



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

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

Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

NAIC Group Code 02698 (Current Period) , 02698 (Prior Period) NAIC Company Code 44083 Employer's ID Number 36-3521189

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

Country of Domicile United States

Incorporated/Organized 06/17/1987 Commenced Business 06/22/1987

Statutory Home Office 2345 Grand Boulevard, Suite 2500 , Kansas City, MO, USA 64108
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 11880 College Boulevard, Suite 300 , Overland Park, KS, USA 66210-2141 913-262-2585
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 11880 College Park Boulevard, Suite 300 , Overland Park, KS, USA 66210-2141
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 11880 College Boulevard Suite 300 , Overland Park, KS, USA 66210-2141 913-262-2585
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address ppmrrg.com

Statutory Statement Contact Deanna Renee Olson 913-262-2585
(Name) (Area Code) (Telephone Number) (Extension)

deanna.olson@ppmrrg.com 913-262-3633
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Wade Daniel Willard</u>	<u>Chief Operating Officer, President</u>	<u>Deanna Renee Olson</u>	<u>Treasurer, Secretary, Vice President Finance</u>

OTHER OFFICERS

<u>Brian Joseph Thomas</u>	<u>Vice President Risk Management</u>	<u>Warren Lee Rhodes</u>	<u>Vice President Underwriting</u>
<u>Stephen Joseph Stark</u>	<u>Vice President Business Development</u>		

DIRECTORS OR TRUSTEES

<u>Jeffrey Patton Lisenby</u>	<u>Derick Thaddeus George</u>	<u>Dana Shannon Hendricks</u>	<u>Robert Philip Edwards</u>
<u>Ian Jonathan Kallmeyer</u>	<u>Karen Marie Murphy</u>	<u>Robert David Francis</u>	<u>Christine Garcia Cattaneo</u>
<u>Steve Reed Sanford</u>	<u>Charles Cameron Smith</u>		

State of Kansas

County of Johnson 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.

Wade Daniel Willard
Chief Operating Officer, President

Deanna Renee Olson
Treasurer, Secretary, Vice President Finance

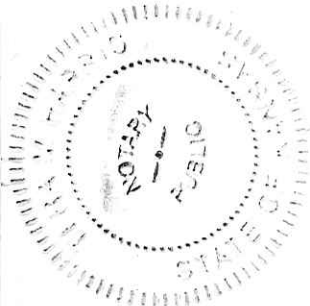
a. Is this an original filing? Yes [X] No []

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 _____

Tera M Harris

TERA M HARRIS
Notary Public - State of Kansas
My Appointment Expires
11-14-2027



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual 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	11,232,743		11,232,743	11,273,336
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 (\$(317,573)), cash equivalents (\$1,878,937) and short-term investments (\$0)	1,561,364		1,561,364	5,727,736
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)	12,794,107		12,794,107	17,001,072
13. Title plants less \$0 charged off (for Title insurers only)				
14. Investment income due and accrued	18,681		18,681	30,450
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,637,994		8,637,994	10,996,867
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	336,401		336,401	303,991
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				
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				
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)	21,787,183		21,787,183	28,332,380
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	21,787,183		21,787,183	28,332,380
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)				

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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	3,200,561	3,200,561
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	769,678	1,566,401
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	408,101	407,100
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	32,204	
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 \$21,717,815 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	1,366,584	737,775
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	9,853,288	16,085,148
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	195,449	258,974
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	961,318	1,076,421
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)	16,787,183	23,332,380
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	16,787,183	23,332,380
29. Aggregate write-ins for special surplus funds		
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes	5,000,000	5,000,000
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)		
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)	5,000,000	5,000,000
38. Totals (Page 2, Line 28, Col. 3)	21,787,183	28,332,380
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 AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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 \$ 21,157,542)	23,784,017	23,891,205	32,821,947
1.2 Assumed (written \$ 0)			
1.3 Ceded (written \$ 21,157,542)	23,784,017	23,891,205	32,821,947
1.4 Net (written \$ 0)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 9,453,206):			
2.1 Direct	7,986,853	2,884,524	4,138,568
2.2 Assumed			
2.3 Ceded	7,986,853	2,884,524	4,138,568
2.4 Net			
3. Loss adjustment expenses incurred	1,628,263	1,720,166	2,037,396
4. Other underwriting expenses incurred	(1,298,516)	(1,366,030)	(1,472,924)
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	329,747	354,136	564,472
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(329,747)	(354,136)	(564,472)
INVESTMENT INCOME			
9. Net investment income earned	296,353	384,622	508,672
10. Net realized capital gains (losses) less capital gains tax of \$ 0			
11. Net investment gain (loss) (Lines 9 + 10)	296,353	384,622	508,672
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	65,598		74,608
15. Total other income (Lines 12 through 14)	65,598		74,608
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	32,204	30,486	18,808
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)	32,204	30,486	18,808
19. Federal and foreign income taxes incurred	32,204	30,486	18,808
20. Net income (Line 18 minus Line 19)(to Line 22)			
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	5,000,000	5,000,000	5,000,000
22. Net income (from Line 20)			
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets			
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			
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)			
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	5,000,000	5,000,000	5,000,000
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 Income	65,598		74,608
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)	65,598		74,608
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)			

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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.....	(3,244,178)	(450,582)	283,606
2. Net investment income	336,798	411,380	578,180
3. Miscellaneous income	65,598		74,608
4. Total (Lines 1 to 3)	(2,841,782)	(39,202)	936,394
5. Benefit and loss related payments	32,410	1,817,147	(269,384)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,271,891	967,622	990,759
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses).....	32,204		(81,009)
10. Total (Lines 5 through 9)	1,336,505	2,784,769	640,366
11. Net cash from operations (Line 4 minus Line 10)	(4,178,287)	(2,823,971)	296,028
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	850,000		
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)	850,000		
13. Cost of investments acquired (long-term only):			
13.1 Bonds	838,084		
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)	838,084		
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)	11,916		
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....			
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)	(4,166,371)	(2,823,971)	296,028
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,727,735	5,431,707	5,431,707
19.2 End of period (Line 18 plus Line 19.1)	1,561,364	2,607,736	5,727,735

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting practices

The financial statements of Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Missouri Department of Commerce and Insurance.

The Missouri Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Missouri for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Missouri Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures manual, as amended from time to time, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Missouri. The Director of Insurance has the right to permit other specific practices that deviate from prescribed practices. There was no difference between NAIC SAP and state permitted practices for either net income or statutory surplus for the quarter ended September 30, 2024.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by State of Missouri is shown below:

	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	\$ —	\$ —
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that are an increase/ (decrease) from NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ —</u>	<u>\$ —</u>
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 5,000,000	\$ 5,000,000
(6) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				—	—
(7) State Permitted Practices that are an increase/ (decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 5,000,000</u>	<u>\$ 5,000,000</u>

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

Management has concluded that there is no doubt regarding the Company's ability to continue as a going concern.

Note 2 - Accounting Changes and Corrections of Errors - None.**Note 3 - Business Combinations and Goodwill** - None.**Note 4 - Discontinued Operations**- None.**Note 5 - Investments**

A. Mortgage loans, including mezzanine real estate loans - None.

B. Debt restructuring - None.

C. Reverse mortgages - None.

NOTES TO FINANCIAL STATEMENTS

- 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	835,643	—	—	—	835,643	850,003	(14,360)	—	\$ 835,643	4.0 %	4.0 %
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	\$ 835,643	\$ —	\$ —	\$ —	\$ 835,643	\$ 850,003	\$ (14,360)	\$ —	\$ 835,643	4.0 %	4.0 %

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1 Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

- (2) Detail of assets pledged as collateral not captured in other categories - None.
- (3) Detail of other restricted assets - None.
- (4) Collateral received and reflected as assets within the reporting entity's financial statements - None.

- M. Working capital finance investments - None.
- N. Offsetting and netting of assets and liabilities - None.
- O. 5GI Securities - None.
- P. Short sales - None.

NOTES TO FINANCIAL STATEMENTS

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 excluded from surplus - 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	\$ 18,681
2. Nonadmitted	\$ —
3. Admitted	\$ 18,681

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:

1. Change between years by tax character	9/30/2024			12/31/2023			Change		
	(1)	(2)	(3) (Col 1+2)	(4)	(5)	(6) (Col 4+5)	(7) (Col 1-4)	(8) (Col 2-5)	(9) (Col 7+8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 107,064	\$ —	\$ 107,064	\$ 86,269	\$ —	\$ 86,269	\$ 20,795	\$ —	\$ 20,795
(b) Statutory Valuation Allowance Adjustments	104,507	—	104,507	82,692	—	82,692	21,815	—	21,815
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	2,557	—	2,557	3,577	—	3,577	(1,020)	—	(1,020)
(d) Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	2,557	—	2,557	3,577	—	3,577	(1,020)	—	(1,020)
(f) Deferred Tax Liabilities	2,557	—	2,557	3,577	—	3,577	(1,020)	—	(1,020)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e-1f)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

2. Admission Calculation Components SSAP No. 101	9/30/2024			12/31/2023			Change		
	(1)	(2)	(3) (Col 1+2)	(4)	(5)	(6) (Col 4+5)	(7) (Col 1-4)	(8) (Col 2-5)	(9) (Col 7+8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 2,557	\$ —	\$ 2,557	\$ —	\$ —	\$ —	\$ 2,557	\$ —	\$ 2,557
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Lesser of 2(b)1 and 2(b)2 Below)	\$ —	\$ —	\$ —	\$ 3,577	\$ —	\$ 3,577	\$ (3,577)	\$ —	\$ (3,577)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date	\$ —	\$ —	\$ —	\$ 3,577	\$ —	\$ 3,577	\$ (3,577)	\$ —	\$ (3,577)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 750,000	XXX	XXX	\$ 750,000	XXX	XXX	\$ —
(c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101	\$ 2,557	\$ —	\$ 2,557	\$ 3,577	\$ —	\$ 3,577	\$ (1,020)	\$ —	\$ (1,020)

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	485 %	485 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	\$ 5,000,000	\$ 5,000,000

4. Impact of tax-planning strategies	9/30/2024		12/31/2023		Change	
	(1)	(2)	(3)	(4)	(5) (Col 1-3)	(6) (Col 2-4)
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1 Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 2,557	\$ —	\$ 3,577	\$ —	\$ (1,020)	\$ —
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)	2,557	—	3,577	—	(1,020)	—
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)	(2)	(3)
	9/30/2024	12/31/2023	(Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 32,204	\$ —	\$ 32,204
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	<u>32,204</u>	<u>—</u>	<u>32,204</u>
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	18,808	(18,808)
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	<u>\$ 32,204</u>	<u>\$ 18,808</u>	<u>\$ 13,396</u>
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 49,667	\$ 49,667	\$ —
(2) Unearned premium reserve	57,397	30,987	26,410
(3) Policyholder reserves	—	—	—
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	—	—	—
(11) Net operating loss carry-forward	—	5,615	(5,615)
(12) Tax credit carry-forward	—	—	—
(13) Other	—	—	—
(99) Subtotal (sum of 2a1 through 2a13)	<u>\$ 107,064</u>	<u>\$ 86,269</u>	<u>\$ 20,795</u>
(b) Statutory valuation allowance adjustment	104,507	82,692	21,815
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>\$ 2,557</u>	<u>\$ 3,577</u>	<u>\$ (1,020)</u>
(e) Capital			
(1) Investments	\$ —	\$ —	\$ —
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>\$ 2,557</u>	<u>\$ 3,577</u>	<u>\$ (1,020)</u>
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 243	\$ —	\$ 243
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	2,314	3,577	(1,263)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>\$ 2,557</u>	<u>\$ 3,577</u>	<u>\$ (1,020)</u>
(b) Capital			
(1) Investments	\$ —	\$ —	\$ —
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>\$ 2,557</u>	<u>\$ 3,577</u>	<u>\$ (1,020)</u>
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

NOTES TO FINANCIAL STATEMENTS

	9/30/2024	12/31/2023	Change
Total deferred tax assets	\$ 2,557	\$ 3,577	\$ (1,020)
Total deferred tax liabilities	2,557	3,577	(1,020)
Net deferred tax asset	—	—	—
Tax effect of unrealized [(gains)/losses]	—	—	—
Change in net deferred income tax [(charge)/benefit]	\$ —	\$ —	\$ —

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	\$ 32,204	\$ 6,763	21.0 %
Change in statutory valuation allowance	—	21,815	67.7 %
Other	17,264	3,626	11.3 %
Totals	\$ 49,468	\$ 32,204	100.0 %
Federal income taxes incurred [expense/(benefit)]		\$ 32,204	100.0 %
Tax on gains/(losses)		—	— %
Change in net deferred income tax [charge/(benefit)]		—	— %
Total statutory income taxes		\$ 32,204	100.0 %

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

- At September 30, 2024, the Company had \$0 of 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	\$	—
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.

NOTES TO FINANCIAL STATEMENTS

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

A. Nature of relationships

PPM Insurance Services, Inc. ("PPM Services") (the 100% stock owner of PPMRRG as of 12/31/16) entered into an Agreement and Plan of Merger with NORCAL Insurance Company ("NORCAL") that was effective January 1, 2017, whereby NORCAL acquired PPM Services and certain assets of PPMRRG were sold to PPM Services. PPMRRG issued a \$5,000,000 surplus note to NORCAL and an extraordinary dividend of \$127,068,621 (the estimated December 31, 2016 surplus of PPMRRG) was paid to PPM Services on January 1, 2017, extinguishing all outstanding stock of PPMRRG. The remaining dividend payable of \$4,256,995 was paid in June 2017, which represented the additional amount owed for the difference between the estimated payment and the ending surplus, as adjusted, per the Merger true-up provision. As part of this transaction, PPMRRG converted from a stock company to a mutual company and is now 100% owned by its members. Additionally, PPMRRG entered into both a loss portfolio transfer agreement and a 100% quota share agreement, effective January 1, 2017.

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 - See above.

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
PPM Insurance Services, Inc.	\$ (952,239)	\$ (1,076,421)
NORCAL Insurance Company	(9,079)	—
Subtotal: due to affiliates	\$ (961,318)	\$ (1,076,421)
Total due to affiliates	\$ (961,318)	\$ (1,076,421)

Affiliate balances are normally settled in the succeeding month.

The ceded reinsurance agreement with NORCAL resulted in a net payable as of September 30, 2024 and December 31, 2023 of \$8,608,621 and \$14,518,834, respectively. Under the terms of this agreement, premium amounts are settled on an earned basis and loss and commission amounts are settled quarterly on a paid basis.

E. Management, service contracts, cost sharing agreements

The Company has a management service agreement with its affiliate, PPM Insurance Services, Inc. in which PPM Insurance Services, Inc. provides management and oversight services to PPMRRG. The management service agreement provides that compensation for providing the services and facilities is based on actual cost without a profit factor.

F. Guarantees or contingencies for related parties - None.

G. Nature of control relationships

The Company has a 100% Quota Share agreement for all written premium beginning January 1, 2017 with NORCAL Insurance Company. See additional discussion of business combination in Note 10A.

H. Amounts deducted from value of upstream intermediate entity or ultimate parent owned - None.

I. Investments in SCA entities exceeding 10% of admitted assets - None.

J. Impairments of SCA entities - None.

K. Investments in foreign insurance subsidiaries - None.

L. Valuation of downstream noninsurance holding company - None.

M. All SCA Investments - None.

N. Investment in Insurance SCAs - None.

O. SCA and SSAP No. 48 Entity Loss Tracking - None.

Note 11 - Debt- None.

NOTES TO FINANCIAL STATEMENTS

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

- A. Defined benefit plans - None.
- B. Investment Policies and Strategies of Plan Assets - None.
- C. Fair Value of Each Class of Plan Assets - None.
- D. Expected Long-Term Rate of Return for the Plan Assets - 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 - Not applicable.
- B. Dividend rate of preferred stock - Not applicable.
- C. Dividend restrictions - No significant change.
- D. Dates and amounts of dividends paid - None.
- E. Amount of ordinary dividends that may be paid - No significant change.
- F. Restrictions on unassigned funds - See Note 13.K.
- G. Advances to surplus not repaid for mutual reciprocals - Not applicable.
- H. Stock held for special purposes - Not applicable.
- I. Changes in balances of special surplus funds - None.
- J. Unassigned funds represented by cumulative unrealized gains / (losses) - None
- K. Surplus notes - No significant change.

Note 14 - Liabilities, Contingencies and Assessments

- A. Contingent commitments - None.
 - B. Assessments - None.
 - C. Gain contingencies - None.
 - D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits
- | | | | |
|---|---|--------|----------|
| Claims related ECO and bad faith losses paid during the reporting period | <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="text-align: right;">Direct</td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">\$58,105</td> </tr> </table> | Direct | \$58,105 |
| Direct | | | |
| \$58,105 | | | |
| Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period | (a) 0-25 Claims | | |
| Indicate whether claim count information is disclosed per claim or per claimant | (f) Per Claim | | |
- E. Product warranties - None.
 - F. Joint and several liabilities - None.
 - G. All other contingencies - None.

NOTES TO FINANCIAL STATEMENTS

Note 15 - Leases

- A. Lessee leasing arrangements - No significant change.
- B. Lessor leasing arrangements - 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-** 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					
	(2)	(3)	(4)	(5)	Total	
Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)		
a. Cash equivalents	\$ 1,878,937	\$ —	\$ —	\$ —	\$ —	\$ 1,878,937
Total assets at fair value/NAV	\$ 1,878,937	\$ —	\$ —	\$ —	\$ —	\$ 1,878,937

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

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

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

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

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

- B. Additional fair value disclosures - None.

NOTES TO FINANCIAL STATEMENTS

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	\$ 10,726,113	\$ 11,232,743	\$ 9,860,175	\$ 865,938	\$ —	\$ —	\$ —
Cash equivalents	1,878,937	1,878,937	1,878,937	—	—	—	—
Short term investments	—	—	—	—	—	—	—

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	\$ 10,450,517	\$ 11,273,336	\$ 9,602,775	\$ 847,742	\$ —	\$ —	\$ —
Cash equivalents	6,032,667	6,032,667	6,032,667	—	—	—	—

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 systematic 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.

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

Note 22 - Events Subsequent

Subsequent events have been considered through 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.

NOTES TO FINANCIAL STATEMENTS

Note 23 - Reinsurance -

- A. Unsecured reinsurance recoverables - No significant change.
- B. Reinsurance recoverables 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	\$ —	\$ —	\$ 21,717,815	\$ 3,618,813	\$ (21,717,815)	\$ (3,618,813)
b. All other	—	—	—	—	—	—
c. Total	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 21,717,815</u>	<u>\$ 3,618,813</u>	<u>\$ (21,717,815)</u>	<u>\$ (3,618,813)</u>
d. Direct Unearned Premium Reserve:			\$ 21,717,815			

(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 - none

- 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. Method Used to Estimate - None.
- B. Method Used to Record - None.
- C. Amount and Percent of Net Retrospective Premiums - None.
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None.
- E. Calculation of 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 \$3,200,561. 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.

NOTES TO FINANCIAL STATEMENTS

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.

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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 10A.....
- 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [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).06/21/2022
- 6.4 By what department or departments?
Missouri Department of Commerce.....
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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 []
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
LAWRENCE COCHRAN.....	

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 [] No [X]

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 [] No [X]

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

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:

- a. 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.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. 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:

- a. The security was purchased prior to January 1, 2018.
- b. 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]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

**GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] NA [X]
If yes, attach an explanation.

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

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

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

4.2 If yes, complete the following schedule:

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

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

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ _____

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ _____

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] 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
<p>NONE</p>						

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date – Allocated by States and Territories

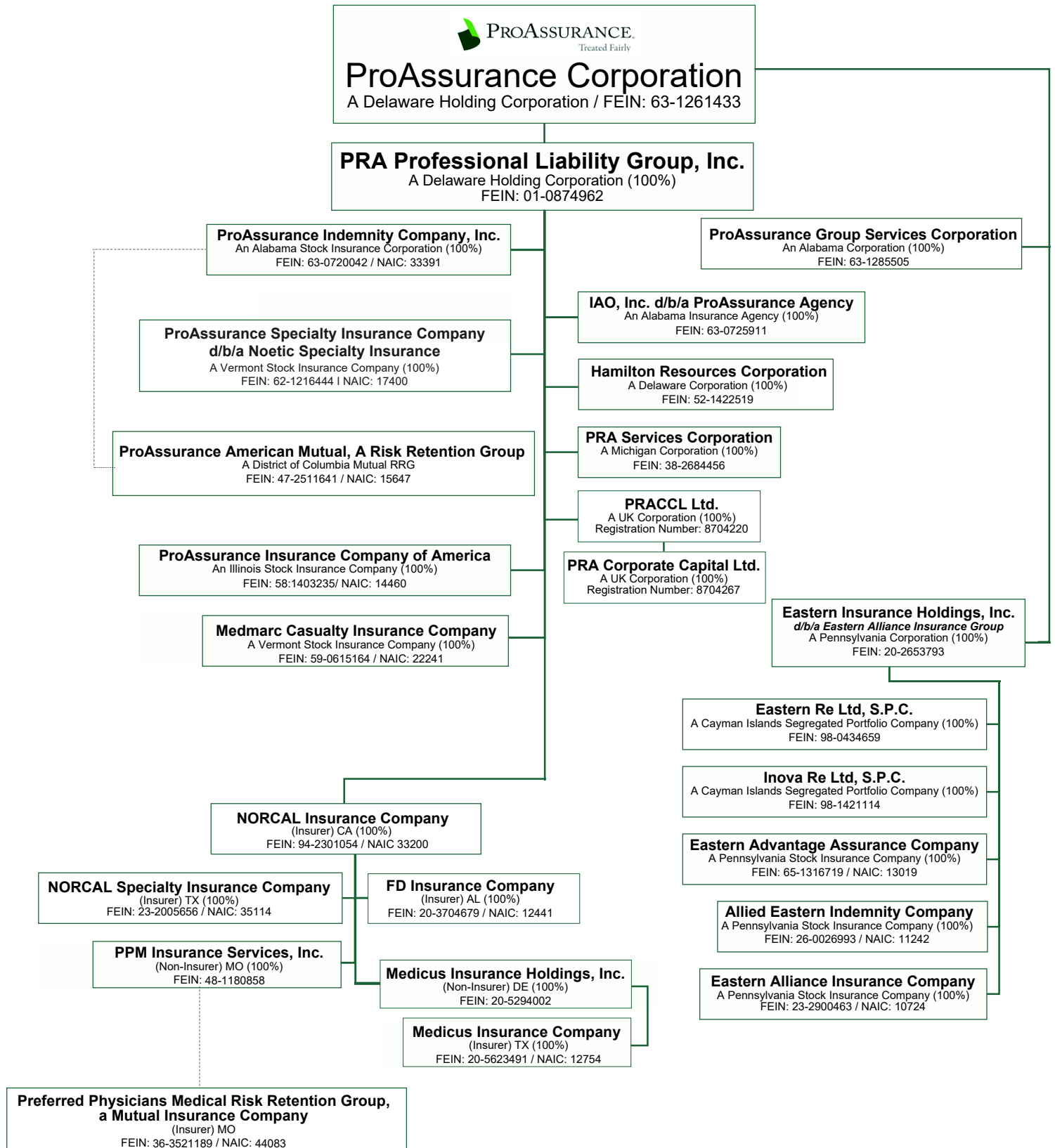
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	R					
2. Alaska	AK	R	21,355	13,180			
3. Arizona	AZ	R	2,673,411	3,016,460	1,000,000	486,709	6,864,289
4. Arkansas	AR	R	101,310	16,992			9,462
5. California	CA	R	152,466	130,825			29,687
6. Colorado	CO	R	616,469	561,549	500,000		173,743
7. Connecticut	CT	R	417,082	466,258	2,004,000	200,000	815,039
8. Delaware	DE	R	9,362	36,107		12,500	106,188
9. Dist. Columbia	DC	R					
10. Florida	FL	R	62,902	31,986			
11. Georgia	GA	R	429,824	98,571	87,500		458,565
12. Hawaii	HI	R	10,029	4,155			1,036
13. Idaho	ID	R	25,028	21,100			535,385
14. Illinois	IL	R	12,533	7,341			152,701
15. Indiana	IN	R	8,560	8,560			2,171
16. Iowa	IA	R	559,460	536,326			208,183
17. Kansas	KS	R	194,783	93,520			40,507
18. Kentucky	KY	R	325,237	407,252			79,676
19. Louisiana	LA	R					
20. Maine	ME	R				6,940	8,549
21. Maryland	MD	R	1,258,561	1,261,350		2,431,640	2,500,110
22. Massachusetts	MA	R	1,088,060	916,614		578,151	687,803
23. Michigan	MI	R	971,892	953,784		90,000	612,777
24. Minnesota	MN	R					
25. Mississippi	MS	R				371	400
26. Missouri	MO	L	2,391,175	2,331,619	781,000	2,922,617	2,492,222
27. Montana	MT	R	745,009	523,409			2,201,661
28. Nebraska	NE	R					
29. Nevada	NV	R	208,281	207,782		125,337	157,977
30. New Hampshire	NH	R	631,379	523,938		477,202	200,717
31. New Jersey	NJ	R	93,075	399,740	350,000	1,266,339	2,020,608
32. New Mexico	NM	R					
33. New York	NY	R	102,486	135,598		5,545,000	33,777,960
34. No. Carolina	NC	R	621,655	604,590			1,538,668
35. No. Dakota	ND	R					
36. Ohio	OH	R	806,371	871,047		1,309,923	1,371,951
37. Oklahoma	OK	R	609,260	602,336		134,547	435,262
38. Oregon	OR	R	557,492	570,886		319,833	104,700
39. Pennsylvania	PA	R		20,825			92,411
40. Rhode Island	RI	R	27,350	47,597		47,748	92,244
41. So. Carolina	SC	R	255,565	267,682		2,088,848	41,405
42. So. Dakota	SD	R	3,580	3,580		778	293
43. Tennessee	TN	R	35,688	35,940		11,160	11,675
44. Texas	TX	R	756,393	683,329	475,000	500,000	488,303
45. Utah	UT	R	2,408,540	2,313,853		30,000	5,341,480
46. Vermont	VT	R		(3,084)		1,261	7,374
47. Virginia	VA	R	1,539,510	1,600,953	1,875,000	850,000	5,959,986
48. Washington	WA	R	371,151	352,884		120,041	158,592
49. West Virginia	WV	R	28,770	1,050		121,633	152,081
50. Wisconsin	WI	R	12,891	(18,468)		4,999	13,405
51. Wyoming	WY	R	13,597	3,664		1,062,686	1,147,452
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		21,157,542	20,662,680	7,072,500	7,714,209	72,429,521
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 | 1 | 4. Q – Qualified – Qualified or accredited reinsurer | |
| 2. R – Registered – Non-domiciled RRGs | 50 | 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 | 6 |

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 Preferred Physicians Medical Risk Retention Group, a Mutual 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	UDP	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	NO	2
02698	ProAssurance Corp Group	14460	58-1403235				ProAssurance Insurance Company of America	IL	IA	ProAssurance Corporation	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	IA	PRA Professional Liability Group, Inc	Ownership	100.0	ProAssurance Corporation	NO	2
02698	ProAssurance Corp Group	35114	23-2005656				NORCAL Specialty Insurance Company	TX	IA	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 Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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	RE	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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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.....	2,804,233	4,011,956	143.1	(37.1)
11.2 Medical professional liability -claims made.....	20,979,784	3,974,897	18.9	18.3
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.....	23,784,017	7,986,853	33.6	12.1
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 Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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	1,092,714	2,801,610	2,681,554
11.2	Medical professional liability-claims made	8,447,593	18,355,933	17,981,123
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	9,540,307	21,157,543	20,662,677
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 Preferred Physicians Medical Risk Retention Group, a Mutual 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	1,323		1,323		416	416			948	948	(1,323)	1,364	41
2. 2022	867		867		260	260			554	554	(867)	814	(53)
3. Subtotals 2022 + prior	2,190		2,190		676	676			1,502	1,502	(2,190)	2,178	(12)
4. 2023	1,010		1,010		374	374			648	648	(1,010)	1,022	12
5. Subtotals 2023 + prior	3,200		3,200		1,050	1,050			2,150	2,150	(3,200)	3,200	
6. 2024	XXX	XXX	XXX	XXX	579	579	XXX		1,049	1,049	XXX	XXX	XXX
7. Totals	3,200		3,200		1,629	1,629			3,199	3,199	(3,200)	3,200	
8. Prior Year-End Surplus As Regards Policy-holders	5,000										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. (100.0)	2.	3.
													Col. 13, Line 7 Line 8
													4.

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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. | 
4 4 0 8 3 2 0 2 4 4 9 0 0 0 0 0 3 |
| 3. | 
4 4 0 8 3 2 0 2 4 3 6 5 0 0 0 0 3 |
| 4. | 
4 4 0 8 3 2 0 2 4 5 0 5 0 0 0 0 3 |

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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	11,273,336	11,340,236
2. Cost of bonds and stocks acquired	838,084	
3. Accrual of discount	1,161	61
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	850,000	
7. Deduct amortization of premium	29,838	66,961
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)	11,232,743	11,273,336
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	11,232,743	11,273,336

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual 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).....	838,719			521	838,239	838,719	839,240	850,003
2. NAIC 2 (a).....	10,416,099			(22,596)	10,436,810	10,416,099	10,393,503	10,423,333
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds	11,254,818			(22,075)	11,275,049	11,254,818	11,232,743	11,273,336
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	11,254,818			(22,075)	11,275,049	11,254,818	11,232,743	11,273,336

(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 \$

S102

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company

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.....	6,032,667	5,333,809
2. Cost of cash equivalents acquired	1,878,937	6,032,667
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals	6,032,667	5,333,809
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)	1,878,937	6,032,667
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,878,937	6,032,667

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

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



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE Preferred Physicians Medical Risk Retention Group, a Mutual 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								
2. Alaska	AK	21,355	16,006		6,135				
3. Arizona	AZ	2,673,411	2,008,742	1,000,000	565,183	6,182,450	42	681,839	
4. Arkansas	AR	101,310	41,917		6,885			9,462	
5. California	CA	152,466	114,043		1,582			29,687	
6. Colorado	CO	616,469	461,105	500,000	404,701	6,500	8	167,243	
7. Connecticut	CT	417,082	768,928	2,004,000	1,508,873	577,500	8	237,539	
8. Delaware	DE	9,362	102,541		41,035	70,500	2	35,688	
9. District of Columbia	DC								
10. Florida	FL	62,902	142,764		57,404				
11. Georgia	GA	429,824	529,793	87,500	(26,563)	300,750	6	157,815	
12. Hawaii	HI	10,029	4,431		693			1,036	
13. Idaho	ID	25,028	445,141		178,058	400,000	3	135,385	
14. Illinois	IL	12,533	353,408		18,230	10,000	3	142,701	
15. Indiana	IN	8,560	7,721		967	50	1	2,121	
16. Iowa	IA	559,460	415,448		2,910	76,000	5	132,183	
17. Kansas	KS	194,783	143,470		19,150	5,550	3	34,957	
18. Kentucky	KY	325,237	239,705		(13,374)	1,000	2	78,676	
19. Louisiana	LA								
20. Maine	ME				1,157			6,940	
21. Maryland	MD	1,258,561	885,053		87,126	2,127,500	14	304,140	
22. Massachusetts	MA	1,088,060	917,872		8,543	277,150	9	301,001	
23. Michigan	MI	971,892	567,986		(145,218)	435,500	6	177,277	
24. Minnesota	MN				263		1		
25. Mississippi	MS				(37)			371	
26. Missouri	MO	2,391,175	1,768,961	781,000	1,008,363	2,512,550	16	410,067	
27. Montana	MT	745,009	367,389		1,828,299	2,091,650	10	110,011	
28. Nebraska	NE								
29. Nevada	NV	208,281	178,406		(3,526)	750	2	124,587	
30. New Hampshire	NH	631,379	534,652		326,536	327,000	6	150,202	
31. New Jersey	NJ	93,075	312,436	350,000	(273,629)	1,100,050	10	166,289	
32. New Mexico	NM								
33. New York	NY	102,486	5,791,439		(1,045,316)	32,151,800	114	1,626,160	
34. North Carolina	NC	621,655	434,401		(603,641)	1,400,500	3	138,168	
35. North Dakota	ND				170				
36. Ohio	OH	806,371	669,567		14,445	1,131,550	7	178,373	
37. Oklahoma	OK	609,260	473,314		(248,586)	50	1	134,497	
38. Oregon	OR	557,492	400,889		180,356	181,500	5	138,333	
39. Pennsylvania	PA		11,446		9,902				
40. Rhode Island	RI	27,350	89,997		(14,525)	100	2	47,648	
41. South Carolina	SC	255,565	351,998		2,042,464	2,000,500	2	88,348	
42. South Dakota	SD	3,580	2,683		234			778	
43. Tennessee	TN	35,688	26,763		49			11,160	
44. Texas	TX	756,393	656,998	475,000	567,862	405,000	9	83,303	
45. Utah	UT	2,408,540	1,797,702		694,007	4,806,750	31	534,730	
46. Vermont	VT				(3,389)			1,261	
47. Virginia	VA	1,539,510	1,159,384	1,875,000	987,531	5,608,800	28	351,186	
48. Washington	WA	371,151	268,473		4,887	25,000	2	95,041	
49. West Virginia	WV	28,770	89,378		(2,368)			121,633	
50. Wisconsin	WI	12,891	17,203		(3,278)			4,999	
51. Wyoming	WY	13,597	214,465		(203,695)	1,000,000	2	62,686	
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		21,157,542	23,784,018	7,072,500	11	7,986,855	65,214,000	363	7,215,521
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)								

Supp "A" to T - Hospitals

NONE

Supp "A" to T - Other HC Professionals

NONE

Supp "A" to T - Other HC Facilities

NONE