton Resources Corporation, whereby Hamilton Resources Corporation became a subsidiary of Medmarc's parent, PRA Professional Liability Group, Inc.

- B. Detail of transactions greater than 0.5% of admitted assets None.
- C. Transactions with related parties who are not reported on Schedule Y None.
- D. Amounts due (to) or from related parties:

	 June 30, 2024	December 31, 2023
ProAssurance Specialty Insurance Company	\$ 2,356	\$ 8,439
NORCAL Insurance Company		499,322
Subtotal: due from affiliates	\$ 2,356	\$ 507,761
ProAssurance Corporation	(14,654)	(21,057)
ProAssurance Indemnity Company, Inc.	(505,094)	(843,008)
NORCAL Insurance Company	 (143,891)	<u> </u>
Subtotal: due to affiliates	\$ (663,639)	\$ (864,065)
Total due to affiliates	\$ (661,283)	\$ (356,304)

Affiliate balances are normally settled in the succeeding month.

The ceded reinsurance agreement with NORCAL resulted in a net receivable of \$5,698,379 and \$3,366,882 as of June 30, 2024 and December 31, 2023, respectively. Under the terms of this agreement, premium amounts are settled on a written basis and loss and commission amounts are settled quarterly on a paid basis.

E. Management, service contracts, cost sharing agreements

The Company participates in an Expense Allocation Agreement and a Management Services Agreement (the Agreements) with affiliates under which expenses are allocated in accordance with SSAP No. 70 - Allocation of Expenses.

The Management Services Agreement provides for a management fee to be charged and as a matter of practice, management fees are paid directly to ProAssurance Corporation on behalf of the manager as warranted based on where the expenses for services are originally incurred, as directed by the Manager.

The Company amended its Management Services Agreement to modify allocation percentages effective January 1, 2023. Regulatory approval or non-disapproval was received.

- F. Guarantees or contingencies for related parties None.
- G. Nature of control relationships None.
- H. Amounts deducted from value of upstream intermediate entity or ultimate parent owned None.
- I. Investments in SCA entities exceeding 10% of admitted assets None.
- J. Impairments of SCA entities None.
- K. Investments in foreign insurance subsidiaries None.
- L. Valuation of downstream noninsurance holding company None.
- M. All SCA Investments None.
- N. Investment in Insurance SCAs None.
- O. SCA and SSAP No. 48 Entity Loss Tracking None.

Note 11 - Debt - None.

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

- A D. Defined benefit plans None.
- E. Defined contribution plans See G: Consolidated/Holding company plans.
- F. Multiemployer plans None.
- G. Consolidated/Holding company plans No significant change.
- H. Postemployment benefits and compensated absences None.
- I. Impact of Medicare Modernization Act on postretirement benefits None.

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

- A. Capital stock outstanding No significant change.
- B. Dividend rate of preferred stock None.
- C. Dividend restrictions No significant change.
- D. Dates and amounts of dividends paid None.
- E. Amount of ordinary dividends that may be paid No significant change.
- F. Restrictions on unassigned funds No significant change.
- G. Advances to surplus not repaid for mutual reciprocals Not applicable.
- H. Stock held for special purposes None.
- I. Changes in balances of special surplus funds None.
- J. Unassigned funds represented by cumulative unrealized gains / (losses)

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains is \$(49,842).

- K. Surplus notes None.
- L. Impact of quasi-reorganization None.
- M. Effective date of quasi-reorganization None.

Note 14 - Liabilities, Contingencies and Assessments

- A. Contingent commitments None.
- B. Assessments No significant change.
- C. Gain contingencies None.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits None.
- E. Product warranties None.
- F. Joint and several liabilities None.
- G. All other contingencies No significant change.

Note 15 - Leases - None.

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

- A. Transfers of receivables reported as sales None.
- B. Transfer and servicing of financial assets None.
- C. Wash sales 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 Measurements

- A. Fair value measurements
 - (1) Fair value measurements at reporting date:

				Ju	ine 30, 2024			
	(1)	(2)	(3)		(4)	(5)		
	Description	(Level 1)	(Level 2)		(Level 3)	Net Asset Value (NA\		Total
a.	Assets at fair value							_
	Bonds	\$ 1,790,800	\$ 	\$		\$	— \$	1,790,800
	Cash equivalents	2,812,123	_		_		_	2,812,123
	Total assets at fair value/NAV	\$ 4,602,923	\$ _	\$	_	\$	— \$	4,602,923
b.	Liabilities at fair value		_		_			
	Total liabilities at fair value	\$ 	\$ 	\$		\$	— \$	

- (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) The Company values securities in the Level 1 category using unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

The Company values securities in the Level 2 category using market data obtained from sources independent of the reporting entity (observable inputs). Level 2 inputs generally include quoted prices in markets that are not active, quoted prices for similar assets or liabilities, and results from pricing models that use observable inputs such as interest rates and yield curves that are generally available at commonly quoted intervals.

The fair values for securities included in the Level 2 category have been developed by third party, nationally recognized pricing services. These services use complex methodologies to determine values for securities and subject the values they develop to quality control reviews. Management reviews service-provided values for reasonableness by comparing data among pricing services and to available market and trade data. Values that appear inconsistent are further reviewed for appropriateness. If a value does not appear reasonable, the valuation is discussed with the service that provided the value and would be adjusted, if necessary. No such adjustments have been necessary to date.

The Company values assets classified as Level 3 in the Fair Value Hierarchy using the Company's own assumptions about market participant assumptions based on the best information available in the circumstances (non-observable inputs). Level 3 inputs are used in situations where little or no Level 1 or 2 inputs are available or are inappropriate given the particular circumstances. Level 3 inputs include results from pricing models for which some or all of the inputs are not observable, discounted cash flow methodologies, single non-binding broker quotes and adjustments to externally quoted prices that are based on management judgment or estimation.

Additional information regarding the valuation methodologies used by the pricing services by security type is included in *C. Fair values of financial instruments* below.

- (5) Fair value of derivative assets and liabilities None.
- B. Additional fair value disclosures None.

C. Fair values of financial instruments

		June 30, 2024											
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(L	Level 1)	(Level 2)		(Level 3)		Asset e (NAV)	Not Practic (Carry Value	able ⁄ing		
Bonds	\$ 50,702,563	\$ 53,514,715	\$ 1	1,790,800	\$ 48,911,763	\$	_	\$	_	\$			
Cash equivalents	2,812,123	2,812,123	2	2,812,123	_		_		_		_		

		December 31, 2023										
Type of Financial Instrument	Αį	ggregate Fair Value		Admitted Assets		(Level 1)		(Level 2)		(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$	48,571,659	\$	51,010,043	\$	1,805,650	\$	46,766,009	\$	_	\$ —	\$ —
Cash equivalents		4,978,061		4,978,061		4,978,061		_		_	_	
Short term investments		324,819		324,643		_		324,819		_	_	_

The Company values securities in the Level 1 category using unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Bonds in Level 1 are comprised of SVO-identified ETFs and are reported at fair value.

Cash equivalents in Level 1 are comprised of money market mutual funds that are reported at fair value using net asset value as a practical expedient as prescribed by the NAIC.

Level 2 Valuation Methodologies

Below is a summary description of the valuation methodologies primarily used by the pricing services for the bonds included in the Level 2 category, by security type:

- *U.S.* Government obligations, including treasury bills classified as cash equivalents and/or short term investments, are valued based on quoted prices for identical assets, or, in markets that are not active, quotes for similar assets, taking into consideration adjustments for variations in contractual cash flows and yields to maturity.
- *U.S. Government-sponsored enterprise obligations* are valued using pricing models that consider current and historical market data, normal trading conventions, credit ratings, and the particular structure and characteristics of the security being valued, such as yield to maturity, redemption options, and contractual cash flows. Adjustments to model inputs or model results are included in the valuation process when necessary to reflect recent events, such as regulatory, government or corporate actions or significant economic, industry or geographic events that would affect the security's fair value.

State and municipal bonds are valued using a series of matrices that consider credit ratings, the structure of the security, the sector in which the security falls, yields, and contractual cash flows. Valuations are further adjusted, when necessary, to reflect recent events such as significant economic or geographic events or rating changes that would affect the security's fair value.

Corporate debt consists primarily of corporate bonds, but also includes a small number of bank loans and certificates of deposit with original maturities greater than one year. The methodology used to value Level 2 corporate bonds is the same as the methodology previously described for U.S. Government-sponsored enterprise obligations. Bank loans are valued by an outside vendor based upon a widely distributed, loan-specific listing of average bid and ask prices published daily by an investment industry group. The publisher of the listing derives the averages from data received from multiple market-makers for bank loans.

Residential and commercial mortgage backed securities. Agency pass-through securities are valued using a matrix, considering the issuer type, coupon rate and longest cash flows outstanding. The matrix is developed daily based on available market information. Agency and non-agency collateralized mortgage obligations are both valued using models that consider the structure of the security, current and historical information regarding prepayment speeds, ratings and ratings updates, and current and historical interest rate and interest rate spread data. Evaluations of Alt-A mortgages include a review of collateral performance data, which is generally updated monthly.

Short term investments in Level 2 consists of short term corporate and government bonds purchased with less than one year remaining until maturity. The methodology used to value Level 2 short term investments is the same as the methodology previously described for U.S. Government-sponsored enterprise obligations.

Level 3 Valuations

The Company values assets and liabilities classified as Level 3 in the Fair Value Hierarchy using the Company's own assumptions about market participant assumptions based on the best information available in the circumstances (non-observable inputs). Level 3 inputs are used in situations where little or no Level 1 or 2 inputs are available or are inappropriate given the particular circumstances. Level 3 inputs include results from pricing models for which some or all of the inputs are not observable, discounted cash flow methodologies, single non-binding broker quotes and adjustments to externally quoted prices that are based on management judgment or estimation.

Level 3 Valuation Processes

- Level 3 securities are priced by ProAssurance Group's Chief Investment Officer, who reports to ProAssurance Group's Chief Financial Officer.
- Level 3 valuations are computed quarterly. Prices are evaluated quarterly against prior period prices and the expected change in price.
- The Company's Level 3 valuations are not overly sensitive to changes in the unobservable inputs used. The securities noted in the disclosure are primarily investment grade debt where comparable market inputs are commonly available for evaluating the securities in question.

Level 3 Valuation Methodologies

Below is a summary description of the valuation methodologies primarily used by the pricing services for bonds included in the Level 3 category, by security type:

State and municipal bonds consists of auction rate municipal bonds valued internally using published quotes for similar securities or by using a model based on discounted cash flows using yields currently available on fixed rate securities with a similar term and collateral, adjusted to consider the effect of a floating rate and a premium for illiquidity.

Corporate debt consists of corporate bonds. Valuations are determined using dealer quotes for similar securities or discounted cash flow models using yields currently available for similar securities. Similar securities are defined as securities having like terms and payment features that are of comparable credit quality. Assessments of credit quality are based on nationally recognized statistical rating organization (NRSRO) ratings, if available, or are subjectively determined by management if not available.

Other asset-backed securities consists of securitizations of receivables valued using dealer quotes for similar securities or discounted cash flow models using yields currently available for similar securities.

- D. Items for which it is not practicable to estimate fair value None.
- E. Investments measured using the NAV practical expedient None.

Note 21 - Other Items

- A. Unusual or infrequent items None.
- B. Troubled debt restructuring: debtors None.
- C. Other disclosures

The Company entered into a Quota Share Reinsurance Agreement with NORCAL effective January 1, 2016 whereby the Company cedes and NORCAL assumes 100% of net premiums written and earned thereafter in return for assuming 100% of the net loss and loss adjustment expenses incurred (excluding Adjusting & Other) thereafter. The premiums net of paid losses and loss adjustment expenses and associated reinsurance commissions are settled quarterly.

Agents' Balances Certification, Section 625.012(5), Florida Statutes

At June 30, 2024, the Company had admitted assets of \$96,511 in accounts receivable for amounts due from policyholders and agents. The Company routinely assesses the collectibility of these receivables and establishes an allowance for uncollectible amounts. There are no amounts due from "controlled" or "controlling" persons included in this balance.

- D. Business interruption insurance recoveries None.
- E. State transferable and non-transferable tax credits None.
- F. Subprime-mortgage-related risk exposure None.
- G. Insurance-linked securities (ILS) contracts None.
- H. The amount that could be realized on life insurance where the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy None.

Note 22 - Events Subsequent

Subsequent events have been considered through August 8, 2024 for the statutory statement filed on or before August 15, 2024.

Type I - Recognized subsequent events - None.

Type II - Nonrecognized subsequent events - None.

Note 23 - Reinsurance

- A. Unsecured reinsurance recoverables None.
- B. Reinsurance recoverable in dispute None.
- C. Reinsurance assumed and ceded

(1)		As	sumed Re	insurance		Ceded Re	ins	urance	Net			
			earned emium	Commission Equity	_	Unearned Premium	C	ommission Equity		Unearned Premium	Commission Equity	
a.	Affiliates	\$	_ 3	<u> </u>	\$	4,661,467	\$		\$	(4,661,467)	\$ —	
b.	All other		_			_					_	
C.	Total	\$	_ \$	S —	\$	4,661,467	\$		\$	(4,661,467)	\$ —	
d.	Direct Unea	rned Pr	emium Re	serve:	- -	4,661,467						

d. Direct Unearned Premium Reserve:

Line (c) of Ceded Reinsurance Premium Reserve Column must equal Page 3, Line 9, first inside amount.

The Company has no agency agreements or ceded reinsurance contracts which provide for additional or return commissions based on the actual loss experience of the produced or reinsured business.

- (2) Additional or return commission predicated on loss experience or other profit sharing arrangements None.
- (3) The Company does not use protected cells as an alternative to traditional reinsurance.
- D. Uncollectible reinsurance None.
- E. Commutation of ceded reinsurance None.
- F. Retroactive reinsurance None.
- G. Reinsurance accounted for as a deposit None.
- H. Disclosures for transfer of property and casualty run-off agreements None.
- Certified reinsurer rating downgraded or status subject to revocation None.
- Reinsurance agreements qualifying for reinsurer aggregation None.
- Reinsurance credit None.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

- The Company writes a limited number of medical professional liability policies for which the premiums vary based on loss experience. Future premium adjustments for these retrospective policies are estimated and accrued and can result in return premium due the policyholder or additional premium due the Company. The Company estimates these accrued retrospective premium adjustments through the review of each individual retrospectively rated risk, comparing case basis loss development and estimates of IBNR with that anticipated in the policy contracts to arrive at the best estimates of return or additional retrospective premiums.
- B. The Company records accrued return retrospective premiums due to insureds by adjusting unearned premium and records accrued additional retrospective premiums due from insureds through written premium.
- C. Net premiums written for the six months ended June 30, 2024 for medical professional liability policies subject to retrospective rating features are \$0. The Company cedes 100% of its written premium to its parent company through a 100% quota share contract.
- D. Medical loss ratio rebates None.

- E. The Company uses the 10% method of determining nonadmitted retrospective premium.
 - (1) For ten percent (10%) method of determining nonadmitted retrospective premium

Ten percent of the amount of accrued retrospective premiums not offset by retrospective return premiums, other liabilities to the same party (other than loss and loss adjustment expenses reserves), or collateral as permitted by SSAP No. 66, Retrospectively Rated Contracts, has been nonadmitted.

a.	Total accrued retro premium	\$ 346,970
b.	Unsecured amount	346,970
C.	Less: Nonadmitted amount (10%)	34,697
d.	Less: Nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted	
e.	Admitted amount (a) - (c) - (d)	\$ 312,273

- (2) For quality rating method of determining nonadmitted retrospective premium None.
- F. Risk sharing provisions of the Affordable Care Act (ACA) None.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Combined reserves for incurred losses and loss adjustment expenses attributable to insured events as of December 31, 2023 were \$4,899,000. The re-estimation of those reserves during the six months ended June 30, 2024 resulted in no change to the estimate of loss and loss adjustment expenses attributable to insured events as of December 31, 2023.

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 trandomicile, as required by the Model Act?	ate of	Ye	es []	No [X]				
1.2	If yes, has the report been filed with the domiciliary						Ye	es []	No []
2.1	Has any change been made during the year of this reporting entity?	statement in the charter, by-laws, articles	of incorporatio	n, or de	ed of settlem	ent of the	Υe	es []	No [X]
2.2	If yes, date of change:									
3.1	Is the reporting entity a member of an Insurance Howhich is an insurer?						Υe	es [X]	No []
	If yes, complete Schedule Y, Parts 1 and 1A.									
3.2	Have there been any substantial changes in the org	ganizational chart since the prior quarter e	nd?				Υe	es []	No [X]
3.3	If the response to 3.2 is yes, provide a brief descrip	<u> </u>								
3.4	Is the reporting entity publicly traded or a member of	of a publicly traded group?					Ye	es [X]	No []
3.5	If the response to 3.4 is yes, provide the CIK (Centr							0	0001	127703
4.1	Has the reporting entity been a party to a merger or		Ye	es []	No [X]				
4.2	If yes, provide the name of entity, NAIC Company C ceased to exist as a result of the merger or consolid	at has								
	N	1 ame of Entity	2 NAIC Compan	y Code	3 State of D					
	L				<u> </u>					
5.	If the reporting entity is subject to a management at fact, or similar agreement, have there been any sig If yes, attach an explanation.						Yes [] N	No [X]	NA []
6.1	State as of what date the latest financial examination	n of the reporting entity was made or is b	eing made					1	2/3	1/2020
6.2	State the as of date that the latest financial examina This date should be the date of the examined balant	entity.		1	2/3	1/2020				
6.3	State as of what date the latest financial examination the reporting entity. This is the release date or consheet date).	balance)4/1	9/2022				
6.4	By what department or departments? TEXAS DEPARTMENT OF INSURANCE									
6.5	Have all financial statement adjustments within the statement filed with Departments?	ial	Yes [] N	No [1	NA [X]				
	Have all of the recommendations within the latest fi		Yes [] N	No []	NA [X]				
7.1 7.2	Has this reporting entity had any Certificates of Auti suspended or revoked by any governmental entity of If yes, give full information:	nority, licenses or registrations (including during the reporting period?	corporate regis	tration,	if applicable)		Y€	es []	No [X]
8.1	Is the company a subsidiary of a bank holding comp	pany regulated by the Federal Reserve Bo	ard?				Υe	es []	No [X]
8.2	If response to 8.1 is yes, please identify the name of	f the bank holding company.								
8.3	ls the company affiliated with one or more banks, the						Ye	es []	No [X]
8.4	If response to 8.3 is yes, please provide below the rederal regulatory services agency [i.e. the Federal Deposit Insurance Corporation (FDIC) and the Sect regulator.]	Reserve Board (FRB), the Office of the C	omptroller of th	e Curre	ency (OCC), t	he Federal				
	1	2	3		4	5	6			
	Affiliate Name	Location (City, State)	FR	В	осс	FDIC	SEC			
9.1	Are the senior officers (principal executive officer, p similar functions) of the reporting entity subject to a						Ye		X 1	No []
	 (a) Honest and ethical conduct, including the ethical (b) Full, fair, accurate, timely and understandable of (c) Compliance with applicable governmental laws, (d) The prompt internal reporting of violations to an (e) Accountability for adherence to the code. 	al handling of actual or apparent conflicts lisclosure in the periodic reports required rules and regulations;	of interest betw to be filed by th	reen pe ne repoi	rsonal and pr			50 [<i>i</i>	.,]	io []
9.11	If the response to 9.1 is No, please explain:									
9.2	Has the code of ethics for senior managers been a	mended?					Υe	es []	No [X]
9.21	If the response to 9.2 is Yes, provide information re	` '								
9.3	Have any provisions of the code of ethics been wair						Yε	es []	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of a	* * * * * * * * * * * * * * * * * * * *								
10.1	Does the reporting entity report any amounts due fr	FINANCIA	L				Y€	es []	X]	No []
10.2	If yes, indicate any amounts receivable from parent	included in the Page 2 amount:				\$				

GENERAL INTERROGATORIES

INVESTMENT

11.1		s, bonds, or other assets son? (Exclude securities								Yes []	No [X]
11.2		mplete information relating	=								
		and mortgages held in otl									
13.	Amount of real estate	and mortgages held in sh	ort-term investmen	ts:					\$		
14.1	Does the reporting en	ntity have any investments	s in parent, subsidia	aries and affili	ates?					Yes []	No [X
14.2	If yes, please comple	ete the following:									
						Prior Ye Book/A Carrying	ear-End djusted	Boo Car	2 ent Quarter k/Adjusted rying Value		
		dserred Stock									
		nmon Stockrt-Term Investments						\$			
	14.25 Mor	tgage Loans on Real Esta)ther	te		\$			\$			
	14.27 Tota	al Investment in Parent, Տւ	ubsidiaries and Affil	liates				•			
		ototal Lines 14.21 to 14.26 Il Investment in Parent inc			·						
	abo	ve			\$			\$		-	
15.1	Has the reporting entire	ty entered into any hedgin	g transactions repo	orted on Sche	dule DB?					Yes []	No [X]
15.2	If yes, has a comprehe	ensive description of the h	edging program be	een made ava	ilable to the c	domicilia	ry state?		Yes	[] No []	NA [X]
	·	tion with this statement.									
16.		y's security lending progra e of reinvested collateral a			•		statement date:		\$		
	16.2 Total book/adj	usted carrying value of re	invested collateral	assets reporte			arts 1 and 2		\$		
	16.3 Total payable	for securities lending repo	orted on the liability	page					\$		
17.	entity's offices, vaults pursuant to a custodia Considerations, F. Ou	nedule E – Part 3 – Specion safety deposit boxes, volument with a qualifict tourcing of Critical Funct	vere all stocks, bon ed bank or trust cor ions, Custodial or S	ds and other s mpany in acco Safekeeping A	securities, ow ordance with Agreements o	ned thro Section f the NA	oughout the curre 1, III – General E IC <i>Financial Cor</i>	ent year held Examination Indition Examine	ers	Yes [X]	No []
17.1	For all agreements that	at comply with the require	ments of the NAIC	Financial Con	ndition Examii	ners Har	ndbook, complete	e the following:			
	-		1				2				
		Name o	of Custodian(s)		2204 LAKESH	ORE DRI	Custodian Addres VE, SUITE 302,	BIRMINGHAM, A	<u> </u>		
		US BANK			35209						
17.2		at do not comply with the	equirements of the	NAIC Financ	cial Condition	Examine	ers Handbook, p	rovide the nam	e,		
	location and a comple	te explanation.		2	1		3				
		Name(s)		Location(s))		Complete Exp	lanation(s)			
17.3	Have there been any	changes, including name	changes, in the cus	stodian(s) ider	ntified in 17.1	during t	he current quarte	er?		Yes []	No [X]
17.4	If yes, give full and co	mplete information relating	g thereto:								
		1 Old Custodian	2 New Custo	dian	3 Date of Cha	ngo	De	4			
		Old Custodian	New Custo	dian	Date of Cha	rige	Re	eason			
17.5	authority to make inve	ent – Identify all investme estment decisions on beha as such. ["that have acc	If of the reporting e	ntity. For ass	ets that are m	nanaged	internally by em				
	N	1 ame of Firm or Individual				2 Affiliation	on				
	CALAMOS ADVISORS LI	_C									
	LAWRENCE COCHRAN										
17.509	(i.e., designated with	duals listed in the table for a "U") manage more than	Question 17.5, do 10% of the reportir	any firms/ind ng entity's inve	ividuals unaff ested assets?	iliated w	ith the reporting	entity		Yes [X]	No []
7.509	8 For firms/individuals เ	unaffiliated with the report	ing entity (i.e., design	gnated with a	"U") listed in	the table	e for Question 17	7 .5,			
		under management aggre	•							Yes [X]	No []
17.6	For those firms or indi	viduals listed in the table	or 17.5 with an affi	liation code of	f "A" (affiliated	d) or "U"	(unaffiliated), pr	ovide the inform	nation for the t	able below. 5	
	Central Regist Depository Nu		e of Firm or ndividual		egal Entity		Pogiat	ered With		nent Managem ment (IMA) Fil	
	105758			54300B31HS			050			ment (IMA) i ii	
	Have all the filing requ If no, list exceptions:	uirements of the <i>Purposes</i>	and Procedures M	lanual of the l	NAIC Investm	ent Ana	lysis Office been	followed?		Yes [X] No [
19.	a. DocumentationPL security isb. Issuer or obligc. The insurer has	GI securities, the reporting n necessary to permit a funct available. For is current on all contracts an actual expectation of the self-designated 5GI sectors.	Ill credit analysis of cted interest and pr f ultimate payment	the security of incipal payme of all contract	does not existents. ted interest ar	t or an N nd princi	IAIC CRP credit	rating for an FE		Yes []	No [X]
	, ,	,								100 []	NO [∧]
20.	, ,	GI securities, the reporting		the following	g elements of	each se	lf-designated PL	GI security:			
	•	as purchased prior to Jar entity is holding capital co	•	he NAIC Desi	ignation repor	ted for t	he security.				

GENERAL INTERROGATORIES

- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?. Yes [] No [X]

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?...... Yes [] No [X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting en	itity is a member	r of a pooling ar	rangement, did	d the agreement	or the reportir	ng entity's partic	ipation change?		Yes []	No []	NA [X]
	If yes, attach an e	explanation.										
2.	Has the reporting from any loss that										Yes []	No [X]
	If yes, attach an e	explanation.										
3.1	Have any of the re	eporting entity's	primary reinsur	ance contracts	been canceled	?					Yes []	No [X]
3.2	If yes, give full an	d complete infor	mation thereto.									
4.1	Are any of the liab	nilitias for unnaid	t losses and los	e adjustment o	vnoncos othor t	han cortain w	orkors' compons	eation tabular ro	convoc (coo			
4.1	Annual Statement	t Instructions pe	rtaining to discle	osure of discou	unting for definiti	on of "tabular	reserves,") disc	counted at a rate	e of interest		V 00 []	No [V]
	greater than zero	<i>(</i>									162 []	No [X]
4.2	If yes, complete th	he following sch	edule:									
	1	2	3	4	TOTAL DI	SCOUNT 6	7	DISC 8	COUNT TAKEN 9	I DURING PE 10		11
1.3		Maximum	Discount	Unpaid	Unpaid			Unpaid	Unpaid			
L	ine of Business	Interest	Rate	Losses	LAE	IBNR	TOTAL	Losses	LAE	IBNR	1	OTAL
					-							
		•	TOTAL									
5.	Operating Percen	itages:										
	5.1 A&H lo	ss percent										%
	5.2 A&H co	ost containment	percent									%
	5.3 A&H e	xpense percent	excluding cost	containment ex	rpenses							%
6.1	Do you act as a c	ustodian for hea	alth savings acc	ounts?							Yes []	No [X]
6.2	If yes, please prov	vide the amount	of custodial fur	nds held as of t	the reporting dat	e			\$			
6.3	Do you act as an	administrator fo	r health savings	accounts?							Yes []	No [X]
6.4	If yes, please prov	vide the balance	of the funds ac	dministered as	of the reporting	date			\$			
7.	Is the reporting er	ntity licensed or	chartered, regis	stered, qualified	d, eligible or writ	ing business ir	n at least two sta	ates?			Yes [X]	No []
7.1	If no, does the rep	porting entity as	sume reinsuran	nce business th	nat covers risks	residing in at l	east one state o	other than the s	tate of domicile			
	of the reporting	g entity?								,	Yes []	No []

SCHEDULE F - CEDED REINSURANCE

Showing	All New Reins	urars - Current	Vear to Date

Showing All New Reinsurers - Current Year to Date							
1 NAIC Company Code	2	3	4	5	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified	
Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	(1 through 6)	Reinsurer Rating	
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

						y States and Territor		Discottone	aga Unnaid	
			1	Direct Premi	3	Direct Losses Paid (I	5	Direct Losse	7	
	States, etc.		Active Status (a)	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	E	54,488	78,426			70,017	246,329	
2.	Alaska	ΑK	E	8,652	2,876			20,486	44 ,715	
	Arizona		E	135,651	151,533	650,000		2,905,204	1,126,062	
	Arkansas		E	30,328	15,701			20,054	65,741	
	California		E	534,410	413,742	1 , 184 , 790		28,767,814	27 ,745 ,010	
	Colorado		E	141,840	146,964			82,651	468 , 465	
	Connecticut		E	4,183	2,750			15,636	16,971	
	Delaware		<u>E</u>	19,000	18,500			13,654	26,645	
	Dist. Columbia		E	10,500	10,500	400.000		3,193	7,947	
	Florida		E	965,376	922,880		425,000	2,246,132	3,625,867	
1	Georgia		<u>Е</u>	104,426	84,733	1,000,000		1,763,921	2,886,593 1,337,591	
i	Hawaii	HI	E E	23,459 14,865	17,645			1,810,356 24,233	1,337,591	
_	IdahoIllinois		Е Е	14,005	102,542		88.341	4,259,083	3,503,120	
	Indiana		Е Е	26,850	2,800			18.328	3 , 503 , 120	
		IIN	Е	21,909	16,239			8.748	109,222	
	Kansas		Е		10,239			663	1, 109 , 222	
	Kentucky		Е	32,562	94,115			28,704	435,301	
	Louisiana		Е Е	18,002	16.238			329,364	187 , 432	
	Maine		Е	11,726	1,367			780,688	42,592	
	Maryland		F	302,286	239,656	600,000		961,178	2,825,267	
1	Massachusetts		E	28,874	16,374	150.000		529,575	254,832	
	Michigan		Е	144,619	186,233			752,692	656,562	
	Minnesota		E	9,040	17,000			450,427	375,007	
1	Mississippi		E	24,519	22,406		150,000	1,270,725	823,849	
	Missouri		E	43,232	61,339	I I		46,175	1,384,624	
1	Montana		E	19,338	761			′ '	47 ,559	
1	Nebraska		E	1,100	2,200			11,381	593 , 155	
	Nevada		Е	80,376	50.854			38.166	460,553	
	New Hampshire		Е				,	, , ,		
	New Jersey		E	.20,062	30,973			137,824	342,444	
	New Mexico		E	192,141	173,547		262,500	433,081	1,727,540	
	New York		E	,			, , , , , , , , , , , , , , , , , , , ,			
	No. Carolina		E	56,486	49,054	65,000		563 , 134	1,894,512	
	No. Dakota		E	6,000	1,000			4,302	6,788	
36.	Ohio	OH	E	162,077	174,379		1,900,000	123,469	1,109,225	
37.	Oklahoma	OK	E	189,530	165,911			2,530,010	2,363,774	
38.	Oregon	OR	E	23,519	26,029			18,392	38,743	
	Pennsylvania		E	44,042	27 ,874		500,000	1,037,879	1,494,190	
40.	Rhode Island	RI	E	(1,965)				37	12,476	
41.	So. Carolina	SC	E	61,813	55,472			165,346	125 , 097	
42.	So. Dakota	SD	E	(7 ,500)	13,550				4,583	
43.	Tennessee	TN	E	174,620	181,084		40,000	997 , 527	1,671,917	
44.	Texas	TX	D	414,823	404,225	1,690,000	150,000	5,870,272	4,835,572	
	Utah		E	83,099	72,925	ļ		43,468	128 , 890	
	Vermont		E						6,863	
	Virginia		E	186,036	147 , 427	35,000		156,623	694 , 292	
	Washington		<u>E</u>	43,533	50,514			219,486	248 , 192	
	West Virginia		E	18,142	4,750		i	6,963	9,265	
	Wisconsin		E	40,901	15,500			17,021	6,279	
1	Wyoming		E	15,479	13,015		i	4,390	24 , 493	
	American Samoa		N							
	Guam		N							
	Puerto Rico		N			ļ				
	U.S. Virgin Islands		N							
	Northern Mariana Islands		N			ļ				
1	Canada	-	N							
1	Aggregate Other Alien	ОТ	XXX	4 000 000	4 047 000	5 704 700	0.040.400	50 005 500		
59.	Totals		XXX	4,692,289	4,347,380	5,794,790	6,946,490	59,635,529	66,195,393	
58001.	DETAILS OF WRITE-INS		XXX							
1			XXX							
58002.						1				
58003.			XXX							
58003.	Summary of remaining wri	te-ins								
58003. 58998.	Summary of remaining wri for Line 58 from overflow p TOTALS (Lines 58001 thro	te-ins page	XXXXXX							
58003. 58998.	Summary of remaining wri	te-ins page								

^{1.} L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..

^{2.} R – Registered – Non-domiciled RRGs ...

E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)

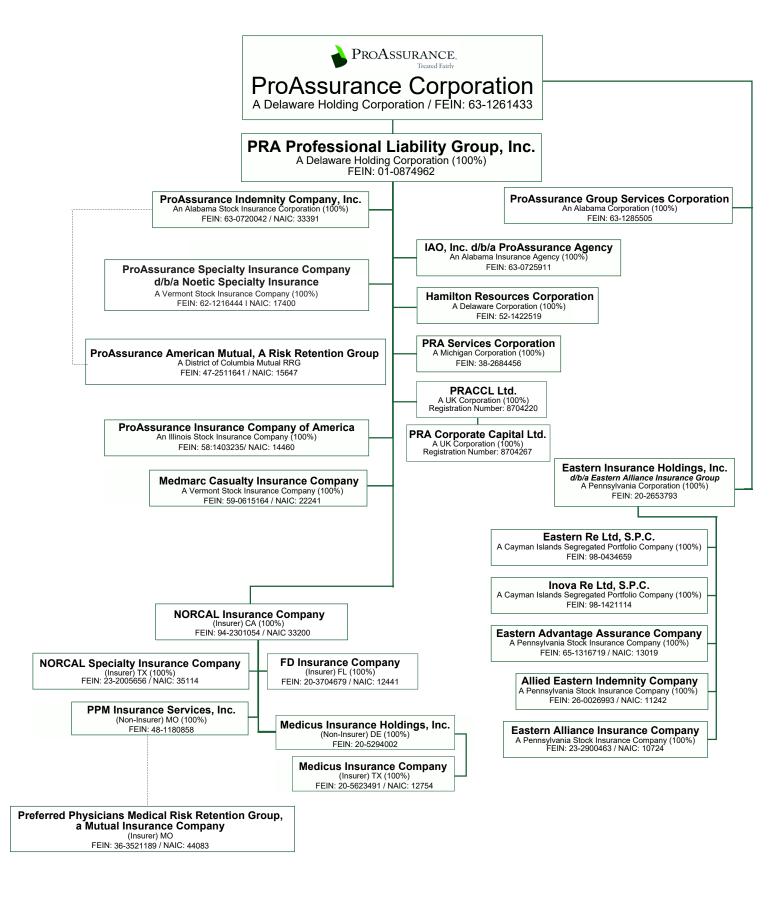
^{4.} Q – Qualified – Qualified or accredited reinsurer

5. D – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus lines in the state of domicile

6. N – None of the above – Not allowed to write business in the state

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

			•	-											
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	' ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
00000		00000	63-1261433		0001127703	New York Stock	ProAssurance Corporation	DE	UIP		Board, Other			NO	
00000		. 00000	03-1201433	-	000112//03	Exchange	PRA Professional Liability	DE	J		lboard, other		ProAssurance	NU	
00000		00000	01-0874962				Group. Inc.	DE	UIP	ProAssurance Corporation	Ownership	100 0	Corporation	NO	2
00000		. 00000	01 007 4302				ProAssurance Insurance Company		1	PRA Professional Liability			ProAssurance		
02698	ProAssurance Corp Group	14460	58 - 1403235				of America	L	IA	Group, Inc.	Ownership.	100.0	Corporat ion	NO	
							ProAssurance Indemnity Company,			PRA Professional Liability			ProAssurance		
02698	ProAssurance Corp Group	33391	63-0720042				Inc	AL	I A	Group, Inc	Ownership	100.0	Corporat ion	NO	
							IAO, Inc. d/b/a ProAssurance			PRA Professional Liability			ProAssurance		
00000		. 00000	63-0725911	-			Agency	AL	NIA	Group, Inc.	Ownership	100.0	Corporat ion	NO	
00000		00000	20 2004450				DDA Commisso Commisso	MI	NII A	PRA Professional Liability	Owner nels in	100.0	ProAssurance	NO	
00000		. 00000	38 - 2684456	-			PRA Services Corporation ProAssurance Group Services	JW 1	N I A	Group, Inc	Ownership	100.0	Corporation ProAssurance	NU	
00000		00000	63-1285505				Corporation	AI	NIA	ProAssurance Corporation	Ownership.	100 0	Corporation	NO	
00000		. 00000	1200000	-			Medmarc Casualty Insurance			PRA Professional Liability			ProAssurance		
02698	ProAssurance Corp Group	22241	59-0615164				Company	VT	I A	Group, Inc.	Ownership.	100.0	Corporat ion	NO NO	
							ProAssurance Specialty								
							Insurance Company d/b/a Noetic			PRA Professional Liability			ProAssurance		
02698	ProAssurance Corp Group	. 17400	62-1216444				Specialty Insurance	VT		Group, Inc	Ownership	100.0	Corporat ion	N0	2
			50 4400540							PRA Professional Liability		400.0	ProAssurance		
00000		. 00000	52-1422519	-			Hamilton Resources Corporation	DE	NIA	Group, IncPRA Professional Liability	Ownership	100.0	Corporation	NO	
00000		. 00000	00-0000000				PRACCL Ltd.	GBR	NIA	Group, Inc.	Ownership	100.0	ProAssurance Corporation	NO	
00000		. 00000	. 00-0000000	-			FRACUL LIU	BDN	N I A	l Group, The	. Ownership	100.0	ProAssurance	NU	
00000		00000	00-0000000				PRA Corporate Capital Ltd.	GBR	OTH	PRACCL Ltd.	Ownership	100 0	Corporation	NO	1
							Eastern Insurance Holdings.						ProAssurance		
00000		. 00000	20-2653793				Inc	РА	NIA	ProAssurance Corporation		100.0	Corporation	NO	
										Eastern Insurance Holdings,	· '		ProAssurance	l i	
00000		. 00000	98-0434659				Eastern Re Ltd, S.P.C	CYM		Inc.	Ownership	100.0	Corporation	N0	
00000		00000	00 4404444					01/11		Eastern Insurance Holdings,		400.0	ProAssurance	l No	
00000		. 00000	98-1421114	-			Inova Re Ltd, S.P.C.	CYM	I A	Eastern Insurance Holdings,	.Ownership	100 . 0	Corporation	NU	
02698	ProAssurance Corp Group	13019	65-1316719				Eastern Advantage Assurance Company	PA	IA	Inc.	Ownership	100 0	ProAssurance Corporation	NIO	
02030	Tronsourance ourp droup	. 100 18	100-1010118	1	1		Eastern Alliance Insurance	J	·············	Eastern Insurance Holdings,	1041101 9111h	100.0	ProAssurance	INU	
02698	ProAssurance Corp Group	. 10724	23-2900463	1	1		Company	PA	IA	Inc	Ownership	100 0	Corporat ion	NO	
		1					Allied Eastern Indemnity]	Eastern Insurance Holdings,]		ProAssurance		
02698	ProAssurance Corp Group	11242	26-0026993	.			Company	PA	I A	Inc	Ownership	100.0	Corporation	N0	
	<u>L</u>			1			ProAssurance American Mutual, A	_	ĺ .	ProAssurance Indemnity	Management,		ProAssurance		
02698	ProAssurance Corp Group	. 15647	47 - 2511641	-			Risk Retention Group	DC	I A	Company, Inc.	Other		Corporation	N0	
00000	D	22222	04.0004054	1	1		NOROAL		LIDD	PRA Professional Liability	0	400.0	ProAssurance		
02698	ProAssurance Corp Group	33200	94-2301054	-			NORCAL Insurance Company	CA	UDP	Group, Inc	. Ownership	1	Corporation	N0	2
02698	ProAssurance Corp Group	35114	23-2005656				NORCAL Specialty Insurance Company	ТХ	RE	NORCAL Insurance Company	 Ownership	100.0	ProAssurance Corporation	NO	2
02030	I TONSSULATION COLD GLOUP	. 00 1 14	20-2000000	1			. ouiiparry	. Λ	NE	INONOAL ITISULATIVE COMPANY	. owner surp	100.0	ProAssurance	INU	2
02698	ProAssurance Corp Group	12441	20-3704679	1	1		FD Insurance Company	FL	IA	NORCAL Insurance Company	Ownership	100.0	Corporation	NO	2
		1					Medicus Insurance Holdings,			Thousand domparty	1or orrip		ProAssurance		
00000		00000	20-5294002	.]	l		Inc.	DE	N I A	NORCAL Insurance Company	Ownership	100.0	Corporat ion	YES	2

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

										T			Т		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	, ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	0.040.14	0000			0		51.7 Himatos	2004		Medicus Insurance Holdings,	mindones, Saisi)		ProAssurance	(100/110)	
02698	ProAssurance Corp Group	1275/	20-5623491				Medicus Insurance Company	TX	I A	Inc.	Ownership		Corporat ion	NO	2
02030	l	12104	20-0020401				l l l l l l l l l l l l l l l l l l l	/ /		. 1110	. Owner 3111p		ProAssurance		
00000		00000	48-1180858				DDM Inquironas Corvinsos Inc	MO	NIIA	NODCAL Inquironce Company	Ownership	100.0	Corporation	YES	2
00000		00000	40 - 1100000				PPM Insurance Services, Inc	JVIU	NIA	NORCAL Insurance Company	Ownership	100.0	Corporat ion	1E3	Z
							Preferred Physicians Medical Risk Retention Group, a Mutual				l.,				
							Risk Retention Group, a Mutual				Management,		ProAssurance		
02698	ProAssurance Corp Group	44083	36-3521189				Insurance Company	MO	I A	PPM Insurance Services, Inc	.0ther		Corporat ion	NO	2
]					J	
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Asterisk	Fxnlanation
1 1	Corporate Member - Lloyd's of London (Syndicate 1729 and Syndicate 6131)
2	See Note 10
4	pee note 10

PART 1 - LOSS EXPERIENCE

			T	4	
	Line of Duringer	1 Direct Premiums	Current Year to Date 2 Direct Losses	3 Direct Loss	Prior Year to Date Direct Loss
1.	Line of Business	Earned	Incurred	Percentage	Percentage
2.1	FireAllied lines				
2.2	Multiple peril crop				
2.3	Federal flood				
2.4	Private crop				
2.5	Private flood				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril		i i		
5.1	Commercial multiple peril (non-liability portion)				
5.2	Commercial multiple peril (liability portion)				
6.	Mortgage guaranty				
8.	Ocean marine				
9.1.	Inland marine				
9.2.	Pet insurance				
10.	Financial guaranty				
11.1	Medical professional liability -occurrence	1,437,036	1 ,027 ,481	71.5	110.0
11.2	Medical professional liability -claims made				
12.	Earthquake				
13.1	Comprehensive (hospital and medical) individual				
13.2	Comprehensive (hospital and medical) group				
14.	Credit accident and health				
15.1	Vision only				
15.2	Dental only				
15.3 15.4	Disability income				
15.4	Medicare supplement				
15.6	Medicaid Title XIX				
15.7					
15.7	Long-term care Federal employees health benefits plan				
15.0	Other health				
16.	Workers' compensation				
17.1	Other liability occurrence		l l		
17.2	Other liability-claims made				
17.3	Excess Workers' Compensation.				
18.1	Products liability-occurrence.				
18.2	Products liability-claims made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)				
19.4	Other commercial auto liability				
21.1	Private passenger auto physical damage				
21.2	Commercial auto physical damage				
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit		l l		
29.	International				
30. 31.	WarrantyReinsurance - Nonproportional Assumed Property	YYY	XXX	XXX	XXX
31.	Reinsurance - Nonproportional Assumed Property		XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability		XXX	XXX	XXX
33.	Aggregate write-ins for other lines of business		ΛΛΛ	ΛΛΛ	ΛΛΛ
35.	TOTALS	5,238,820	3,004,409	57.3	64.0
	ETAILS OF WRITE-INS	5,250,020	3,004,403	01.0	04.0
3401	ETAILS OF WRITE-INS				
1					
	um. of remaining write-ins for Line 34 from overflow page				
	otals (Lines 3401 through 3403 plus 3498) (Line 34)				
	, , , , , , , , , , , , , , , , , , , ,				

PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Purisses	1 Current	2 Current	3 Prior Year
	Line of Business	Quarter	Year to Date	Year to Date
1.	Fire			
2.1	Allied lines			
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.1	Commercial multiple peril (non-liability portion)			
5.2	Commercial multiple peril (liability portion)			
6.	Mortgage guaranty			
8.	Ocean marine			
9.1.	Inland marine			
9.2.	Pet insurance		l l	
10.	Financial guaranty		i i	
11.1	Medical professional liability-occurrence	755 477	1 330 136	1 330 72
11.2	Medical professional liability-occurrence Medical professional liability-claims made	1 475 264	3 362 153	3 N16 65
12.	Forthquako	1,770,204		
	Earthquake Comprehensive (heapital and medical) individual			
13.1	Comprehensive (hospital and medical) individual			
13.2	Comprehensive (hospital and medical) group			
14.	Credit accident and health			
15.1	Vision only			
15.2	Dental only			
15.3	Disability income			
15.4	Medicare supplement			
15.5	Medicaid Title XIX			
15.6	Medicare Title XVIII			
15.7	Long-term care			
15.8	Federal employee health benefits plan			
15.9	Other health			
16.	Workers' compensation			
17.1	Other liability occurrence.			
17.1				
	Other liability-claims made			
17.3	Excess Workers' Compensation			
18.1	Products liability-occurrence			
18.2	Products liability-claims made			
19.1	Private passenger auto no-fault (personal injury protection)			
19.2	Other private passenger auto liability			
19.3	Commercial auto no-fault (personal injury protection)			
19.4	Other commercial auto liability			
21.1	Private passenger auto physical damage			
21.2	Commercial auto physical damage			
22.	Aircraft (all perils)		I	
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.				
28.	Boiler and machinery			
	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property		XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability		XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business			
35.	TOTALS	2,230,741	4,692,289	4,347,38
	TAILS OF WRITE-INS	,,	7,	, ,
401	······································			
402				
			ı	
403	m. of remaining write-ins for Line 34 from overflow page			

7

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

				LOSS AND L	_033 AD30		AF LINGL IXL	SERVES SU	JIILDULL				
	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)	2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2024 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. 2021 + Prior		3,259	3,259		132	132			3,127	3,127			
2. 2022		1,041	1,041		54	54			987	987			
3. Subtotals 2022 + prior	-	4,300	4,300		186	186			4,114	4,114			
4. 2023		600	600		100	100			500	500			
5. Subtotals 2023 + prior		4,900	4,900		286	286			4,614	4,614			
6. 2024	xxx	xxx	xxx	xxx	73	73	xxx		286	286	xxx	XXX	xxx
7. Totals	-	4,900	4,900		359	359			4,900	4,900			
8. Prior Year-End Surplus As Regards Policy- holders	55,377										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.	2.	3.
													Col. 13, Line 7 Line 8
													1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
5.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
xpla	nation:	
ar C	ode:	
·		

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

	Real Estate		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

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

SCHEDULE BA – VERIFICATION

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

SCHEDULE D - VERIFICATION

Bonds and Stocks Prior Year Ended Year To Date December 31 Book/adjusted carrying value of bonds and stocks, December 31 of prior year Cost of bonds and stocks acquired .51,010,043 .50,867,209 .8,394,290184,688 13,392,152 3. 4. 5. Accrual of discount. Unrealized valuation increase/(decrease). Total gain (loss) on disposals..... .. (14,850) .55,000 Deduct consideration for bonds and stocks disposed of Deduct amortization of premium. .6,002,51356,943 ..13,258,234 Total foreign exchange change in book/adjusted carrying value..... Deduct current year's other-than-temporary impairment recognized. Total investment income recognized as a result of prepayment penalties and/or acceleration fees. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... 10. 11. 12. .53,514,715 .51,010,043 Deduct total nonadmitted amounts Statement value at end of current period (Line 11 minus Line 12) 53,514,715 51,010,043

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

				ferred Stock by NAIC Design				
NAIC Designation	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. NAIC 1 (a)	45,105,255	4,444,113	3,365,588	(953,752)	45,105,255	45,230,028		43,655,799
2. NAIC 2 (a)				1,015,472	7 , 269 , 215	8,284,687		7,678,887
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	52,374,470	4,444,113	3,365,588	61,720	52,374,470	53,514,715		51,334,686
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	52,374,470	4,444,113	3,365,588	61,720	52,374,470	53,514,715		51,334,686

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

STATEMENT AS OF JUNE 30, 2024 OF THE NORCAL Specialty Insurance Company

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
7709999999 Totals		xxx			

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	324,643	
Cost of short-term investments acquired		324,643
3. Accrual of discount	357	
Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
Deduct consideration received on disposals	325,000	
7. Deduct amortization of premium		
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		324,643
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		324,643

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 - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	4,978,061	1,383,273
Cost of cash equivalents acquired	2,812,123	4,978,061
3. Accrual of discount		
Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
Deduct consideration received on disposals	4,978,061	1,383,273
7. Deduct amortization of premium		
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,812,123	4,978,061
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,812,123	4,978,061

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 JUNE 30, 2024 OF THE NORCAL Specialty Insurance Company

SCHEDULE D - PART 3

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

Show All Long-Term Bonds and Stock Acquired During the Current Quarter				
1 2 3 4 5	6 7	8	9	10
				NAIC Designation
				NAIC Designation
CUSIP	mber of Actual		Paid for Accrued	Modifier and SVO
	es of Stock Cost	Par Value	Interest and Dividends	Administrative Symbol
Rande of Vendor State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State St	S OI Stock Cost	i ai value	interest and Dividends	Syllibol
	XXX	2.500.000		1.A
	, , , ,		, , ,	
0109999999 - Bonds - U.S. Governments	2,450,150	2,500,000	44,231	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions				
	.XXX150,000	150,000		1.A FE
	.XXX400,000	400,000		1.A FE
	.XXX200,000	200,000		1.C FE
	.XXX300,000	300,000		1.B FE
	.XXX400,000	400,000		1.B FE
	.XXX200,000	200,000		1.B FE
	_XXX280,000	280,000		1.A FE
090999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions	1,930,000	1,930,000		XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)				
837004-BZ-2	.XXX	65,000	1 , 100	1.F FE
110999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)	63,963	65,000	1,100	XXX
2509999997 - Bonds - Subtotals - Bonds - Part 3	4.444.113	4.495.000	45.331	XXX
250999999 - Bonds - Subtotals - Bonds	4,444,113	4,495,000	45,331	XXX
250505000 250500 250500 250500	.,,	1,100,000	10,001	7000
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STATEMENT AS OF JUNE 30, 2024 OF THE NORCAL Specialty Insurance Company

SCHEDULE D - PART 4

Show All Long-Torm	Bonds and Stock Sold. Redeem	ad ar Otharwica Dienacad a	of During the Current Quarter

					Sho	w All Long-T	erm Bonds a	nd Stock Sold	l, Redeemed	or Otherwise	Disposed of	f During the C	urrent Quarte	er						
1	2	3 4	5	6	7	8	9	10		Change in E	Book/Adjusted C	arrying Value		16	17	18	19	20	21	22
		F						İ	11	12	13	14	15	1						NAIC
		0																		Designation,
		r									Current Year's			Book/				Bond		NAIC Desig.
		e							Unrealized		Other Than	Total Change	Total Foreign	Adjusted	Foreign			Interest/Stock	Stated	Modifier and
CUSIP		i		Number of				Prior Year	Valuation	Current Year's		in		Carrying Value		Realized Gain	Total Gain	Dividends	Contractual	SVO
Identi-		g Disposal		Shares of				Book/Adjusted	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
	. Governments																			
912828-X7-0.		04/30/202	4. MATURITY	XXX	2,500,000	2,500,000	2,651,973			(13, 170)		(13,170)		2,500,000				25,000	04/30/2024	1.A
	99 - Bonds - U.S. Governm				2,500,000	2,500,000	2,651,973			(13, 170)		(13, 170)		2,500,000				25,000	XXX	XXX
			nt and all Non-Guaranteed C	Obligations of A	Agencies and Aut	horities of Gove	rnments and The	eir Political Subdi	visions											
	FH 5035Q UC SEQ FIX	06/01/202		XXX	38,273	38,273	36,207			2,066		2,066		38,273					04/25/2039	1.A
3132D6-DZ-0.	FNCI SB8220 5.500 02/01/38	3	4. PAY DOWN	XXX	46,401	46,401	46,256			142		142		46,401				1,031	02/01/2038	1.A
	THE TEXAS A&M UNIVERSITY					=														1
88213A - HL - 2_			4. MATURITY	XXX	500,000	500,000	500,000	500,000						500,000				7,210	05/15/2024	1.A FE
090999999			pecial Assessment and all No																	i
		s of Agencies a	nd Authorities of Governmen	ts and Their	504.074	504.074	500 400	540.050		0.000				504.074				0.400	WWW	VVV
	Political Subdivisions				584,674	584,674	582,463	546,259		2,208		2,208		584,674				8,438	XXX	XXX
	strial and Miscellaneous (· Inui nous	NAME OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS							1					1				
	CNH EQUIPMENT TRUST 2021-A NISSAN AUTO LEASE TRUST	1 06/15/202	4 PAY DOWN	XXX	126,390	126,390	121,354	123,600				2,790		126,390				212	12/15/2025	1.A FE
65480L-AD-7.	2022-A	06/15/202	4. PAY DOWN	XXX	154.524	154,524	151.518	153.952		.572		572		154 . 524				2.448	05/15/2025	1.A FE
	99 - Bonds - Industrial and				280.914	280.914	272.872	277.552		3.362		3.362		280.914				2,660	XXX	XXX
	97 - Bonds - Subtotals - Bo		(3,365,588	3.365.588	3.507.308	3.336.981		(7,600)		(7,600)		3.365.588				36,098	XXX	XXX
	99 - Bonds - Subtotals - Bo				3,365,588	3,365,588	3,507,308	3,336,981		(7,600)		(7,600)		3,365,588				36,098	XXX	XXX
20000000	Serial Sapietais Be	I			0,000,000	-,,,,,,,,	-,,	0,000,000		(1,100)		(1,000)		0,000,000						
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600999999	00 T-4-1-	<u></u>			3.365.588	XXX	3.507.308	3.336.981		(7,600)		(7,600)		3,365,588				36.098	XXX	XXX
i Kunyyyyy																				

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2024 OF THE NORCAL Specialty Insurance Company

SCHEDULE E - PART 1 - CASH Month End Depository Balances

			Mon	th End Dep	oository Baland	ces				
Amount of Interest Received Received Received Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country		1	2	3	4	5				9
Deep Repositories				of	Interest Received During Current	Interest Accrued at Current Statement	6	7	8	
US BOWK	O D	Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
0.99989 Deposits in	Upen Depos	SITOTIES CLAIMS CDA BIDMINICHAM AL	1				(2 224 240)	(1 001 495)	(92 017)	XXX
0.99989 Deposits in	US BANK	BIRMINGHAM, AL					31,789	3,900	5,576	XXX
Septiment Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Co	0199998	Deposits in	YYY	YYY						XXX
	0199999 To	otal Open Depositories		XXX			(2.192.530)	(1.087.585)	(78,341)	XXX
1000000 Total Cash on Beast 1 333 333 1/2 90 550 1/1 007 565 1/78 34							(=,:==,:==)	(1,001,000)	(,,	
200666 Total Cash on Beast 1 233 23 12 12 15 75 11 11 10 27 651 17 37 34				ļ						
		······		 						
688999 Total Cash on Descrit XX XX XX 72 59 500 (1.00 565) (78 545)										
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0399999 Total Cash no Decosit									·	
0389999 Total Cash on Decosit XXX XXX (2.192 S9) (1.087 586) (7.8.34)										
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0399999 Total Cash on Denosit XXX XXX (2 192 530) (1 182 585) (78 34)						L				
0399999 Total Cash on Denosit XXX XXX (2 192 530) (1 087 595) (78 341										
0399999 Total Cash on Deposit										
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D399999 Total Cash on Deposit XXX XXX (2 192 530) (1 087 585) (78 34)										
0399999 Total Cash on Deposit XXX XXX (2 192 530) (1 087 585) 778 341										
0399999 Total Cash on Deposit XXX XXX (2 192 530) (1 087 585) 778 341				ļ						
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0399999 Total Cash on Deposit XXX XXX (2 192 530) (1 087 585) 778 341			-	ļ						
0399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) 778.341		·····	+	 						
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0399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) 778.341			-	ļ						
0399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) 778.341			+	 						
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0399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) 778.341			.	ļ	ļ	}	 	 		
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0.399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) 778.341		······								
0.399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) 778.341		······		 						
0.399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) (78.341			†	†						
0399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) (78.341										
0399999 Total Cash on Deposit XXX XXX (2.192.530) (1.087.585) (78.341				ļ		}	 	 		
1 MAN 1 MAN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0399000 T	ntal Cash on Denosit	ууу	ууу		<u> </u>	(2 102 520)	(1 087 585)	(78 3/11)	XXX
0399999 Total Cash on Deposit XXX XXX XXX (2,192,530) (1,087,585) (78,341) 0499999 Cash in Company's Office XXX	0499999 C	ash in Company's Office			ХХХ	ХХХ	(2,132,030)	(1,007,000)	(10,341)	XXX
0599999 Total XXX XXX (2,192,530) (1,087,585) (78,341	0599999 To	otal					(2,192,530)	(1,087,585)	(78,341)	XXX

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8609999999 Total Cash Equivalents

STATEMENT AS OF JUNE 30, 2024 OF THE NORCAL Specialty Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

		Sh	ow Investments C	Owned End of Current Quarter				
1	2	3	4	5	6	7	8	9
			Date	Rate of	Maturity	Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Book/Adjusted Carrying Value	Due & Accrued	During Year
All Other Money Mark	et Mutual Funds	•		•	•		•	-
31846V - 33 - 6	IFIRST AM GOV OBLIG-X		06/30/2024	5.233	ХХХ	2,812,123	14,526	133,841
8309999999 - All	Other Money Market Mutual Funds					2,812,123	14,526	133,841
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133,841



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

Physicians

		ALLUCA	ILDDI			KIIOKIE	,		
		1	2	Direct Los		5	Direct Loss	ses Unpaid	8
		Direct	Direct	3	4	Direct	6	7	Direct Losses
		Premiums	Premiums		Number of	Losses	Amount	Number of	Incurred But
	States, Etc.	Written	Earned	Amount	Claims	Incurred	Reported	Claims	Not Reported
1.	Alabama AL	7 , 400	13,651			12,546	50 , 000	1	(5,809)
2.	Alaska AK.		4,475			(18,503)			2,734
3.	Arizona AZ.		11,355			7 ,575	100,000	1	88,200
4.	Arkansas AR.	15,797	13,989			(11,474)			9,032
5.	California CA		1,210,006	1,184,790	5	2 ,683 ,079	24 , 444 , 064	74	2,953,576
	ColoradoCO.		32,137			(39,696)			19,810
	Connecticut CT.		263			(5,616)			221
	Delaware DE		7,459			(5,962)			4.560
			403			(6,414)			,
	District of Columbia DC.			45.000			000 004		246
	FloridaFL		304,230	15,000	1	(506, 121)	893,001	5	384,820
	Georgia GA.	,	31,491			588 , 107	785,000	4	939,943
12.	Hawaii HI					454,443	1,000,000	1	801,021
13.	IdahoID		3,799			(22,019)			2,379
14.	IllinoisIL	43,375	20,088			(829,248)	1,303,000	3	1,100,076
15.	Indiana IN		5,077			(8,373)			J3, 101
	lowa IA		8.367			(14.531)			5.386
	Kansas KS.					(14,001)			
			9,887	†		(43, 132)			6,345
	KentuckyKY.			ļ			400.000		
	LouisianaLA		8,970			(4,372)	100,000	1	85,975
	Maine ME			ļ		664,938	400,000	ļ1	379,234
	Maryland MD.		265,462	600,000	1	(184,638)	756,002	3	180,753
22.	Massachusetts MA.	3,500	1,750	<u> </u>		11,474	200,005	1	2,086
	Michigan MI		64,995			(11,665)			40.081
	Minnesota MN		353			33,915	500,000	1	(53,827)
	Mississippi		8.020			(7,077)		'	5.159
			2.014			(19,766)			1.229
	Missouri MO								1
	Montana MT.	5,000	1,931			(6,833)			1,178
	Nebraska NE.		8,205			1,474			5,014
29.	Nevada NV.	16,978	20,237			(23,250)			13,024
30.	New Hampshire NH.								
31.	New Jersey NJ		47 , 555			(59,388)			39.863
	New Mexico NM.		122,398			29,009	3.001	1	72,812
	New York		· ·				,0,001	'	
			22,183	65,000			485.000		AC AFC
	North CarolinaNC.		22, 183		1	63,638		1	46 , 156
	North DakotaND.					(353)			
	Ohio OH.		35,659			(60,599)			23,111
	Oklahoma OK.		69,347			(1,244,719)	100 , 000	1	169,243
38.	OregonOR.	9,000	8,567			(5,811)			5,227
	PennsylvaniaPA		13,353			(163,072)	758.000	3	130,350
	Rhode Island RI		62			(6,067)			38
	South Carolina		13.845			124,681	150,000	1	(7,438)
	South Dakota		(4,776)			(7,075)	130 ,000		(1,430)
		(7,500)				(0,5,750)			00 040
	Tennessee TN.		109,021			(95,753)			69,010
	Texas TX		76,694	240,000	2		1,400,502	8	655,050
45.	Utah UT	27 , 500	13,255			(13,866)			8 , 824
46.	VermontVT			ļ		(3,894)			ļ
47.	VirginiaVA	38,652	62,240	35,000	1	(451,073)	7,001	1	63,111
	Washington WA		13,334		L	12,187	205,001	2	(5,498)
	West Virginia WV		2,219			(937)		[1,401
	Wisconsin WI		12,939			(700)			8,282
			526			(4,000)			1
	Wyoming WY					\ ' ' '			321
	American Samoa AS.			ļ					
	Guam GU.								ļ
	Puerto Rico PR.			ļ					ļ
55.	U.S. Virgin IslandsVI								ļ
	Northern Mariana Islands MP.					<u> </u>			<u> </u>
	Canada CAN								
	Aggregate other alien OT.								
1			2 677 025	2 120 700	11	1 100 225	22 620 577	111	0 DEE 440
59.	Totals	1,741,031	2,677,035	2,139,790	11	1,198,335	33,639,577	114	8,255,410
	DETAILS OF WRITE-INS								
E0004									
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58998.	Sum. of remaining write-ins for Line								
	58 from overflow page			ļ					ļ
58999.	Totals (Lines 58001 through 58003								
<u> </u>	plus 58998) (Line 58 above)								



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

Hospitals

			ALLUCA							
Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Numb			1	2			5		ses Unpaid	
Albern					3	1			7	Direct Losses
1. Alabeme AL AK. 3. Alzona AK. 3. Alzona AZ. 4. Altansea AR. 6. Colorado CO. 7. Connoticut CT. 8. Delaware DE DE DE DE DE DE DE DE DE DE DE DE DE		O			l		1	I		
2 Alaska AK			Written	Earned	Amount	Claims	Incurred	Reported	Claims	Not Reported
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	<u></u>	pius 58998) (Line 58 above)				l	I			



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

Other Health Care Professionals

		ALLUC	AIED BA						
		1	2		sses Paid	5	Direct Loss	ses Unpaid	8
		Direct	Direct	3	4	Direct	6	7	Direct Losses
	States, Etc.	Premiums Written	Premiums Earned	Amount	Number of Claims	Losses Incurred	Amount Reported	Number of Claims	Incurred But Not Reported
1	Alabama A		_		Cidillis	(30.847)	Reported		25,827
	Alaska A					9,604	3,001	1	14.751
	Arizona A			650.000	1	2,045,213	1,600,000	2	1,117,004
					1	(10,922)			1 ' '
	Arkansas A						4 440 004		11,022
5.						(1,517,113)	1,118,004	8	252,170
6.		O104,34				(33,241)	3,001	1	59,839
7.	ConnecticutC	T4, 18				8,764			15,415
8.						(4,403)			9,094
9.						2,700			2,946
10.				405,000	5	(246,249)	426,002	5	542,309
	GeorgiaG		2654,733	1,000,000	1	(397,912)			38,978
12.	Hawaii H	II23 , 45	5914,087			(5,330)			9,335
13.				l		(731)	3,001	1	18,853
14.	IllinoisIL			ļ		368,492	1,000,000	1	856,008
15.						855			15,227
	lowa					(782)			3,363
	Kansas K					(729)			663
	Kentucky K					(32,464)			22,359
						(32,404)	100.000	1	1
	LouisianaL						100,000		
	Maine N					682			1,455
	MarylandN	1D 59,37				(113,848)			24,423
	Massachusetts N			150,000	1	99,498	300,000	1	27 , 483
	Michigan M					370,069	615,005	9	97,606
	Minnesota M					(1,799)			4,254
25.	Mississippi N	1 S 24,5′				318,012	700,000	1	565,566
26.	Missouri M	1043,23	3259,841			(31,627)	3,001	1	41,945
	Montana M			ļ		46,300	35,001	2	40,878
	Nebraska N			l		(163, 101)	,		6,367
	Nevada N					(34,285)	3,001	1	22.140
	New Hampshire N					(04,200)			
	New Jersey N					(20,116)	5.001	1	92.960
						(1,672,984)		ا	,
	New Mexico N					1 ' '	405,001	Z	(47,733)
	New York N			-					ļ
	North CarolinaN					(414)	3,001	1	28,977
	North DakotaN					(1,273)			4,302
36.	Ohio C					(6,474)	15,003	3	85,355
37.	Oklahoma C	ο κ 61,28	3349,521			730,630	1,300,000	3	960,766
38.	OregonC	DR14,5°	16,212			(7, 195)			13,165
39.	=	A	23,011			(682)			14,677
40.	Rhode IslandR					<u> </u>			ĺ
	South Carolina S					(15,117)			22.784
	South Dakota S					(807)			1
	Tennessee T		5188,314			24,791	650.000	3	278,517
1		X		1.450.000	3		2.586.003	11	1
				1,430,000		, ,	2,300,003	!!	, , ,
	Utah U		, '			(28,891)			34,644
	VermontV	147.20		†		/47 000			00 544
	VirginiaV					(17,398)			86,511
	Washington V					(25,321)			19,984
	West VirginiaV					50			5,562
50.	Wisconsin V					3,306			8,739
51.	Wyoming W	vy15,47	'96,363			(770)			4,068
52.	American Samoa A	.s				<u> </u>			<u> </u>
	GuamG								<u> </u>
	Puerto Rico P								l
	U.S. Virgin IslandsV								
56	Northern Mariana Islands N	1P		1		1			1
	Canada C			1					İ
1		I		·					†
1	Aggregate other alien C		0 0 504 705	2 055 000		4 744 050	40 070 000		0.700.004
59.	Totals	2,951,25	58 2,561,785	3,655,000	11	1,744,859	10,873,026	59	6,732,664
58001 58002		1							
1									
	. Sum. of remaining write-ins for Lii			1	•	[1
Posso	58 from overflow page		1						1
				· p· · · · · · · · · · · · · · · · · ·		·			4
58999	. Totals (Lines 58001 through 5800	13							



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

Other Health Care Facilities

		ALLUCA							
		1	2		sses Paid	_ 5	Direct Loss	ses Unpaid	8
		Direct	Direct	3	4	Direct	6	7 Number of	Direct Losses
	States, Etc.	Premiums Written	Premiums Earned	Amount	Number of Claims	Losses Incurred	Amount Reported	Number of Claims	Incurred But Not Reported
1	Alabama AL	vviitteri	Larrieu	Amount	Ciairis	incurred	Reported	Ciaiiiis	Not Reported
	Alaska AK								·
	Arizona								1
	Arkansas								1
	California								1
	Colorado								1
	Connecticut CT				· · · · · · · · · · · · · · · · · · ·				·
	Delaware DE								·
	District of Columbia								-
	FloridaFL								
	Georgia GA								·
	Hawaii HI				†				·
	IdahoID								·
	Illinois IL				İ				·
	Indiana IN				İ				
									·
	lowa IA					·····			+
					·····				·
	Kentucky KY			t	†	ļ			†
	Louisiana LA			·	·····	<u> </u>			†
	Maine ME				l	·····			†
	Maryland			ł	<u> </u>	ļ			†
	Massachusetts MA.								
	Michigan MI								·
	Minnesota MN.				·····				
	Mississippi								
	Missouri MO.				·····				·
	Montana MT				ł	ł			
	NebraskaNE			ļ	·····	·····			
	Nevada NV								·
	New HampshireNH								
	New Jersey NJ								
	New Mexico NM								
	New York NY								
	North CarolinaNC								
35.	North DakotaND								
	Ohio OH								
37.	Oklahoma OK								
	Oregon OR								
39.	PennsylvaniaPA					61,205	80 , 000	1	54,851
40.	Rhode Island RI					ļ			
41.	South Carolina SC								
42.	South Dakota SD								
	Tennessee TN								
44.	Texas TX					l			<u> </u>
	Utah UT	i							
	Vermont VT								
1	VirginiaVA								
1	Washington WA.	I							
	West Virginia WV.	1							1
	Wisconsin WI	1							
	Wyoming WY								
	American Samoa	1							<u> </u>
	Guam GU.	1							
1	Puerto Rico PR	i			T				1
1	U.S. Virgin IslandsVI	1			Ī				1
1	Northern Mariana Islands MP	1		1		[1
	Canada CAN	1		1	1	[1
1	Aggregate other alien OT	1		1	1				1
1	Totals					61,205	80,000	1	54,851
	DETAILS OF WRITE-INS					01,200	00,000		01,001
58002.									
1				ļ	ļ	ļ			.
	Sum. of remaining write-ins for Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								