



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

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

NORCAL Specialty Insurance Company

NAIC Group Code 02698 02698 NAIC Company Code 35114 Employer's ID Number 23-2005656
(Current Period) (Prior Period)

Organized under the Laws of Texas, State of Domicile or Port of Entry Texas
Country of Domicile United States

Incorporated/Organized 06/30/1976 Commenced Business 01/01/1978

Statutory Home Office 7600 N CAPITAL OF TX HWY, BLDG B SUITE 300 AUSTIN, TX, US 78731
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 100 STERLING PARKWAY, SUITE 205 MECHANICSBURG, PA, US 17050 844-466-7225
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO BOX 2080 MECHANICSBURG, PA, US 17055
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 STERLING PARKWAY, SUITE 205 MECHANICSBURG, PA, US 17050 844-466-7225
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.norcal-group.com

Statutory Statement Contact ELAINE MARIE SPARKS 615-301-1445
(Name) (Area Code) (Telephone Number) (Extension)

financialfilings@proassurance.com 615-324-9169
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>KAREN MARIE MURPHY</u>	<u>PRESIDENT & CEO</u>	<u>DANA SHANNON HENDRICKS</u>	<u>TREASURER & CHIEF FINANCIAL OFFICER</u>
<u>KATHRYN ANNE NEVILLE</u>	<u>SECRETARY</u>		

OTHER OFFICERS

<u>LAWRENCE KERRY COCHRAN</u>	<u>VICE PRESIDENT</u>	<u>ROBERT DAVID FRANCIS</u>	<u>EXECUTIVE VICE PRESIDENT</u>
<u>JEFFREY PATTON LIENBY</u>	<u>ASSISTANT TREASURER & ASSISTANT SECRETARY</u>	<u>DENNIS ALLEN MEISEL</u>	<u>SENIOR VICE PRESIDENT FINANCE & CONTROLLER</u>
<u>RACHEL REGA PAULSON</u>	<u>ASSISTANT SECRETARY</u>	<u>EDWARD LEWIS RAND JR.</u>	<u>CHAIRMAN</u>

DIRECTORS OR TRUSTEES

<u>JEFFREY PATTON LIENBY</u>	<u>DENNIS ALLEN MEISEL</u>	<u>KAREN MARIE MURPHY</u>	<u>KATHRYN ANNE NEVILLE</u>
<u>EDWARD LEWIS RAND JR.</u>	<u>CYNTHIA HOUSER SKLAR #</u>	<u>KEVIN MERRICK SHOOK</u>	

State of ALABAMA

County of JEFFERSON ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

KAREN MARIE MURPHY
PRESIDENT & CEO

DANA SHANNON HENDRICKS
TREASURER & CHIEF FINANCIAL OFFICER

KATHRYN ANNE NEVILLE
SECRETARY

a. Is this an original filing? Yes [X] No []

Subscribed and sworn to before me this 8th day of NOVEMBER, 2024

b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Jean H. Noojin

JEAN H. NOOJIN
Notary Public
Alabama State at Large
My Commission Expires April 22, 2025



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<u>RACHEL REGA PAULSON</u>	<u>ASSISTANT SECRETARY</u>	<u>EDWARD LEWIS RAND JR.</u>	<u>CHAIRMAN</u>

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<u>EDWARD LEWIS RAND JR.</u>	<u>CYNTHIA HOUSER SKLAR #</u>	<u>KEVIN MERRICK SHOOK</u>	

State of VIRGINIA
County of FAIRFAX ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

KAREN MARIE MURPHY
PRESIDENT & CEO

DANA SHANNON HENDRICKS
TREASURER & CHIEF FINANCIAL OFFICER

KATHRYN ANNE NEVILLE
SECRETARY

a. Is this an original filing? Yes [X] No []

Subscribed and sworn to before me this 7th day of NOVEMBER, 2024

b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Abril V Gonzalez Baleon

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

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	54,584,625		54,584,625	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 (\$(504,858)), cash equivalents (\$297,030) and short-term investments (\$0).....	(207,828)		(207,828)	4,879,753
6. Contract loans (including \$0 premium notes).....				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	54,376,797		54,376,797	55,889,796
13. Title plants less \$0 charged off (for Title insurers only).....				
14. Investment income due and accrued	323,466		323,466	350,072
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	543,892	417,787	126,105	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums).....	134,066		134,066	1,000,371
15.3 Accrued retrospective premiums (\$346,970) and contracts subject to redetermination (\$0).....	346,970	34,697	312,273	312,273
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	4,272,469		4,272,469	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				
18.2 Net deferred tax asset.....	230,214		230,214	298,230
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$0).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	165,143		165,143	507,761
24. Health care (\$0) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	60,393,017	452,484	59,940,533	64,161,094
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27)	60,393,017	452,484	59,940,533	64,161,094
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
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				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$0)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	4,899,292	4,899,292
4. Commissions payable, contingent commissions and other similar charges	20,463	
5. Other expenses (excluding taxes, licenses and fees)	199,057	150,349
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	83,396	83,396
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	630,017	351,099
7.2 Net deferred tax liability		
8. Borrowed money \$0 and interest thereon \$0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$4,076,290 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium	272,280	241
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	1,733,823	2,435,709
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$0 certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	692,988	864,065
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$0 and interest thereon \$0		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	8,531,316	8,784,151
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	8,531,316	8,784,151
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	5,100,000	5,100,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	27,395,886	27,395,886
35. Unassigned funds (surplus)	18,913,331	22,881,057
36. Less treasury stock, at cost:		
36.10 shares common (value included in Line 30 \$0)		
36.20 shares preferred (value included in Line 31 \$0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	51,409,217	55,376,943
38. Totals (Page 2, Line 28, Col. 3)	59,940,533	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.		
3203.		
3298. 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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 6,704,748)	7,836,455	8,401,807	10,930,315
1.2 Assumed (written \$ 0)			
1.3 Ceded (written \$ 6,704,748)	7,836,455	8,401,807	10,930,315
1.4 Net (written \$ 0)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct	4,502,556	5,406,350	7,010,745
2.2 Assumed			
2.3 Ceded	4,502,556	5,406,350	7,010,745
2.4 Net			
3. Loss adjustment expenses incurred	535,446	604,930	706,071
4. Other underwriting expenses incurred	(533,928)	(729,607)	(831,049)
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	1,518	(124,677)	(124,978)
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(1,518)	124,677	124,978
INVESTMENT INCOME			
9. Net investment income earned	1,586,404	1,281,770	1,775,623
10. Net realized capital gains (losses) less capital gains tax of \$ 0			
11. Net investment gain (loss) (Lines 9 + 10)	1,586,404	1,281,770	1,775,623
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)		(123,969)	(123,969)
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	1,518	(708)	(1,010)
15. Total other income (Lines 12 through 14)	1,518	(124,677)	(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)	1,586,404	1,281,770	1,775,622
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,586,404	1,281,770	1,775,622
19. Federal and foreign income taxes incurred	278,918	257,374	351,071
20. Net income (Line 18 minus Line 19)(to Line 22)	1,307,486	1,024,396	1,424,551
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	55,376,942	52,219,613	52,219,613
22. Net income (from Line 20)	1,307,486	1,024,396	1,424,551
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 2,816	45,584	(16,511)	55,000
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(113,956)	(472,654)	(477,124)
27. Change in nonadmitted assets	330,855	2,152,586	2,154,902
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders	(5,537,694)		
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	(3,967,725)	2,687,817	3,157,329
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	51,409,217	54,907,430	55,376,942
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401. Miscellaneous (Expense) Income	1,518	(708)	(1,010)
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	1,518	(708)	(1,010)
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	612,915	2,127,297	1,789,970
2. Net investment income	1,412,811	1,356,884	1,839,590
3. Miscellaneous income	1,518	(124,677)	(124,978)
4. Total (Lines 1 to 3)	2,027,244	3,359,504	3,504,582
5. Benefit and loss related payments	(1,530,122)	(6,010,121)	(3,463,648)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions	(218,728)	3,215,167	3,213,446
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses).....			286,613
10. Total (Lines 5 through 9)	(1,748,850)	(2,794,954)	36,411
11. Net cash from operations (Line 4 minus Line 10)	3,776,094	6,154,458	3,468,171
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	8,636,483	7,611,297	13,258,234
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)	8,636,483	7,611,297	13,258,234
13. Cost of investments acquired (long-term only):			
13.1 Bonds	11,962,466	7,072,218	13,392,152
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	11,962,466	7,072,218	13,392,152
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,325,983)	539,079	(133,918)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders	5,537,694		
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(5,537,694)		
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)	(5,087,583)	6,693,537	3,334,253
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,879,755	1,545,502	1,545,502
19.2 End of period (Line 18 plus Line 19.1)	(207,828)	8,239,039	4,879,755

NOTES TO FINANCIAL STATEMENTS

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.

	SSAP #	F/S Page	F/S Line #	Year-to-date period ended	
				September 30, 2024	December 31, 2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 1,307,486	\$ 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:				—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,307,486	\$ 1,424,551
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 51,409,217	\$ 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:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 51,409,217	\$ 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.

NOTES TO FINANCIAL STATEMENTS

Note 5 - Investments

- A. Mortgage loans, including mezzanine real estate loans - None.
- B. Debt restructuring - None.
- C. Reverse mortgages - None.
- D. Loan-backed securities - None.
- 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)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						Current Year				
	Current Year					6	7	8	9	Percentage	
	1	2	3	4	5					10	11
	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)
a. 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 agreements	—	—	—	—	—	—	—	\$ —	— %	— %	
e. Subject to dollar repurchase agreements	—	—	—	—	—	—	—	\$ —	— %	— %	
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—	\$ —	— %	— %	
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	2,747,027	—	—	—	2,747,027	5,253,794	(2,506,767)	—	\$2,747,027	4.5 %	4.6 %
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—	\$ —	— %	— %	
l. 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	\$2,747,027	\$ —	\$ —	\$ —	\$2,747,027	\$5,253,794	\$(2,506,767)	\$ —	\$2,747,027	4.5 %	4.6 %

(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.

NOTES TO FINANCIAL STATEMENTS

- 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.

Interest Income Due and Accrued	<u>Amount</u>
1. Gross	\$ 323,466
2. Nonadmitted	\$ —
3. Admitted	\$ 323,466

- 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.

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes

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

	9/30/2024			12/31/2023			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
1. Change between years by tax character									
(a) Gross Deferred Tax Assets	\$ 310,965	\$ —	\$ 310,965	\$ 380,959	\$ 7,348	\$ 388,307	\$ (69,994)	\$ (7,348)	\$ (77,342)
(b) Statutory Valuation Allowance Adjustments	—	—	—	—	7,348	7,348	—	(7,348)	(7,348)
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	310,965	—	310,965	380,959	—	380,959	(69,994)	—	(69,994)
(d) Deferred Tax Assets Nonadmitted	—	—	—	48,756	—	48,756	(48,756)	—	(48,756)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	310,965	—	310,965	332,203	—	332,203	(21,238)	—	(21,238)
(f) Deferred Tax Liabilities	77,935	2,816	80,751	33,973	—	33,973	43,962	2,816	46,778
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e-1f)	\$ 233,030	\$ (2,816)	\$ 230,214	\$ 298,230	\$ —	\$ 298,230	\$ (65,200)	\$ (2,816)	\$ (68,016)

	9/30/2024			12/31/2023			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
2. Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 225,578	\$ —	\$ 225,578	\$ —	\$ —	\$ —	\$ 225,578	\$ —	\$ 225,578
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Lesser of 2(b)1 and 2(b)2 Below)	\$ 15,689	\$ —	\$ 15,689	\$ 298,229	\$ —	\$ 298,229	\$ (282,540)	\$ —	\$ (282,540)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date	\$ 15,689	\$ —	\$ 15,689	\$ 298,229	\$ —	\$ 298,229	\$ (282,540)	\$ —	\$ (282,540)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 7,674,355	XXX	XXX	\$ 8,261,807	XXX	XXX	\$ (587,452)
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	\$ 69,698	\$ —	\$ 69,698	\$ 33,973	\$ —	\$ 33,973	\$ 35,725	\$ —	\$ 35,725
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101	\$ 310,965	\$ —	\$ 310,965	\$ 332,202	\$ —	\$ 332,202	\$ (21,237)	\$ —	\$ (21,237)

3. Ratio used as basis of admissibility

	9/30/2024	12/31/2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	6,250 %	6,729 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	\$ 51,162,369	\$ 55,078,713

4. Impact of tax-planning strategies

	9/30/2024		12/31/2023		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1 Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 310,965	\$ —	\$ 380,959	\$ —	\$ (69,994)	\$ —
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)	310,965	—	332,203	—	(21,238)	—
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.

NOTES TO FINANCIAL STATEMENTS

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

	(1) 9/30/2024	(2) 12/31/2023	(3) (Col 1-2) Change
1 Current Income Tax			
(a) Federal	\$ 278,918	\$ 351,098	\$ (72,180)
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	278,918	351,098	(72,180)
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	(27)	27
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 278,918	\$ 351,071	\$ (72,153)
2 Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 76,021	\$ 76,022	\$ (1)
(2) Unearned premium reserve	11,436	10	11,426
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	83	243	(160)
(8) Compensation and benefits accrual	37,391	27,909	9,482
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	87,735	127,037	(39,302)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	98,299	149,738	(51,439)
(99) Subtotal (sum of 2a1 through 2a13)	310,965	380,959	(69,994)
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	48,756	(48,756)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	310,965	332,203	(21,238)
(e) Capital			
(1) Investments	—	7,348	(7,348)
(99) Subtotal (2e1+2e2+2e3+2e4)	—	7,348	(7,348)
(f) Statutory valuation allowance adjustment	—	7,348	(7,348)
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	\$ 310,965	\$ 332,203	\$ (21,238)
3 Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 76,222	\$ 27,123	\$ 49,099
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	1,713	6,850	(5,137)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	77,935	33,973	43,962
(b) Capital			
(1) Investments	2,816	—	2,816
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	2,816	—	2,816
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 80,751	\$ 33,973	\$ 46,778
4 Net deferred tax assets/liabilities (2i - 3c)	\$ 230,214	\$ 298,230	\$ (68,016)
	9/30/2024	12/31/2023	Change
Total deferred tax assets	\$ 310,965	\$ 380,959	\$ (69,994)
Total deferred tax liabilities	80,751	33,973	46,778
Net deferred tax asset	230,214	346,986	(116,772)
Merged deferred tax balances	—	—	—
Tax effect of unrealized [(gains)/losses]	(2,816)	—	(2,816)
Change in net deferred income tax [(charge)/benefit]	\$ 233,030	\$ 346,986	\$ (113,956)

NOTES TO FINANCIAL STATEMENTS

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

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

	September 30, 2024		
	Amount	Tax Effect	Effective Tax Rate
Provision computed at statutory rate	\$ 1,586,404	\$ 333,145	21.0 %
Change in statutory valuation allowance	—	—	— %
Change in nonadmitted assets	—	59,240	3.7 %
Other	2,330	489	0.1 %
Totals	<u>\$ 1,588,734</u>	<u>\$ 392,874</u>	<u>24.8 %</u>
Federal income taxes incurred [expense/(benefit)]		\$ 278,918	17.6 %
Tax on gains/(losses)		—	— %
Change in net deferred income tax [charge/(benefit)]		113,956	7.2 %
Total statutory income taxes		<u>\$ 392,874</u>	<u>24.8 %</u>

E. Operating loss and tax credit carryforwards and protective tax deposits

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

September 30, 2024	\$	278,918
December 31, 2023	\$	—

- The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated federal income tax return

- 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.
- 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)

- The Act was enacted on August 16, 2022.
- 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.
- 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

NOTES TO FINANCIAL STATEMENTS

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.

Effective July 18, 2024, affiliate FD Insurance Company was redomiciled from Florida to Alabama. The change is reflected on the organizational chart.

- 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:

	September 30, 2024	December 31, 2023
ProAssurance Specialty Insurance Company	\$ 165,143	\$ 8,439
NORCAL Insurance Company	—	499,322
Subtotal: due from affiliates	\$ 165,143	\$ 507,761
ProAssurance Corporation	(10,662)	(21,057)
ProAssurance Indemnity Company, Inc.	(335,438)	(843,008)
NORCAL Insurance Company	(346,888)	—
Subtotal: due to affiliates	\$ (692,988)	\$ (864,065)
Total due to affiliates	\$ (527,845)	\$ (356,304)

Affiliate balances are normally settled in the succeeding month.

The ceded reinsurance agreement with NORCAL resulted in a net receivable of \$2,538,645 and \$3,366,882 as of September 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.

NOTES TO FINANCIAL STATEMENTS

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

On September 5, 2024, the Company's Board of Directors declared an ordinary dividend of \$5,537,694 payable in cash to its parent, NORCAL Insurance Company. The dividend was paid on September 30, 2024.

E. Amount of ordinary dividends that may be paid

After payment of the ordinary dividend, no further dividends may be paid in 2024 without the prior approval of the Texas Department of Insurance.

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 \$13,408.

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.

NOTES TO FINANCIAL STATEMENTS

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:

(1)	September 30, 2024					Total
	(2)	(3)	(4)	(5)		
Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)		
a. Assets at fair value						
Bonds	\$ 1,854,050	\$ —	\$ —	\$ —	\$ —	\$ 1,854,050
Cash equivalents	297,030	—	—	—	—	297,030
Total assets at fair value/NAV	<u>\$ 2,151,080</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 2,151,080</u>
b. Liabilities at fair value	—	—	—	—	—	—
Total liabilities at fair value	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

(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.

NOTES TO FINANCIAL STATEMENTS

(5) Fair value of derivative assets and liabilities - None.

B. Additional fair value disclosures - None.

C. Fair values of financial instruments

September 30, 2024

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 53,225,748	\$ 54,584,625	\$ 1,854,050	\$ 51,371,698	\$ —	\$ —	\$ —
Cash equivalents	297,030	297,030	297,030	—	—	—	—

December 31, 2023

Type of Financial Instrument	Aggregate 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-

NOTES TO FINANCIAL STATEMENTS

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 September 30, 2024, the Company had admitted assets of \$126,105 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.

NOTES TO FINANCIAL STATEMENTS

Note 22 - Events Subsequent

Subsequent events have been considered through November 7, 2024 for the statutory statement filed on or before November 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)	Assumed Reinsurance		Ceded Reinsurance		Net	
	Unearned Premium	Commission Equity	Unearned Premium	Commission Equity	Unearned Premium	Commission Equity
a. Affiliates	\$ —	\$ —	\$ 4,076,290	\$ —	\$ (4,076,290)	\$ —
b. All other	—	—	—	—	—	—
c. Total	\$ —	\$ —	\$ 4,076,290	\$ —	\$ (4,076,290)	\$ —
d. Direct Unearned Premium Reserve:			\$ 4,076,290			

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.

I. Certified reinsurer rating downgraded or status subject to revocation - None.

J. Reinsurance agreements qualifying for reinsurer aggregation - None.

K. Reinsurance credit - None.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. 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 nine months ended September 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.

NOTES TO FINANCIAL STATEMENTS

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 nine months ended September 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 transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
The Company org chart was amended to reflect affiliate FD Insurance Company's state of domicile as Alabama. See Note 10.A....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....0001127703
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2020
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).04/19/2022
- 6.4 By what department or departments?
TEXAS DEPARTMENT OF INSURANCE.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

GENERAL INTERROGATORIES

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page	\$

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
US BANK	2204 LAKESHORE DRIVE, SUITE 302, BIRMINGHAM, AL 35209

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
CALAMOS ADVISORS LLC	U
LAWRENCE COCHRAN	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105758	CALAMOS ADVISORS LLC	54300B31HSTB1V60G26	SEC	NO

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the 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 entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes No NA
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes No
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes No
 3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes No

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
TOTAL										

5. Operating Percentages:
 5.1 A&H loss percent %
 5.2 A&H cost containment percent %
 5.3 A&H expense percent excluding cost containment expenses %
 6.1 Do you act as a custodian for health savings accounts?..... Yes No
 6.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
 6.3 Do you act as an administrator for health savings accounts?..... Yes No
 6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$
 7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes No
 7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes No

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
NONE						

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date – Allocated by States and Territories

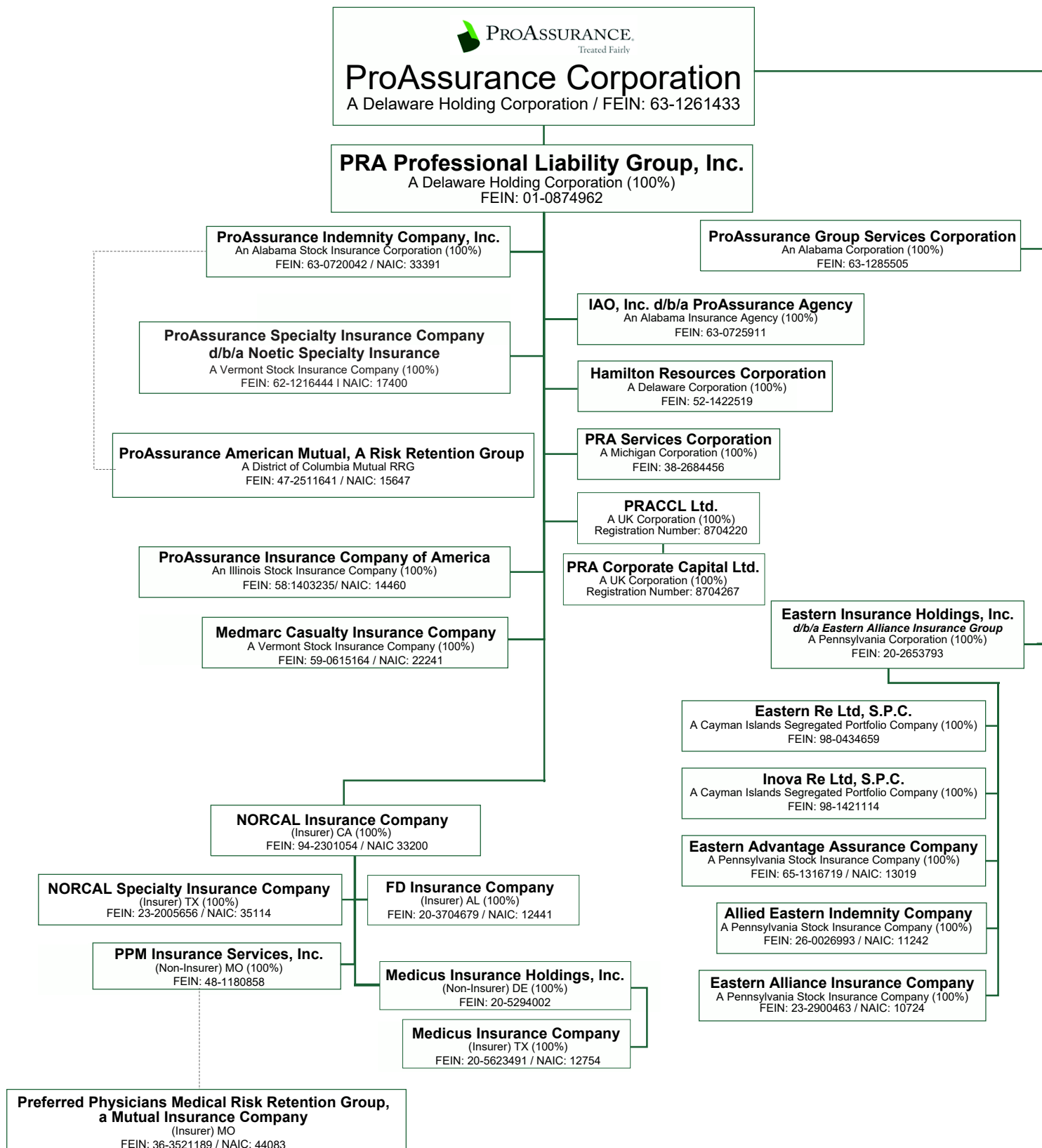
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	E	75,995	99,543			58,435	263,942
2. Alaska	AK	E	8,652	2,876			27,412	51,370
3. Arizona	AZ	E	176,699	195,169	650,000	300,000	3,521,480	863,552
4. Arkansas	AR	E	59,346	53,123			32,408	77,237
5. California	CA	E	761,521	670,321	1,940,500	3,238,357	25,944,354	28,165,862
6. Colorado	CO	E	150,130	200,709	90,000	40,000	436,718	460,881
7. Connecticut	CT	E	13,183	9,750			17,444	18,767
8. Delaware	DE	E	29,500	36,000			19,375	31,175
9. Dist. Columbia	DC	E	10,500	10,500			4,804	9,521
10. Florida	FL	E	1,563,949	1,301,855	570,000	845,000	2,217,372	3,925,828
11. Georgia	GA	E	124,822	126,674	1,250,000	135,000	907,042	2,911,540
12. Hawaii	HI	E	26,532	19,531			2,144,600	1,341,036
13. Idaho	ID	E	20,952	53,408		15,000	31,681	108,555
14. Illinois	IL	E	229,166	184,736		88,341	5,016,228	3,539,729
15. Indiana	IN	E	49,040	29,287			27,159	45,864
16. Iowa	IA	E	23,308	26,250			13,998	114,687
17. Kansas	KS	E	2,180	2,180			998	1,497
18. Kentucky	KY	E	64,830	134,273		30,000	42,059	231,054
19. Louisiana	LA	E	20,576	19,807			358,872	198,085
20. Maine	ME	E	11,726	1,367			964,328	43,118
21. Maryland	MD	E	412,381	619,870	600,000		952,605	3,059,936
22. Massachusetts	MA	E	30,451	16,374	150,000		495,840	260,247
23. Michigan	MI	E	166,654	186,578		450,000	742,100	687,003
24. Minnesota	MN	E	14,040	9,500	900,000		7,816	125,914
25. Mississippi	MS	E	44,287	40,674		200,000	1,508,492	780,847
26. Missouri	MO	E	111,341	127,652		540,000	67,150	906,521
27. Montana	MT	E	39,338	11,072			84,810	53,736
28. Nebraska	NE	E	2,600	34,700			18,804	595,916
29. Nevada	NV	E	101,943	78,015		75,000	57,263	475,959
30. New Hampshire	NH	E						
31. New Jersey	NJ	E	55,062	36,500			171,465	371,376
32. New Mexico	NM	E	197,962	190,962	97,500	262,500	365,555	1,057,244
33. New York	NY	E						
34. No. Carolina	NC	E	74,501	88,738	65,000	950,000	525,694	958,594
35. No. Dakota	ND	E	6,000	9,000			5,753	8,150
36. Ohio	OH	E	219,067	245,831		1,900,000	162,544	1,151,423
37. Oklahoma	OK	E	227,863	179,099	1,000,000		548,845	2,404,636
38. Oregon	OR	E	27,432	29,942			27,554	44,325
39. Pennsylvania	PA	E	69,042	61,413		500,000	1,075,023	1,503,436
40. Rhode Island	RI	E	(1,965)	7,500			(851)	13,600
41. So. Carolina	SC	E	71,713	65,622			192,002	137,961
42. So. Dakota	SD	E	(7,500)	13,550			(2,918)	6,609
43. Tennessee	TN	E	204,764	378,562		40,000	1,669,524	1,729,651
44. Texas	TX	D	702,138	697,378	1,930,000	229,361	6,247,256	5,113,734
45. Utah	UT	E	115,411	106,856			66,119	147,533
46. Vermont	VT	E						6,863
47. Virginia	VA	E	261,900	256,483	35,000		604,058	738,241
48. Washington	WA	E	51,620	81,291			223,487	264,938
49. West Virginia	WV	E	25,316	9,558			12,339	10,946
50. Wisconsin	WI	E	40,801	27,500			27,940	9,150
51. Wyoming	WY	E	17,979	13,015			7,428	26,513
52. American Samoa	AS	N						
53. Guam	GU	N						
54. Puerto Rico	PR	N						
55. U.S. Virgin Islands	VI	N						
56. Northern Mariana Islands	MP	N						
57. Canada	CAN	N						
58. Aggregate Other Alien	OT	XXX						
59. Totals	XXX		6,704,748	6,800,594	9,278,000	9,838,559	57,650,464	65,054,302
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page.	XXX						
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX						

(a) Active Status Counts

- | | |
|--|---|
| 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG | 4. Q – Qualified – Qualified or accredited reinsurer |
| 2. R – Registered – Non-domiciled RRGs | 5. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile |
| 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLII) | 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



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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	63-1261433		0001127703	New York Stock Exchange	ProAssurance Corporation	DE	UIP		Board, Other			NO	
00000		00000	01-0874962				PRA Professional Liability Group, Inc	DE	UIP	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	NO	2
02698	ProAssurance Corp Group	14460	58-1403235				ProAssurance Insurance Company of America	IL	IA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	33391	63-0720042				ProAssurance Indemnity Company, Inc	AL	IA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	63-0725911				IAO, Inc. d/b/a ProAssurance Agency	AL	NIA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	38-2684456				PRA Services Corporation	MI	NIA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	63-1285505				ProAssurance Group Services Corporation	AL	NIA	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	22241	59-0615164				Medmarc Casualty Insurance Company	VT	IA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	17400	62-1216444				ProAssurance Specialty Insurance Company d/b/a Noetic Specialty Insurance	VT	IA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	2
00000		00000	52-1422519				Hamilton Resources Corporation	DE	NIA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	00-0000000				PRACCL Ltd	GBR	NIA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	00-0000000				PRA Corporate Capital Ltd	GBR	OTH	PRACCL Ltd	Ownership	100.0	ProAssurance Corporation	NO	1
00000		00000	20-2653793				Eastern Insurance Holdings, Inc	PA	NIA	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	98-0434659				Eastern Re Ltd, S.P.C	CYM	IA	Eastern Insurance Holdings, Inc	Ownership	100.0	ProAssurance Corporation	NO	
00000		00000	98-1421114				Inova Re Ltd, S.P.C	CYM	IA	Eastern Insurance Holdings, Inc	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	13019	65-1316719				Eastern Advantage Assurance Company	PA	IA	Eastern Insurance Holdings, Inc	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	10724	23-2900463				Eastern Alliance Insurance Company	PA	IA	Eastern Insurance Holdings, Inc	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	11242	26-0026993				Allied Eastern Indemnity Company	PA	IA	Eastern Insurance Holdings, Inc	Ownership	100.0	ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	15647	47-2511641				ProAssurance American Mutual, A Risk Retention Group	DC	IA	ProAssurance Indemnity Company, Inc	Management, Other		ProAssurance Corporation	NO	
02698	ProAssurance Corp Group	33200	94-2301054				NORCAL Insurance Company	CA	UDP	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	2
02698	ProAssurance Corp Group	35114	23-2005656				NORCAL Specialty Insurance Company	TX	RE	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	NO	2
02698	ProAssurance Corp Group	12441	20-3704679				FD Insurance Company	AL	IA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	NO	2
00000		00000	20-5294002				Medicus Insurance Holdings, Inc	DE	NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	YES	2

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
02698	ProAssurance Corp Group	12754	20-5623491				Medicus Insurance Company	.TX	.IA	Medicus Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	NO	2
00000		00000	48-1180858				PPM Insurance Services, Inc	.MO	.NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	YES	2
02698	ProAssurance Corp Group	44083	36-3521189				Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company	.MO	.IA	PPM Insurance Services, Inc.	Management, Other		ProAssurance Corporation	NO	2

12.1

Asterisk	Explanation
1	Corporate Member - Lloyd's of London (Syndicate 1729 and Syndicate 6131)
2	See Note 10

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
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				
10. Financial guaranty				
11.1 Medical professional liability -occurrence	2,192,817	1,567,864	71.5	77.1
11.2 Medical professional liability -claims made	5,643,638	2,934,692	52.0	59.5
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 Disability income				
15.4 Medicare supplement				
15.5 Medicaid Title XIX				
15.6 Medicare Title XVIII				
15.7 Long-term care				
15.8 Federal employees health benefits plan				
15.9 Other health				
16. Workers' compensation				
17.1 Other liability-occurrence				
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				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. TOTALS	7,836,455	4,502,556	57.5	64.3
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year 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			
10.	Financial guaranty			
11.1	Medical professional liability-occurrence	762,418	2,092,554	2,172,478
11.2	Medical professional liability-claims made	1,250,041	4,612,194	4,628,116
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	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			
17.2	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			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business			
35.	TOTALS	2,012,459	6,704,748	6,800,594
DETAILS OF WRITE-INS				
3401.			
3402.			
3403.			
3498.	Sum. of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)			

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

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	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		196	196			3,063	3,063			
2. 2022		1,041	1,041		81	81			960	960			
3. Subtotals 2022 + prior		4,300	4,300		277	277			4,023	4,023			
4. 2023		600	600		149	149			451	451			
5. Subtotals 2023 + prior		4,900	4,900		426	426			4,474	4,474			
6. 2024	XXX	XXX	XXX	XXX	109	109	XXX		427	427	XXX	XXX	XXX
7. Totals		4,900	4,900		535	535			4,901	4,901			
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
													4.

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.

- | | <u>Response</u> |
|--|-----------------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? |NO..... |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? |YES..... |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? |NO..... |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? |NO..... |

AUGUST FILING

- | | |
|---|---------------|
| 5. 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. |N/A..... |
|---|---------------|

Explanation:

Bar Code:

- | | |
|----|--|
| 1. | 
3 5 1 1 4 2 0 2 4 4 9 0 0 0 0 0 3 |
| 3. | 
3 5 1 1 4 2 0 2 4 3 6 5 0 0 0 0 3 |
| 4. | 
3 5 1 1 4 2 0 2 4 5 0 5 0 0 0 0 3 |

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	51,010,043	50,867,209
2. Cost of bonds and stocks acquired	11,962,465	13,392,152
3. Accrual of discount	274,775	88,151
4. Unrealized valuation increase/(decrease)	48,400	55,000
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	8,636,482	13,258,234
7. Deduct amortization of premium	74,576	134,235
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	54,584,625	51,010,043
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	54,584,625	51,010,043

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

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

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).....	45,230,028	3,246,947	2,633,969	75,773	45,105,255	45,230,028	45,918,779	43,655,799
2. NAIC 2 (a).....	8,284,687	321,227		59,932	7,269,215	8,284,687	8,665,846	7,678,887
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds	53,514,715	3,568,174	2,633,969	135,705	52,374,470	53,514,715	54,584,625	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	53,514,715	3,568,174	2,633,969	135,705	52,374,470	53,514,715	54,584,625	51,334,686

(a) Book/Adjusted 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 \$

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SCHEDULE DA - PART 1

Short-Term Investments

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

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	324,643	
2. Cost of short-term investments acquired		324,643
3. Accrual of discount	357	
4. Unrealized valuation increase/(decrease).....		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	325,000	
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		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
1. Book/adjusted carrying value, December 31 of prior year.....	4,978,061	1,383,273
2. Cost of cash equivalents acquired	297,030	4,978,061
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals	4,978,061	1,383,273
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	297,030	4,978,061
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	297,030	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 SEPTEMBER 30, 2024 OF THE NORCAL Specialty Insurance Company

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
143321-KW-6	CITY OF CARMEL INDIANA		.07/19/2024	STIFEL NICOLAUS & CO.	XXX	575,000	575,000		1.C FE
45203M-E2-3	ILLINOIS HOUSING DEVELOPMENT AUTHORITY		.07/31/2024	BANK AMERICA	XXX	500,000	500,000		1.A FE
60416U-HQ-1	MINNESOTA HOUSING FINANCE AGENCY		.07/31/2024	RBC CAPITAL MARKETS SECURITIES	XXX	400,000	400,000		1.B FE
60637G-DS-5	MISSOURI HOUSING DEVELOPMENT COMMISSION		.07/17/2024	RAYMOND JAMES	XXX	200,000	200,000		1.B FE
63968M-GM-6	NEBRASKA INVESTMENT FINANCE AUTHORITY		.08/08/2024	J.P. MORGAN	XXX	350,000	350,000		1.A FE
641279-A6-1	NEVADA HOUSING DIVISION		.08/22/2024	J.P. MORGAN	XXX	406,710	375,000		1.B FE
917437-MY-8	UTAH HOUSING CORPORATION		.07/24/2024	JEFFERIES & CO.	XXX	250,000	250,000		1.C FE
92812V-D6-0	VIRGINIA HOUSING DEVELOPMENT AUTHORITY		.07/16/2024	DIRECT	XXX	270,238	325,000	1,460	1.B FE
92812X-DA-7	VIRGINIA HOUSING DEVELOPMENT AUTHORITY		.08/08/2024	BANK AMERICA	XXX	295,000	295,000		1.A FE
0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						3,246,948	3,270,000	1,460	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
037735-C6-0	APPALACHIAN POWER COMPANY		.08/01/2024	OPPENHEIMER & CO.	XXX	321,228	300,000	6,428	2.A FE
1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						321,228	300,000	6,428	XXX
2509999997 - Bonds - Subtotals - Bonds - Part 3						3,568,176	3,570,000	7,888	XXX
2509999999 - Bonds - Subtotals - Bonds						3,568,176	3,570,000	7,888	XXX
6009999999 Totals						3,568,176	XXX	7,888	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3137F6-HX-8	FH 5035Q UC SEQ FIX		09/01/2024	PAY DOWN	XXX	37,194	37,194	35,186			2,008		2,008		37,194				366	04/25/2039	1.A
3132D6-DZ-0	FNCI SB8220 5.500 02/01/38		09/01/2024	PAY DOWN	XXX	39,272	39,272	39,149			120		120		39,272				1,449	02/01/2038	1.A
3130A2-UW-4	THE FEDERAL HOME LOAN BANKS		09/13/2024	MATURITY	XXX	250,000	250,000	248,125	249,851		149		149		250,000				7,188	09/13/2024	1.A
0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						326,466	326,466	322,460	289,003		2,277		2,277		326,466				9,003	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
12598A-AC-4	CNH EQUIPMENT TRUST 2021-A		09/15/2024	PAY DOWN	XXX	120,789	120,789	115,976	118,123		2,666		2,666		120,789				321	12/15/2025	1.A FE
74977R-DF-8	COOPERATIVE RABOBANK U.A.	D	07/22/2024	MATURITY	XXX	925,000	925,000	958,494	932,320		(7,320)		(7,320)		925,000				24,281	07/22/2024	1.G FE
438516-BW-5	HONEYWELL INTERNATIONAL INCORPORATION		08/15/2024	MATURITY	XXX	250,000	250,000	241,218	246,639		3,361		3,361		250,000				5,750	08/15/2024	1.F FE
65480L-AD-7	2022-A NISSAN AUTO LEASE TRUST		07/15/2024	PAY DOWN	XXX	11,714	11,714	11,487	11,671		43		43		11,714				260	05/15/2025	1.A FE
78016E-ZU-4	ROYAL BANK OF CANADA	A	07/29/2024	MATURITY	XXX	1,000,000	1,000,000	999,350	999,874		126		126		1,000,000				6,500	07/29/2024	1.E FE
1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,307,503	2,307,503	2,326,525	2,308,627		(1,124)		(1,124)		2,307,503				37,112	XXX	XXX
2509999997 - Bonds - Subtotals - Bonds - Part 4						2,633,969	2,633,969	2,648,985	2,597,630		1,153		1,153		2,633,969				46,115	XXX	XXX
2509999999 - Bonds - Subtotals - Bonds						2,633,969	2,633,969	2,648,985	2,597,630		1,153		1,153		2,633,969				46,115	XXX	XXX
6009999999 Totals						2,633,969	XXX	2,648,985	2,597,630		1,153		1,153		2,633,969				46,115	XXX	XXX

E05

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
US BANK - CLAIMS CDA					(112,671)	(134,208)	(507,419)	XXX
US BANK					(5,282)	2,047	2,561	XXX
0199998	Deposits in	.0						XXX
depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories								XXX
0199999	Total Open Depositories	XXX	XXX		(117,953)	(132,161)	(504,858)	XXX
0399999 Total Cash on Deposit								
		XXX	XXX		(117,953)	(132,161)	(504,858)	XXX
0499999 Cash in Company's Office								
		XXX	XXX	XXX				XXX
0599999 Total								
		XXX	XXX		(117,953)	(132,161)	(504,858)	XXX

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
31846Y-33-6	FIRST AM GOV OBLIG-X		09/30/2024	4.821	XXX	297,030	26,022	179,241
8309999999 - All Other Money Market Mutual Funds								
8609999999 Total Cash Equivalents								
						297,030	26,022	179,241

E14



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE NORCAL Specialty Insurance Company

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims		
1. Alabama	AL	24,200	19,772			(14,870)	50,000	1	(33,226)
2. Alaska	AK		6,738			(17,137)			4,100
3. Arizona	AZ	32,000	18,644			178,965	100,000	1	259,590
4. Arkansas	AR	41,137	25,057			(4,489)			16,017
5. California	CA	263,015	1,825,815	1,940,500	8	222,593	22,655,354	69	1,526,089
6. Colorado	CO	37,500	46,208			(28,364)			31,142
7. Connecticut	CT		263			(5,617)			221
8. Delaware	DE		10,164			(4,311)			6,211
9. District of Columbia	DC		403			(6,414)			246
10. Florida	FL	624,678	468,076	15,000	1	(398,947)	893,001	5	491,994
11. Georgia	GA	37,500	47,230	250,000	1	(36,108)	275,000	2	575,728
12. Hawaii	HI					783,572	1,000,000	1	1,130,151
13. Idaho	ID	2,500	4,429			(21,655)			2,743
14. Illinois	IL	56,851	35,241			(416,338)	1,300,000	2	1,515,986
15. Indiana	IN	14,000	8,654			(6,206)			5,268
16. Iowa	IA	13,500	13,041			(11,729)			8,187
17. Kansas	KS								
18. Kentucky	KY	22,000	16,395			(39,229)			10,247
19. Louisiana	LA	6,505	8,827			11,618	100,000	1	101,964
20. Maine	ME					846,426	400,000	1	560,722
21. Maryland	MD	322,391	372,937	600,000	1	(207,480)	759,003	4	154,910
22. Massachusetts	MA	3,500	2,632			2,882	200,005	1	(6,506)
23. Michigan	MI	125,305	97,824			8,346			60,091
24. Minnesota	MN	1,540	2,372	900,000	1	489,185			1,443
25. Mississippi	MS	16,878	12,233			(4,468)			7,768
26. Missouri	MO	7,000	3,778			(18,706)			2,288
27. Montana	MT	13,500	5,332			(4,789)			3,222
28. Nebraska	NE		11,857			6,969			10,509
29. Nevada	NV	24,658	29,055			(17,584)			18,690
30. New Hampshire	NH								
31. New Jersey	NJ	24,000	75,847			(37,424)			61,826
32. New Mexico	NM	186,738	177,553			59,900	3,001	1	103,703
33. New York	NY								
34. North Carolina	NC	35,730	31,214	65,000	1	16,978	485,000	1	(504)
35. North Dakota	ND					(353)			
36. Ohio	OH	56,703	51,640			(50,291)			33,419
37. Oklahoma	OK	136,167	105,845			(1,430,119)			83,843
38. Oregon	OR	9,000	12,972			(3,187)			7,851
39. Pennsylvania	PA	26,500	20,032			(135,485)	758,000	3	157,937
40. Rhode Island	RI		62			(6,067)			38
41. South Carolina	SC	35,500	22,793			141,304	150,000	1	9,185
42. South Dakota	SD	(7,500)	(4,776)			(9,993)			(2,918)
43. Tennessee	TN	58,361	130,100			(81,797)			82,966
44. Texas	TX	126,629	114,861	240,000	2	675,892	1,355,502	8	977,980
45. Utah	UT	40,500	23,971			(7,059)			15,632
46. Vermont	VT					(3,894)			
47. Virginia	VA	68,722	93,197	35,000	1	(46,345)	17,003	3	457,837
48. Washington	WA	13,859	19,108			9,382	205,000	2	(8,303)
49. West Virginia	WV	10,500	4,865			657			2,995
50. Wisconsin	WI	13,080	20,672			4,716			13,698
51. Wyoming	WY	2,500	1,156			(4,312)			705
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT								
59. Totals		2,527,147	3,994,089	4,045,500	16	378,618	30,705,869	107	8,463,685
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE NORCAL Specialty Insurance Company

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT								
59. Totals								
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								

NONE



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE NORCAL Specialty Insurance Company

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

Other Health Care Professionals

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims		
1. Alabama	AL	51,795	50,092		(15,012)	5,001	1	36,660	
2. Alaska	AK	8,652	24,085		15,164	3,001	1	20,311	
3. Arizona	AZ	144,699	136,402	650,000	1	2,490,099	1,600,000	2	1,561,890
4. Arkansas	AR	18,209	24,765		(5,553)			16,390	
5. California	CA	498,506	462,994		(1,124,377)	1,513,003	8	249,907	
6. Colorado	CO	112,630	131,330	90,000	1	399,495	66,002	2	339,574
7. Connecticut	CT	13,183	10,204		10,573			17,224	
8. Delaware	DE	29,500	21,544		(333)			13,164	
9. District of Columbia	DC	10,500	7,459		4,311			4,558	
10. Florida	FL	939,271	829,747	555,000	6	(232,183)	89,004	6	743,373
11. Georgia	GA	87,322	80,296	1,000,000	1	(380,576)		56,314	
12. Hawaii	HI	26,532	22,088		(215)			14,449	
13. Idaho	ID	18,452	29,760		6,353	3,001	1	25,937	
14. Illinois	IL	172,315	148,938		712,727	1,000,000	1	1,200,242	
15. Indiana	IN	35,040	32,766		7,519			21,891	
16. Iowa	IA	9,808	6,965		1,666			5,810	
17. Kansas	KS	2,180	1,633		(394)			998	
18. Kentucky	KY	42,830	42,756		(23,012)			31,811	
19. Louisiana	LA	14,071	11,714		29,815	100,000	1	56,908	
20. Maine	ME	11,726	4,948		2,834			3,607	
21. Maryland	MD	89,990	59,915		(99,579)			38,692	
22. Massachusetts	MA	26,951	21,500	150,000	1	74,355	300,000	1	2,340
23. Michigan	MI	41,349	42,662		339,467	609,003	7	73,006	
24. Minnesota	MN	12,500	9,356		320			6,373	
25. Mississippi	MS	27,409	21,959		553,170	700,000	1	800,724	
26. Missouri	MO	104,341	88,945		(11,711)			64,862	
27. Montana	MT	25,838	21,776		52,009	35,001	2	46,587	
28. Nebraska	NE	2,600	12,664		(161,172)			8,296	
29. Nevada	NV	77,285	56,782		(20,853)	3,001	1	35,572	
30. New Hampshire	NH								
31. New Jersey	NJ	31,062	25,248		(8,438)	5,001	1	104,638	
32. New Mexico	NM	11,224	7,799	97,500	1	(1,673,901)	307,501	1	(48,650)
33. New York	NY								
34. North Carolina	NC	38,771	46,301		8,806	3,001	1	38,197	
35. North Dakota	ND	6,000	9,148		178			5,753	
36. Ohio	OH	162,364	142,663		22,294	20,004	4	109,121	
37. Oklahoma	OK	91,696	75,955	1,000,000	1	(65,135)	300,000	2	165,002
38. Oregon	OR	18,432	24,549		(657)			19,702	
39. Pennsylvania	PA	42,542	35,545		7,207			22,566	
40. Rhode Island	RI	(1,965)	(1,455)		(889)			(889)	
41. South Carolina	SC	36,213	47,663		(5,083)			32,818	
42. South Dakota	SD				(807)				
43. Tennessee	TN	146,403	129,812		682,833	1,350,000	3	236,558	
44. Texas	TX	575,509	551,383	1,690,000	4	2,461,475	2,246,003	8	1,667,771
45. Utah	UT	74,911	75,496		(13,048)			50,487	
46. Vermont	VT								
47. Virginia	VA	193,178	174,432		25,310			129,219	
48. Washington	WA	37,761	38,001		(18,514)			26,790	
49. West Virginia	WV	14,816	12,390		3,832			9,344	
50. Wisconsin	WI	27,721	21,131		8,809			14,243	
51. Wyoming	WY	15,479	10,259		1,885			6,723	
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT								
59. Totals		4,177,601	3,842,365	5,232,500	16	4,061,064	10,257,527	55	8,086,863
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE NORCAL Specialty Insurance Company

Designate the type of health care providers reported on this page.
Other Health Care Facilities

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA				62,874	80,000	1	56,520
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT							
59. Totals					62,874	80,000	1	56,520
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								