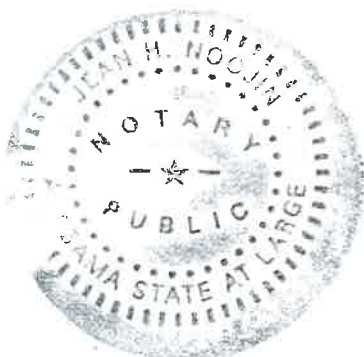




QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP



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..... | 10,981,365 | | 10,981,365 | 10,232,808 |
| 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 \$..... encumbrances)..... | | | | |
| | 4.2 Properties held for the production of income (less \$..... encumbrances)..... | | | | |
| | 4.3 Properties held for sale (less \$..... encumbrances)..... | | | | |
| 5. | Cash (\$.....11,186), cash equivalents (\$.....2,289,857) and short-term investments (\$.....) | 2,301,043 | | 2,301,043 | 2,576,078 |
| 6. | Contract loans (including \$..... 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)..... | 13,282,408 | | 13,282,408 | 12,808,886 |
| 13. | Title plants less \$..... charged off (for Title insurers only)..... | | | | |
| 14. | Investment income due and accrued..... | 30,395 | | 30,395 | 21,090 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection..... | 183,675 | 32,840 | 150,835 | 27,877 |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)..... | 480,626 | | 480,626 | 455,481 |
| | 15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)..... | | | | |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers..... | 70,957 | | 70,957 | 144,487 |
| | 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..... | 78,245 | | 78,245 | |
| 18.2 | Net deferred tax asset..... | 63,536 | 3,515 | 60,021 | 40,903 |
| 19. | Guaranty funds receivable or on deposit..... | | | | |
| 20. | Electronic data processing equipment and software..... | | | | |
| 21. | Furniture and equipment, including health care delivery assets (\$.....) | | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates..... | | | | |
| 24. | Health care (\$.....) and other amounts receivable..... | | | | |
| 25. | Aggregate write-ins for other-than-invested assets..... | 61,293 | 6,224 | 55,069 | 31,337 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 14,251,135 | 42,579 | 14,208,556 | 13,530,061 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 28. | Total (Lines 26 and 27)..... | 14,251,135 | 42,579 | 14,208,556 | 13,530,061 |
| 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. | Prepaid expenses..... | 6,224 | 6,224 | — | |
| 2502. | Deductible receivable..... | 45,000 | | 45,000 | |
| 2503. | State income taxes recoverable..... | 10,069 | | 10,069 | 31,337 |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page..... | | | | |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | 61,293 | 6,224 | 55,069 | 31,337 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | 1 | 2 |
|----------------------|---|---------------------------|----------------------------|
| | | Current Statement Date | December 31, Prior Year |
| 1. | Losses (current accident year \$.....61,676)..... | 924,521 | 1,013,947 |
| 2. | Reinsurance payable on paid losses and loss adjustment expenses..... | | |
| 3. | Loss adjustment expenses..... | 468,722 | 459,803 |
| 4. | Commissions payable, contingent commissions and other similar charges..... | 31,135 | 1,707 |
| 5. | Other expenses (excluding taxes, licenses and fees)..... | 61,043 | 44,942 |
| 6. | Taxes, licenses and fees (excluding federal and foreign income taxes)..... | | |
| 7.1 | Current federal and foreign income taxes (including \$..... on realized capital gains (losses))..... | | 8,340 |
| 7.2 | Net deferred tax liability..... | | |
| 8. | Borrowed money \$..... and interest thereon \$..... | | |
| 9. | Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....2,047,756 and including warranty reserves of \$..... and accrued accident and health experience rating refunds including \$..... for medical loss ratio rebate per the Public Health Service Act)..... | 44,656 | 64,862 |
| 10. | Advance premium..... | 641,173 | 2,069 |
| 11. | Dividends declared and unpaid: | | |
| 11.1 | Stockholders..... | | |
| 11.2 | Policyholders..... | | |
| 12. | Ceded reinsurance premiums payable (net of ceding commissions)..... | 354,888 | 139,829 |
| 13. | Funds held by company under reinsurance treaties..... | | |
| 14. | Amounts withheld or retained by company for account of others..... | | |
| 15. | Remittances and items not allocated..... | | |
| 16. | Provision for reinsurance (including \$..... certified)..... | | |
| 17. | Net adjustments in assets and liabilities due to foreign exchange rates..... | | |
| 18. | Drafts outstanding..... | | |
| 19. | Payable to parent, subsidiaries and affiliates..... | 137,167 | 106,664 |
| 20. | Derivatives..... | | |
| 21. | Payable for securities..... | | |
| 22. | Payable for securities lending..... | | |
| 23. | Liability for amounts held under uninsured plans..... | | |
| 24. | Capital notes \$..... and interest thereon \$..... | | |
| 25. | Aggregate write-ins for liabilities..... | | 84,463 |
| 26. | Total liabilities excluding protected cell liabilities (Lines 1 through 25)..... | 2,663,305 | 1,926,626 |
| 27. | Protected cell liabilities..... | | |
| 28. | Total liabilities (Lines 26 and 27)..... | 2,663,305 | 1,926,626 |
| 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..... | 10,000,000 | 10,000,000 |
| 34. | Gross paid in and contributed surplus..... | | |
| 35. | Unassigned funds (surplus)..... | 1,545,251 | 1,603,435 |
| 36. | Less treasury stock, at cost: | | |
| 36.1 | shares common (value included in Line 30 \$.....) | | |
| 36.2 | shares preferred (value included in Line 31 \$.....) | | |
| 37. | Surplus as regards policyholders (Lines 29 to 35, less 36)..... | 11,545,251 | 11,603,435 |
| 38. | Totals (Page 2, Line 28, Col. 3)..... | 14,208,556 | 13,530,061 |
| Details of Write-Ins | | | |
| 2501. | Excess ceding commission liability..... | | 84,463 |
| 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)..... | | 84,463 |
| 2901. | ..... |  |  |
| 2902. | ..... |  |  |
| 2903. | ..... |  |  |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page..... | | |
| 2999. | Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | | |
| 3201. | ..... |  |  |
| 3202. | ..... |  |  |
| 3203. | ..... |  |  |
| 3298. | Summary of remaining write-ins for Line 32 from overflow page..... | | |
| 3299. | Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)..... | | |

STATEMENT OF INCOME

| | | 1 | 2 | 3 |
|-----------------------------|---|----------------------|--------------------|---------------------------------|
| | | Current Year to Date | Prior Year to Date | Prior Year Ended December 31 |
| Underwriting Income | | | | |
| 1. | Premiums earned: | | | |
| 1.1. | Direct (written \$.....1,684,304) | 2,087,886 | 3,163,070 | 3,834,539 |
| 1.2. | Assumed (written \$.....) | | | |
| 1.3. | Ceded (written \$.....1,600,673) | 1,984,048 | 3,006,633 | 3,644,761 |
| 1.4. | Net (written \$.....83,631) | 103,838 | 156,437 | 189,778 |
| Deductions: | | | | |
| 2. | Losses incurred (current accident year \$61,837): | | | |
| 2.1 | Direct | 1,241,962 | 1,992,209 | (695,693) |
| 2.2 | Assumed | | | |
| 2.3 | Ceded | 1,180,124 | 1,893,654 | (656,875) |
| 2.4 | Net | 61,838 | 98,555 | (38,818) |
| 3. | Loss adjustment expenses incurred | 50,877 | 66,740 | (32,754) |
| 4. | Other underwriting expenses incurred | (21,520) | (134,220) | (205,809) |
| 5. | Aggregate write-ins for underwriting deductions | | | |
| 6. | Total underwriting deductions (Lines 2 through 5) | 91,195 | 31,075 | (277,381) |
| 7. | Net income of protected cells | | | |
| 8. | Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | 12,643 | 125,362 | 467,159 |
| Investment Income | | | | |
| 9. | Net investment income earned | (283,366) | (280,441) | (122,576) |
| 10. | Net realized capital gains (losses) less capital gains tax of \$..... | | | |
| 11. | Net investment gain (loss) (Lines 9 + 10) | (283,366) | (280,441) | (122,576) |
| Other Income | | | | |
| 12. | Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....1,192 amount charged off \$.....1,365) | (173) | (562) | (680) |
| 13. | Finance and service charges not included in premiums | | | |
| 14. | Aggregate write-ins for miscellaneous income | | | |
| 15. | Total other income (Lines 12 through 14) | (173) | (562) | (680) |
| 16. | Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | (270,896) | (155,641) | 343,903 |
| 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) | (270,896) | (155,641) | 343,903 |
| 19. | Federal and foreign income taxes incurred | (48,918) | (22,507) | 48,143 |
| 20. | Net income (Line 18 minus Line 19) (to Line 22) | (221,978) | (133,134) | 295,760 |
| Capital and Surplus Account | | | | |
| 21. | Surplus as regards policyholders, December 31 prior year | 11,603,435 | 11,269,966 | 11,269,966 |
| 22. | Net income (from Line 20) | (221,978) | (133,134) | 295,760 |
| 23. | Net transfers (to) from Protected Cell accounts | | | |
| 24. | Change in net unrealized capital gains or (losses) less capital gains tax of \$.....38,573 | 145,107 | 147,761 | 22,120 |
| 25. | Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. | Change in net deferred income tax | 54,633 | 88,411 | 20,744 |
| 27. | Change in nonadmitted assets | (35,946) | (2,213) | (5,155) |
| 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) | (58,184) | 100,825 | 333,469 |
| 39. | Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 11,545,251 | 11,370,791 | 11,603,435 |
| 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. | | | | |
| 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) | | | |
| 3701. | | | | |
| 3702. | | | | |
| 3703. | | | | |
| 3798. | Summary of remaining write-ins for Line 37 from overflow page | | | |
| 3799. | Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) | | | |

CASH FLOW

| | 1 | 2 | 3 |
|--|----------------------|--------------------|---------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 756,912 | 427,921 | 179,933 |
| 2. Net investment income | (300,961) | (300,526) | (131,195) |
| 3. Miscellaneous income | (173) | (562) | (680) |
| 4. Total (Lines 1 to 3) | 455,778 | 126,833 | 48,058 |
| 5. Benefit and loss related payments | 77,734 | (25,218) | 140,529 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | (25,091) | (67,285) | (48,087) |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses) | 37,667 | 74,192 | 77,289 |
| 10. Total (Lines 5 through 9) | 90,310 | (18,311) | 169,731 |
| 11. Net cash from operations (Line 4 minus Line 10) | 365,468 | 145,144 | (121,673) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 406,898 | | |
| 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) | 406,898 | | |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 963,485 | | |
| 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) | 963,485 | | |
| 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) | (556,587) | | |
| 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) | (83,916) | | |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (83,916) | | |
| 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) | (275,035) | 145,144 | (121,673) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 2,576,078 | 2,697,751 | 2,697,751 |
| 19.2 End of period (Line 18 plus Line 19.1) | 2,301,043 | 2,842,895 | 2,576,078 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | | |
| 20.0001. | | | |

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of ProAssurance American Mutual, A Risk Retention Group (the Company) have been completed in compliance with National Association of Insurance Commissioners Statutory Accounting Principles (NAIC SAP) as adopted by the Department of Insurance, Securities and Banking (DISB) of the District of Columbia.

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

| | SSAP # | F/S Page | F/S Line # | 09/30/2025 | 12/31/2024 |
|---|--------|----------|------------|----------------------|----------------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ (221,978) | \$ 295,760 |
| (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>\$ (221,978)</u> | <u>\$ 295,760</u> |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 11,545,251 | \$ 11,603,435 |
| (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>\$ 11,545,251</u> | <u>\$ 11,603,435</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 Changes

C. Accounting Policy

- (1) Short-term investments - No Significant Changes
- (2) Bonds not backed by loans are reported at amortized cost or at the lower of amortized cost or fair value, if rated NAIC 3 or below, in accordance with SSAP No. 26 - Bonds, Excluding Loan-Backed and Structured Securities. Premiums and discounts on bonds are amortized or accreted, respectively, over the life of the related debt security as an adjustment to yield using the scientific method. Interest income is recognized when it is earned. Additionally, per SSAP No. 26R, SVO-Identified investments are reported at fair value.
- (3) Common stocks - None
- (4) Preferred stocks - None
- (5) Mortgage loans - None
- (6) Asset-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) Investments in subsidiaries, controlled and affiliated entities - None
- (8) Investments in joint ventures, partnerships and limited liability companies - None
- (9) Derivatives - None
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Pharmaceutical rebate receivables - None

D. Going Concern

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

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and Accrued Income Excluded from Surplus - None

B. Total Amount Excluded - None

Notes to the Financial Statements

7. Investment Income (Continued)

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

| Interest Income Due and Accrued | Amount |
|---------------------------------|----------------|
| 1. Gross..... | \$..... 30,395 |
| 2. Nonadmitted..... | \$..... |
| 3. Admitted..... | \$..... 30,395 |

D. The aggregate deferred interest - None

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

8. Derivative Instruments - None

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

| | 09/30/2025 | | | 12/31/2024 | | | Change | | |
|---|-----------------------|------------------|-----------------------|-----------------------|----------------|-----------------------|-----------------------|----------------------|-----------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Gross deferred tax assets..... | \$..... 68,101 | \$..... 26,548 | \$..... 94,649 | \$..... 51,103 | \$..... 65,120 | \$..... 116,223 | \$..... 16,998 | \$..... (38,572) | \$..... (21,574) |
| (b) Statutory valuation allowance adjustments..... | — | 26,548 | 26,548 | | 65,120 | 65,120 | — | (38,572) | (38,572) |
| (c) Adjusted gross deferred tax assets (1a - 1b)..... | 68,101 | — | 68,101 | 51,103 | | 51,103 | 16,998 | — | 16,998 |
| (d) Deferred tax assets nonadmitted..... | 3,515 | — | 3,515 | 6,573 | | 6,573 | (3,058) | — | (3,058) |
| (e) Subtotal net admitted deferred tax asset (1c - 1d)..... | \$..... 64,586 | \$..... — | \$..... 64,586 | \$..... 44,530 | \$..... | \$..... 44,530 | \$..... 20,056 | \$..... — | \$..... 20,056 |
| (f) Deferred tax liabilities..... | 4,565 | — | 4,565 | 3,627 | | 3,627 | 938 | — | 938 |
| (g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)..... | <u>\$..... 60,021</u> | <u>\$..... —</u> | <u>\$..... 60,021</u> | <u>\$..... 40,903</u> | <u>\$.....</u> | <u>\$..... 40,903</u> | <u>\$..... 19,118</u> | <u>\$..... —</u> | <u>\$..... 19,118</u> |

(2) Admission calculation components SSAP No. 101

| | 09/30/2025 | | | 12/31/2024 | | | Change | | |
|---|-----------------------|------------------|-----------------------|-----------------------|----------------|-----------------------|-----------------------|----------------------|-----------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Federal income taxes paid in prior years recoverable through loss carrybacks..... | \$..... 48,967 | \$..... — | \$..... 48,967 | \$..... 40,904 | \$..... | \$..... 40,904 | \$..... 8,063 | \$..... — | \$..... 8,063 |
| (b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)..... | 11,057 | — | 11,057 | | | | 11,057 | — | 11,057 |
| 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date..... | 11,057 | — | 11,057 | | | | 11,057 | — | 11,057 |
| 2. Adjusted gross deferred tax assets allowed per limitation threshold..... | XXX | XXX | 1,718,310 | XXX | XXX | 1,734,380 | XXX | XXX | (16,070) |
| (c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities..... | 4,562 | — | 4,562 | 3,626 | | 3,626 | 936 | — | 936 |
| (d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))..... | <u>\$..... 64,586</u> | <u>\$..... —</u> | <u>\$..... 64,586</u> | <u>\$..... 44,530</u> | <u>\$.....</u> | <u>\$..... 44,530</u> | <u>\$..... 20,056</u> | <u>\$..... —</u> | <u>\$..... 20,056</u> |

(3) Ratio used as basis of admissibility

| | 09/30/2025 | 12/31/2024 |
|---|--------------------|--------------------|
| (a) Ratio percentage used to determine recovery period and threshold limitation amount..... | 3,193.000 % | 3,223.000 % |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above..... | \$..... 11,455,402 | \$..... 11,562,532 |

Notes to the Financial Statements

9. Income Taxes (Continued)

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

| | 09/30/2025 | | 12/31/2024 | | Change | |
|--|------------|---------|------------|---------|------------------------|-----------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| | Ordinary | Capital | Ordinary | Capital | Ordinary (Col. 1-3) | Capital (Col. 2-4) |
| 1. Adjusted gross DTAs amount from Note 9A1(c) | \$ 68,101 | \$ - | \$ 51,103 | \$ - | \$ 16,998 | \$ - |
| 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) | \$ 64,586 | \$ - | \$ 44,530 | \$ - | \$ 20,056 | \$ - |
| 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | - % | - % | % | % | - % | - % |

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

B. Regarding Deferred Tax Liabilities That Are Not Recognized - None

C. Major Components of Current Income Taxes Incurred

| Current income taxes incurred consist of the following major components: | | | |
|--|-------------------|-------------------|---------------------|
| | (1) 09/30/2025 | (2) 12/31/2024 | (3) Change (1-2) |
| 1. Current Income Tax | | | |
| (a) Federal | \$ (49,245) | \$ 48,640 | \$ (97,885) |
| (b) Foreign | - | - | - |
| (c) Subtotal (1a+1b) | \$ (49,245) | \$ 48,640 | \$ (97,885) |
| (d) Federal income tax on net capital gains | - | - | - |
| (e) Utilization of capital loss carry-forwards | - | - | - |
| (f) Other | 327 | (497) | 824 |
| (g) Federal and foreign income taxes incurred (1c+1d+1e+1f) | \$ (48,918) | \$ 48,143 | \$ (97,061) |
| | | | |
| | (1) 09/30/2025 | (2) 12/31/2024 | (3) Change (1-2) |
| 2. Deferred Tax Assets | | | |
| (a) Ordinary | | | |
| (1) Discounting of unpaid losses | \$ 20,820 | \$ 21,695 | \$ (875) |
| (2) Unearned premium reserve | 28,805 | 2,811 | 25,994 |
| (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 | - | - | - |
| (12) Tax credit carry-forward | - | - | - |
| (13) Other | 18,476 | 26,597 | (8,121) |
| (99) Subtotal (Sum of 2a1 through 2a13) | \$ 68,101 | \$ 51,103 | \$ 16,998 |
| (b) Statutory valuation allowance adjustment | - | - | - |
| (c) Nonadmitted | 3,515 | 6,573 | (3,058) |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | \$ 64,586 | \$ 44,530 | \$ 20,056 |
| (e) Capital | | | |
| (1) Investments | \$ 26,548 | \$ 65,120 | \$ (38,572) |
| (2) Net capital loss carry-forward | - | - | - |
| (3) Real estate | - | - | - |
| (4) Other | - | - | - |
| (99) Subtotal (2e1+2e2+2e3+2e4) | \$ 26,548 | \$ 65,120 | \$ (38,572) |
| (f) Statutory valuation allowance adjustment | 26,548 | 65,120 | (38,572) |
| (g) Nonadmitted | - | - | - |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | - | - | - |
| (i) Admitted deferred tax assets (2d + 2h) | \$ 64,586 | \$ 44,530 | \$ 20,056 |

Notes to the Financial Statements

9. Income Taxes (Continued)

| | (1) 09/30/2025 | (2) 12/31/2024 | (3) Change (1-2) |
|--|-------------------|-------------------|---------------------|
| 3. Deferred Tax Liabilities | | | |
| (a) Ordinary | | | |
| (1) Investments | \$ 4,384 | \$ 3,361 | \$ 1,023 |
| (2) Fixed assets | - | - | - |
| (3) Deferred and uncollected premium | - | - | - |
| (4) Policyholder reserves | - | - | - |
| (5) Other | 181 | 266 | (85) |
| (99) Subtotal (3a1+3a2+3a3+3a4+3a5) | \$ 4,565 | \$ 3,627 | \$ 938 |
| (b) Capital | | | |
| (1) Investments | \$ - | \$ - | \$ - |
| (2) Real estate | - | - | - |
| (3) Other | - | - | - |
| (99) Subtotal (3b1+3b2+3b3) | \$ - | \$ - | \$ - |
| (c) Deferred tax liabilities (3a99 + 3b99) | \$ 4,565 | \$ 3,627 | \$ 938 |
| 4. Net deferred tax assets/liabilities (2i - 3c) | \$ 60,021 | \$ 40,903 | \$ 19,118 |

| | 09/30/2025 | 12/31/2024 | Change |
|--|------------|-------------|-----------|
| Total deferred tax assets | \$ 68,101 | \$ 51,103 | \$ 16,998 |
| Total deferred tax liabilities | 4,565 | 3,627 | 938 |
| Net deferred tax asset | 63,536 | 47,476 | 16,060 |
| Tax effect of unrealized [(gains)/losses] | 26,548 | 65,121 | (38,573) |
| Change in net deferred income tax [(charge)/benefit] | \$ 36,988 | \$ (17,645) | \$ 54,633 |

D. Among the More Significant Book to Tax Adjustments

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

| | 09/30/2025 | Effective Tax Rate |
|---|--------------|--------------------|
| Provision computed at statutory rate | \$ (56,889) | 21.000 % |
| Change in statutory valuation allowance | (38,572) | 14.239 % |
| Change in nonadmitted assets | (8,090) | 2.986 % |
| Total | \$ (103,551) | 38.225 % |

| | 09/30/2025 | Effective Tax Rate |
|---|--------------|--------------------|
| Federal income taxes incurred [expense/(benefit)] Tax on gains/(losses) | \$ (48,918) | 18.058 % |
| Change in net deferred income tax [charge/(benefit)] | (54,633) | 20.168 % |
| Total statutory income taxes | \$ (103,551) | 38.225 % |

E. Operating Loss and Tax Credit Carryforwards

- (1) Unused loss carryforwards available - None
- (2) Income tax expense available for recoupment

| | Total |
|------|--------|
| 2023 | \$ - |
| 2024 | - |
| 2025 | 48,967 |

- (3) Deposits admitted under IRS Code Section 6603 - None

F. Consolidated Federal Income Tax Return - None

G. Federal or Foreign Income Tax Loss Contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit

None

Inflation Reduction Act - Corporate Alternative Minimum Tax (CAMT)

- The Act was enacted on August 16, 2022.
- The reporting entity has determined that it does not expect to be liable for CAMT in 2025.
- Based upon projected adjusted financial statement income for 2025, the reporting entity has determined that average "adjusted financial statement income" is below the thresholds for the 2025 tax year such that it does not expect to be required to perform the CAMT calculations.

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Company is a risk retention group that was organized in the District of Columbia on January 1, 2015 by ProAssurance Indemnity Company, Inc. (PRA Indemnity). PRA Indemnity has no equity ownership in the Company because the Company is owned exclusively by its policyholders as its members. PRA Indemnity has been engaged by the Company to act as the third party administrator for its policies under a Program Management Agreement between the Company and PRA Indemnity and PRA Indemnity also serves as the captive manager pursuant to a Captive Manager Agreement. PRA Indemnity provided the initial capital of the Company by advancing \$10,000,000 in exchange for a surplus note issued by the Company to PRA Indemnity. The bylaws of the Company include certain covenants that will remain in effect so long as the surplus note is outstanding.

On March 19, 2025, the Company's ultimate controlling parent, ProAssurance Corporation entered into a definitive agreement to be acquired by The Doctors Company, the nation's largest physician-owned medical malpractice insurer. Under the terms of the agreement, ProAssurance stockholders will receive \$25 in cash per share. The transaction is expected to close no later than June 30, 2026, and is subject to customary closing conditions, including approval by ProAssurance's stockholders and the receipt of regulatory approvals.

- B. Detail of Related Party Transactions - None
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - None
- D. Amounts due (to) or from related parties:

| | September 30, 2025 | December 31, 2024 |
|--------------------------------------|-----------------------|----------------------|
| ProAssurance Indemnity Company, Inc. | \$ (137,167) | \$ (106,664) |
| Subtotal: due to affiliates | \$ (137,167) | \$ (106,664) |
| Total due from/(to) affiliates | \$ (137,167) | \$ (106,664) |

- E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes
- F. Guarantees or Contingencies - None
- G. Nature of Relationships that Could Affect Operations - None
- H. Amount Deducted for Investment in Upstream Company - None
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

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

- A. Outstanding Shares - Not Applicable
- B. Dividend Rate of Preferred Stock - Not Applicable
- C. Dividend Restrictions - No Significant Changes
- D. Ordinary Dividends - None
- E. Amount of Ordinary Dividends That May Be Paid - See Note 13.C.
- F. Surplus Restrictions - See Note 13.K.
- G. Surplus Advances - Not Applicable
- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented by cumulative unrealized capital gains / (losses) is \$(126,417).

- K. Company-Issued Surplus Debentures or Similar Obligations

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------|----------------------|---------------|-------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|
| Item Number | Date Issued | Interest Rate | Original Issue Amount of Note | Is Surplus Note Holder a Related Party (YES/NO) | Carrying Value of Note Prior Year | Carrying Value of Note Current Year | Unapproved Interest And/Or Principal |
|0001..... |01/08/2015..... |6.250 % | \$..... 10,000,000 |YES..... | \$..... 10,000,000 | \$..... 10,000,000 | \$..... 3,805,556 |
| Total..... |XXX..... |XXX..... | <u>\$..... 10,000,000</u> |XXX..... | <u>\$..... 10,000,000</u> | <u>\$..... 10,000,000</u> | <u>\$..... 3,805,556</u> |

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

| 1 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------|--|--|--|-----------------------------|-----------------------------|------------------|
| Item Number | Current Year Interest Expense Recognized | Life-To-Date Interest Expense Recognized | Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider) | Current Year Principal Paid | Life-To-Date Principal Paid | Date of Maturity |
| 0001 | \$ 633,681 | \$ 2,536,458 | % | \$ - | \$ - | 01/08/2040 |
| Total | \$ 633,681 | \$ 2,536,458 | XXX | \$ - | \$ - | XXX |

| 1 | 15 | 16 | 17 | 18 | 19 |
|-------------|--|---|---|--|---------------------------------------|
| Item Number | Are Surplus Note payments contractually linked? (YES/NO) | Surplus Note payments subject to administrative offsetting provisions? (YES/NO) | Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (YES/NO) | Is Asset Issuer a Related Party (YES/NO) | Type of Assets Received Upon Issuance |
| 0001 | YES | NO | NO | YES | cash |
| Total | XXX | XXX | XXX | XXX | XXX |

| 1 | 20 | 21 | 22 |
|-------------|---|-------------------------------------|--|
| Item Number | Principal Amount of Assets Received Upon Issuance | Book/Adjusted Carry Value of Assets | Is Liquidity Source a Related Party to the Surplus Note Issuer? (YES/NO) |
| 0001 | \$ 10,000,000 | \$ 10,000,000 | NO |
| Total | \$ 10,000,000 | \$ 10,000,000 | XXX |

A surplus note in the amount of \$10,000,000 was issued on January 8, 2015 under a Subordinated Surplus Note Agreement between the Company by and through PRA Indemnity to lend the Company the amount of Ten Million Dollars (\$10,000,000) as initial capital to facilitate the formation and operation of the Company. Each payment of principal and interest may be made only with the prior approval of the DISB Commissioner and only to the extent the Company has free and divisible surplus to make such payment. In the event of a liquidation proceeding or dissolution, repayment shall be paid to PRA Indemnity out of any assets remaining after the payment of all policy obligations and all other liabilities, but before distribution of assets to members.

Due to the surplus requirements, the first two annual interest payments were approved for payment and remitted during 2021 and the 2018 interest payment was approved and paid in 2024. The 2019 payment was approved by the DISB Commissioner and paid on September 23, 2025 in the amount of \$633,681. The remaining six interest payments of approximately \$634,000 each, due January 8, 2020, 2021, 2022, 2023, 2024, and 2025, have not been submitted for approval to the DISB Commissioner as PRA Indemnity notified the Company it would defer its right to collect the interest payments due so as not to place an undue financial hardship on the Company. The Company's financial position is evaluated annually to determine if additional interest payments should be submitted to the DISB Commissioner for approval.

- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments - None

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

- (1) Fair value measurements at reporting date

| Description for each class of asset or liability | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Total |
|--|---------------|---------|---------|-----------------------|---------------|
| a. Assets at fair value | | | | | |
| Issuer Credit Obligations | \$ 8,837,920 | \$ | \$ | \$ | \$ 8,837,920 |
| Cash Equivalents | 2,289,857 | | | | 2,289,857 |
| Total assets at fair value/NAV | \$ 11,127,777 | \$ | \$ | \$ | \$ 11,127,777 |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | \$ | \$ | \$ | \$ | \$ |

- (2) Fair value measurements in Level 3 of the fair value hierarchy - None
- (3) The Company's policy is to recognize transfers between levels at the end of the reporting period.
- (4) Inputs and techniques used for Level 2 and Level 3 fair values - None
- (5) Derivatives - None

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- B. Other Fair Value Disclosures - None
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|--------------|---------|-----------------------|----------------------------------|
| Issuer Credit Obligations | \$ 10,043,600 | \$ 10,024,906 | \$ 8,837,920 | \$ 1,205,680 | \$ | \$ | \$ |
| Asset-Backed Securities | 958,695 | 956,459 | | 958,695 | | | |
| Cash Equivalents | 2,289,857 | 2,289,857 | 2,289,857 | | | | |

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.

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

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

Level 2 Valuation Methodologies

Below is a summary description of the valuation methodologies primarily used by the pricing services for Issuer Credit Obligations 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.

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

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

- D. Not Practicable to Estimate Fair Value - None
- E. Nature and Risk of Investments Reported at NAV - None

21. Other Items

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring - None
- C. Other Disclosures

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

At September 30, 2025, the Company had admitted assets of \$150,835 in accounts receivable for amounts due from policyholders and agents. The Company routinely assesses the collectibility of these receivables and establishes an allowance for uncollectible amounts. There are no amounts due from “controlled” or “controlling” persons included in this balance.

- D. Business Interruption Insurance Recoveries - None
- E. State and Federal 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

22. Events Subsequent

Subsequent events have been considered through November 5, 2025 for the statutory statement filed on or before November 15, 2025.

Type I - Recognized subsequent events - None

Type II - Nonrecognized subsequent events - None

23. Reinsurance

- A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Members of a Group

| NAIC Group Code | ID Number | Reinsurer Name | Unsecured Amount |
|-----------------|------------|--------------------------------------|------------------|
| 33391 | 63-0720042 | ProAssurance Indemnity Company, Inc. | \$ 28,068,985 |

- B. Reinsurance Recoverable in Dispute - None

Notes to the Financial Statements

23. Reinsurance (Continued)

C. Reinsurance Assumed and Ceded

(1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

| | Assumed Reinsurance | | Ceded Reinsurance | | Net | |
|---|---------------------|-------------------|----------------------------|--------------------------|----------------------------|--------------------------|
| | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity |
| a. Affiliates..... | \$..... | \$..... | \$..... 2,047,756 . | \$..... 716,715 . | \$..... (2,047,756) | \$..... (716,715) |
| b. All other..... | | | | | | |
| c. Total (a+b)..... | <u>\$.....</u> | <u>\$.....</u> | <u>\$..... 2,047,756 .</u> | <u>\$..... 716,715 .</u> | <u>\$..... (2,047,756)</u> | <u>\$..... (716,715)</u> |
| d. Direct unearned premium reserve..... | | | \$..... 2,092,412 . | | | |

(2) The additional or return commission, predicated on loss experience or on any other form of profit-sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: - None

(3) Risks attributed to each of the company's protected cells - 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 the 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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years

Combined reserves for incurred losses and loss adjustment expenses attributable to insured events as of December 31, 2024 were \$1,473,750. The re-estimation of those reserves during the nine months ended September 30, 2025 resulted in no change to the estimate of loss and loss adjustment expenses attributable to insured events as of December 31, 2024.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves - No Significant Changes

31. High Deductibles - None

32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses - None

33. Asbestos/Environmental Reserves - None

34. Subscriber Savings Accounts - None

35. Multiple Peril Crop Insurance - None

36. Financial Guaranty Insurance - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?..... NO
- 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
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?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... YES
- 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?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.....12/31/2020
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.....12/31/2020
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).....04/18/2022
- 6.4 By what department or departments?
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING OF THE DISTRICT OF COLUMBIA.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 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?..... NO
- 7.2 If yes, give full information
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
- (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?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

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.)..... NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$
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?..... NO
- 14.2 If yes, please complete the following:

| | 1 | 2 |
|--|---|--|
| | Prior Year-End Book / Adjusted Carrying Value | 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?..... NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?.....
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

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

| 1 | 2 |
|----------------------|--|
| Name of Custodian(s) | 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 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | 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?..... NO
- 17.4 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | 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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

| 1 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| LAWRENCE COCHRAN | I |

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

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

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

| 1 | 2 | 3 | 4 | 5 |
|---|----------------------------|-------------------------------|-----------------|--|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | 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

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? NO

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.

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? NO

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? NO

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? N/A
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? NO
If yes, attach an explanation.
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? NO
- 3.2 If yes, give full and complete information thereto
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? NO
- 4.2 If yes, complete the following schedule:
- | | | | Total Discount | | | | Discount Taken During Period | | | |
|------------------|------------------|------------|----------------|------------|------|-------|------------------------------|------------|------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Line of Business | Maximum Interest | Disc. Rate | Unpaid Losses | Unpaid LAE | IBNR | Total | Unpaid Losses | Unpaid LAE | IBNR | 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? NO
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 6.3 Do you act as an administrator for health savings accounts? NO
- 6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$
7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? YES
- 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?

SCHEDULE F - CEDED REINSURANCE
Showing All New Reinsurers - Current Year to Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|-----------|-------------------|--------------------------|-------------------|---|--|
| NAIC Company Code | ID Number | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |

NONE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
Current Year to Date - Allocated by States and Territories

| | | | 1 | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|----------------------|---|-----|-------------------|-------------------------|--------------------|--|--------------------|----------------------|--------------------|
| | | | Active Status (a) | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | Current Year To Date | Prior Year To Date | Current Year To Date | Prior Year To Date | Current Year To Date | Prior Year To Date |
| States, Etc. | | | | | | | | | |
| 1. | Alabama | AL | R | 474 | | – | | 89 | |
| 2. | Alaska | AK | R | – | | – | | – | |
| 3. | Arizona | AZ | R | 15,066 | | – | | 4,986 | |
| 4. | Arkansas | AR | R | – | | – | | – | |
| 5. | California | CA | R | 12,006 | | – | | 3,856 | |
| 6. | Colorado | CO | R | – | | – | | – | |
| 7. | Connecticut | CT | R | – | | – | | – | |
| 8. | Delaware | DE | R | – | | – | | – | |
| 9. | District of Columbia | DC | L | – | | – | | – | |
| 10. | Florida | FL | R | 224,785 | 212,869 | – | 104,302 | 251,237 | 225,738 |
| 11. | Georgia | GA | R | – | | – | | – | |
| 12. | Hawaii | HI | R | – | | – | | – | |
| 13. | Idaho | ID | R | – | | – | | – | |
| 14. | Illinois | IL | R | 28,289 | | – | | 9,420 | |
| 15. | Indiana | IN | R | – | | – | | – | |
| 16. | Iowa | IA | R | – | | – | | – | |
| 17. | Kansas | KS | R | – | | – | | – | |
| 18. | Kentucky | KY | R | – | | – | | – | |
| 19. | Louisiana | LA | R | – | | – | | – | |
| 20. | Maine | ME | R | – | | – | | – | |
| 21. | Maryland | MD | R | – | | – | | – | |
| 22. | Massachusetts | MA | R | – | | – | | – | |
| 23. | Michigan | MI | R | – | | – | | – | |
| 24. | Minnesota | MN | R | – | | – | | – | |
| 25. | Mississippi | MS | R | – | | – | | – | |
| 26. | Missouri | MO | R | – | | – | | – | |
| 27. | Montana | MT | R | – | | – | | – | |
| 28. | Nebraska | NE | R | – | | – | | – | |
| 29. | Nevada | NV | R | – | | – | | – | |
| 30. | New Hampshire | NH | R | – | | – | | – | |
| 31. | New Jersey | NJ | R | – | | – | | – | |
| 32. | New Mexico | NM | R | – | | – | | – | |
| 33. | New York | NY | R | 1,386,360 | 2,663,078 | 3,675,340 | 1,019,571 | 19,144,925 | 24,316,828 |
| 34. | North Carolina | NC | R | 2,998 | | – | | 1,026 | |
| 35. | North Dakota | ND | R | – | | – | | – | |
| 36. | Ohio | OH | R | 5,302 | | – | | 1,815 | |
| 37. | Oklahoma | OK | R | 3,610 | | – | | 1,277 | |
| 38. | Oregon | OR | R | – | | – | | – | |
| 39. | Pennsylvania | PA | R | – | | – | | – | |
| 40. | Rhode Island | RI | R | – | | – | | – | |
| 41. | South Carolina | SC | R | – | | – | | – | |
| 42. | South Dakota | SD | R | – | | – | | – | |
| 43. | Tennessee | TN | R | – | | – | | – | |
| 44. | Texas | TX | R | 5,414 | | – | | 1,867 | |
| 45. | Utah | UT | R | – | | – | | – | |
| 46. | Vermont | VT | R | – | | – | | – | |
| 47. | Virginia | VA | R | – | | – | | – | |
| 48. | Washington | WA | R | – | | – | | – | |
| 49. | West Virginia | WV | R | – | | – | | – | |
| 50. | Wisconsin | WI | R | – | | – | | – | |
| 51. | Wyoming | WY | R | – | | – | | – | |
| 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 | 1,684,304 | 2,875,947 | 3,675,340 | 1,123,873 | 19,420,498 | 24,542,566 |
| Details of Write-Ins | | | | | | | | | |
| 58001. | | | XXX | | | | | | |
| 58002. | | | XXX | | | | | | |
| 58003. | | | XXX | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | | XXX | | | | | | |
| 58999. | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | XXX | | | | | | |

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG

4. Q – Qualified - Qualified or accredited reinsurer

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

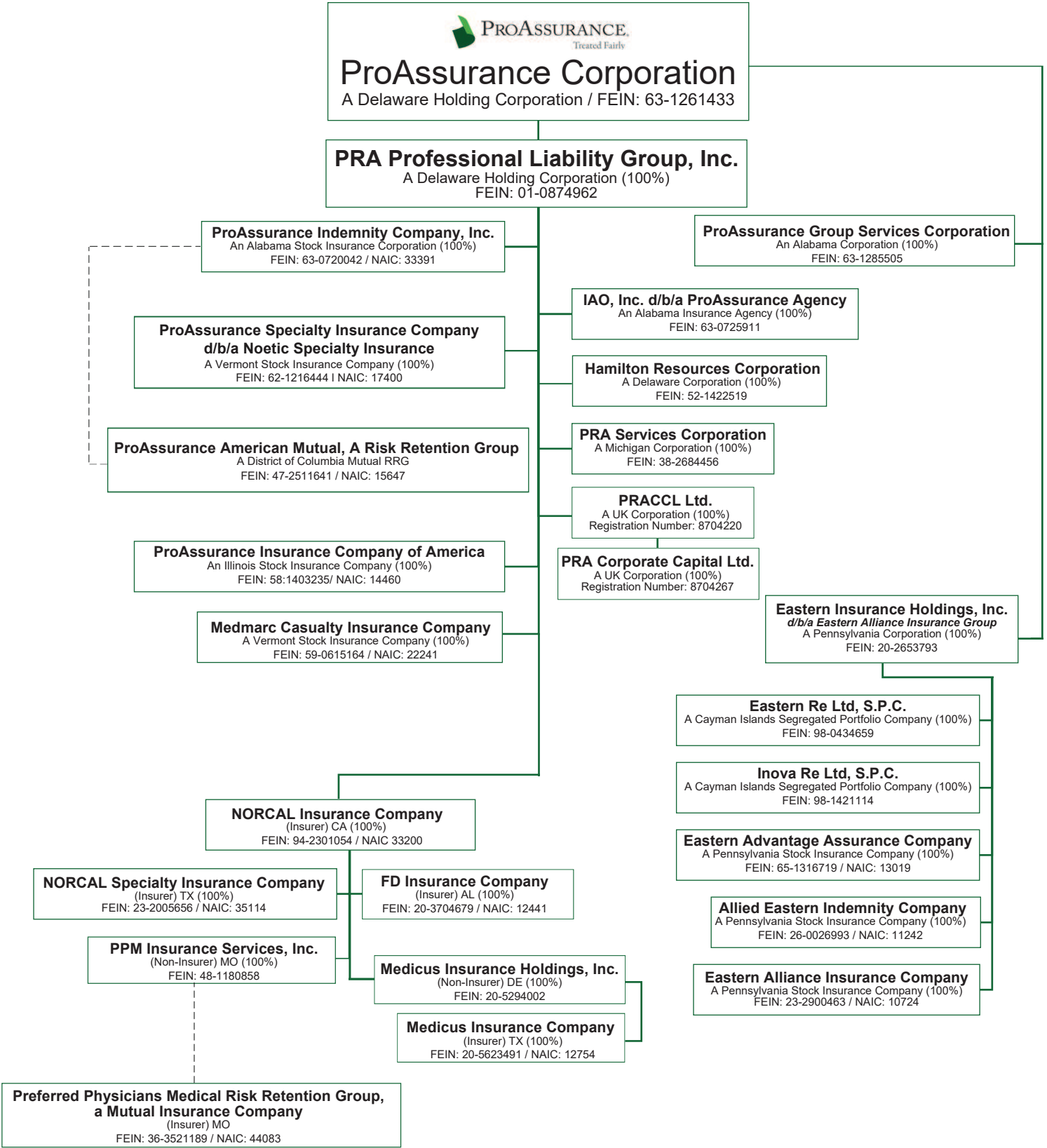
5. D –

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

3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than the state of domicile - see DSLI)

6.

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



SCHEDULE Y

PART 1A - DETAILS 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) | * |
| | | | 63-1261433 | | 0001127703 | New York Stock Exchange | ProAssurance Corporation | DE | UIP | | Board, Other | | | NO | 2 |
| | | | 01-0874962 | | | | PRA Professional Liability Group, Inc. | DE | UIP | ProAssurance Corporation | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 14460 | 58-1403235 | | | | ProAssurance Insurance Company of America | IL | IA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 33391 | 63-0720042 | | | | ProAssurance Indemnity Company, Inc. | AL | OTH | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | 2 |
| | | | 63-0725911 | | | | IAO, Inc. d/b/a ProAssurance Agency | AL | NIA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 38-2684456 | | | | PRA Services Corporation | MI | NIA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 63-1285505 | | | | ProAssurance Group Services Corporation | AL | NIA | ProAssurance Corporation | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 22241 | 59-0615164 | | | | Medmarc Casualty Insurance Company | VT | IA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | 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 | |
| | | | 52-1422519 | | | | Hamilton Resources Corporation | DE | NIA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 00-0000000 | | | | PRACCL Ltd. | GBR | NIA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 00-0000000 | | | | PRA Corporate Capital Ltd. | GBR | OTH | PRACCL Ltd. | Ownership | 100.0 | ProAssurance Corporation | NO | 1 |
| | | | 20-2653793 | | | | Eastern Insurance Holdings, Inc. | PA | NIA | ProAssurance Corporation | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 98-0434659 | | | | Eastern Re Ltd, S.P.C. | CYM | IA | Eastern Insurance Holdings, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 98-1421114 | | | | Inova Re Ltd, S.P.C. | CYM | IA | Eastern Insurance Holdings, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 13019 | 65-1316719 | | | | Eastern Advantage Assurance Company | PA | IA | Eastern Insurance Holdings, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 10724 | 23-2900463 | | | | Eastern Alliance Insurance Company | PA | IA | Eastern Insurance Holdings, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 11242 | 26-0026993 | | | | Allied Eastern Indemnity Company | PA | IA | Eastern Insurance Holdings, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 15647 | 47-2511641 | | | | ProAssurance American Mutual, A Risk Retention Group | DC | RE | ProAssurance Indemnity Company, Inc. | Management, Other | | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 33200 | 94-2301054 | | | | NORCAL Insurance Company | CA | IA | PRA Professional Liability Group, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 35114 | 23-2005656 | | | | NORCAL Specialty Insurance Company | TX | IA | NORCAL Insurance Company | Ownership | 100.0 | ProAssurance Corporation | NO | |
| 2698 | ProAssurance Corp Group | 12441 | 20-3704679 | | | | FD Insurance Company | AL | IA | NORCAL Insurance Company | Ownership | 100.0 | ProAssurance Corporation | NO | |
| | | | 20-5294002 | | | | Medicus Insurance Holdings, Inc. | DE | NIA | NORCAL Insurance Company | Ownership | 100.0 | ProAssurance Corporation | YES | |
| 2698 | ProAssurance Corp Group | 12754 | 20-5623491 | | | | Medicus Insurance Company | TX | IA | Medicus Insurance Holdings, Inc. | Ownership | 100.0 | ProAssurance Corporation | NO | |

SCHEDULE Y

PART 1A - DETAILS 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) | * |
| | | | 48-1180858 | | | | PPM Insurance Services, Inc. | MO | NIA | NORCAL Insurance Company | Ownership | 100.0 | ProAssurance Corporation | YES | |
| 2698 | ProAssurance Corp Group | 44083 | 36-3521189 | | | | Preferred Physicians Medical Risk Retention Group, a Mutual Insurance Company | MO | IA | PPM Insurance Services, Inc. | Management, Other | | ProAssurance Corporation | NO | |
| Asterisk | Explanation | | | | | | | | | | | | | | |
| 1 | Corporate member - Lloyd's of London (Syndicate 1729 and Syndicate 6131) | | | | | | | | | | | | | | |
| 2 | See Note 10 | | | | | | | | | | | | | | |

PART 1 – LOSS EXPERIENCE

| | | Current Year to Date | | | 4 |
|----------------------|---|------------------------|------------------------|------------------------|---|
| | | 1 | 2 | 3 | Prior Year to Date Direct Loss Percentage |
| Line of Business | | Direct Premiums Earned | Direct Losses Incurred | 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 | 360,428 | 214,446 | 59.498 | 63.000 |
| 11.2 | Medical professional liability - claims made | 1,727,458 | 1,027,516 | 59.481 | 62.980 |
| 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 | 2,087,886 | 1,241,962 | 59.484 | 62.983 |
| Details of Write-Ins | | | | | |
| 3401. | ..... |  |  |  |  |
| 3402. | ..... |  |  |  |  |
| 3403. | ..... |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. | Summary of remaining write-ins for Line 34 from overflow page | | | | |

PART 2 – DIRECT PREMIUMS WRITTEN

| | | 1 | 2 | 3 |
|----------------------|---|-----------------|-------------------------|----------------------------|
| Line of Business | | Current Quarter | Current Year to Date | 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 | 47,943 | 372,810 | 406,754 |
| 11.2 | Medical professional liability - claims made | 526,371 | 1,311,494 | 2,469,193 |
| 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 |
| 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 | 574,314 | 1,684,304 | 2,875,947 |
| Details of Write-Ins | | | | |
| 3401. | ..... |  |  |  |
| 3402. | ..... |  |  |  |
| 3403. | ..... |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | |
| 3499. | Summary of remaining write-ins for Line 34 from overflow page | | | |

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) | 2025 Loss and LAE Payments on Claims Reported as of Prior Year End | 2025 Loss and LAE Payments on Claims Unreported as of Prior Year End | Total 2025 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. 2022 + Prior..... | 837 | 206 | 1,043 | 167 | 15 | 182 | 559 | 2 | 300 | 861 | (110) | 110 | — |
| 2. 2023..... | 70 | 162 | 232 | 1 | 3 | 4 | 69 | — | 159 | 228 | — | — | — |
| 3. Subtotals 2023 + prior..... | 907 | 369 | 1,275 | 168 | 18 | 186 | 628 | 2 | 459 | 1,089 | (110) | 110 | — |
| 4. 2024..... | 5 | 193 | 199 | 1 | 1 | 2 | 56 | — | 141 | 197 | 52 | (52) | — |
| 5. Subtotals 2024 + prior..... | 912 | 562 | 1,474 | 169 | 19 | 188 | 684 | 2 | 600 | 1,285 | (59) | 59 | — |
| 6. 2025..... | XXX | XXX | XXX | XXX | 5 | 5 | XXX | 4 | 104 | 108 | XXX | XXX | XXX |
| 7. Totals..... | 912 | 562 | 1,474 | 169 | 24 | 193 | 684 | 6 | 704 | 1,393 | (59) | 59 | — |
| 8. Prior Year-End Surplus As Regards Policyholders..... | 11,603 | | | | | | | | | | Col. 11, Line 7 As % of Col. 1, Line 7 (6.458)% | Col. 12, Line 7 As % of Col. 2, Line 7 10.479 % | Col. 13, Line 7 As % of Col. 3, Line 7 — % Col. 13, Line 7 / Line 8 — % |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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:

1.
2.
3.
4.
5.

BARCODES:

1.

15647202549000003
2.
3.

15647202536500003
4.

15647202550500003
5.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION
Real Estate

| | | 1 | 2 |
|-----|---|--------------|------------------------------|
| | | Year to Date | 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) | | |

SCHEDULE B – VERIFICATION
Mortgage Loans

| | | 1 | 2 |
|-----|---|--------------|------------------------------|
| | | Year to Date | 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) | | |

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

| | | 1 | 2 |
|-----|--|--------------|------------------------------|
| | | Year to Date | 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, depreciation and proportional amortization | | |
| 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) | | |

SCHEDULE D - VERIFICATION
Bonds and Stocks

| | | 1 | 2 |
|-----|---|--------------|------------------------------|
| | | Year to Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 10,232,808 | 10,194,116 |
| 2. | Cost of bonds and stocks acquired | 963,485 | |
| 3. | Accrual of discount | 11,403 | 14,635 |
| 4. | Unrealized valuation increase / (decrease) | 183,680 | 28,000 |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration for bonds and stocks disposed of | 406,898 | |
| 7. | Deduct amortization of premium | 3,113 | 3,943 |
| 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) | 10,981,365 | 10,232,808 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 10,981,365 | 10,232,808 |

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--|--|--|---|---|--|---|--|
| NAIC Designation | Book / Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book / Adjusted Carrying Value End of First Quarter | Book / Adjusted Carrying Value End of Second Quarter | Book / Adjusted Carrying Value End of Third Quarter | Book / Adjusted Carrying Value December 31 Prior Year |
| Issuer Credit Obligations (ICO) | | | | | | | | |
| 1. NAIC 1 (a)..... | 10,398,418 | | 400,000 | 26,488 | 10,348,553 | 10,398,418 | 10,024,906 | 10,232,808 |
| 2. NAIC 2 (a)..... | | | | | | | | |
| 3. NAIC 3 (a)..... | | | | | | | | |
| 4. NAIC 4 (a)..... | | | | | | | | |
| 5. NAIC 5 (a)..... | | | | | | | | |
| 6. NAIC 6 (a)..... | | | | | | | | |
| 7. Total ICO..... | 10,398,418 | | 400,000 | 26,488 | 10,348,553 | 10,398,418 | 10,024,906 | 10,232,808 |
| Asset-Backed Securities (ABS) | | | | | | | | |
| 8. NAIC 1..... | | 963,485 | 6,898 | (128) | | | 956,459 | |
| 9. NAIC 2..... | | | | | | | | |
| 10. NAIC 3..... | | | | | | | | |
| 11. NAIC 4..... | | | | | | | | |
| 12. NAIC 5..... | | | | | | | | |
| 13. NAIC 6..... | | | | | | | | |
| 14. Total ABS..... | | 963,485 | 6,898 | (128) | | | 956,459 | |
| Preferred Stock | | | | | | | | |
| 15. NAIC 1..... | | | | | | | | |
| 16. NAIC 2..... | | | | | | | | |
| 17. NAIC 3..... | | | | | | | | |
| 18. NAIC 4..... | | | | | | | | |
| 19. NAIC 5..... | | | | | | | | |
| 20. NAIC 6..... | | | | | | | | |
| 21. Total Preferred Stock..... | | | | | | | | |
| 22. Total ICO, ABS, & Preferred Stock..... | 10,398,418 | 963,485 | 406,898 | 26,360 | 10,348,553 | 10,398,418 | 10,981,365 | 10,232,808 |

(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 \$

SCHEDULE DA - PART 1
Short-Term Investments

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

NONE

SCHEDULE DA - VERIFICATION
Short-Term Investments

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year to Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year..... | | 391,564 |
| 2. | Cost of short-term investments acquired | | |
| 3. | Accrual of discount | | 8,436 |
| 4. | Unrealized valuation increase / (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | 400,000 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book / adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | | |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | | |

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

| | | 1 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year to Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year..... | 2,593,811 | 2,306,005 |
| 2. | Cost of cash equivalents acquired | 2,289,857 | 2,593,811 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase / (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | 2,593,811 | 2,306,005 |
| 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)..... | 2,289,857 | 2,593,811 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 2,289,857 | 2,593,811 |

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

SCHEDULE D - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|----------------------------|---------------|----------------------|------------------------------|-------------|-----------|---|--|
| CUSIP Identification | Description | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| Asset-Backed Securities: Financial Asset-Backed - Self-Liquidating, Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC) | | | | | | | | |
| 3140W0-VA-0 | FNCL FA0608 5.500 02/01/55 | 08/13/2025 | STIFEL NICOLAUS & CO | XXX | 963,485 | 956,907 | 2,485 | 1.A |
| 1039999999 – Asset-Backed Securities: Financial Asset-Backed - Self-Liquidating, Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC) | | | | | 963,485 | 956,907 | 2,485 | XXX |
| 1889999999 – Subtotal - Asset-Backed Securities (Unaffiliated) | | | | | 963,485 | 956,907 | 2,485 | XXX |
| 1909999997 – Subtotals - Asset-Backed Securities - Part 3 | | | | | 963,485 | 956,907 | 2,485 | XXX |
| 1909999998 – Summary Item from Part 5 for Asset-Backed Securities (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX |
| 1909999999 – Subtotals - Asset-Backed Securities | | | | | 963,485 | 956,907 | 2,485 | XXX |
| 2009999999 – Subtotals - Issuer Credit Obligations and Asset-Backed Securities | | | | | 963,485 | 956,907 | 2,485 | XXX |
| 6009999999 – Totals | | | | | 963,485 | XXX | 2,485 | XXX |

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Change in Book / Adjusted Carrying Value | | | | | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|----------------------------|------------------|-------------------|---------------------------------|---------------|-----------|-------------|---|---|---|--|--|---|--|---|--|-------------------------------------|---|---|--|
| | | | | | | | | | 10 | 11 | 12 | 13 | 14 | | | | | | | |
| CUSIP Identification | Description | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book / Adjusted Carrying Value | Unrealized Valuation Increase / (Decrease) | Current Year's (Amortization) / Accretion | Current Year's Other-Than- Temporary Impairment Recognized | Total Change in B. / A.C.V. (10+11-12) | Total Foreign Exchange Change in B./A.C.V. | Book / Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest / Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
| Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC) | | | | | | | | | | | | | | | | | | | | |
| 912828-5C-0 | US TREASURY | 09/30/2025 | MATURITY | XXX | 200,000 | 200,000 | 193,469 | 197,281 | | 2,719 | | 2,719 | | 200,000 | | | | 6,000 | 09/30/2025 | 1.A |
| 91282C-HV-6 | US TREASURY | 08/31/2025 | MATURITY | XXX | 200,000 | 200,000 | 200,258 | 200,075 | | (75) | | (75) | | 200,000 | | | | 10,000 | 08/31/2025 | 1.A |
| 0019999999 – Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC) | | | | | 400,000 | 400,000 | 393,727 | 397,356 | | 2,644 | | 2,644 | | 400,000 | | | | 16,000 | XXX | XXX |
| 0489999999 – Subtotal - Issuer Obligations (Unaffiliated) | | | | | 400,000 | 400,000 | 393,727 | 397,356 | | 2,644 | | 2,644 | | 400,000 | | | | 16,000 | XXX | XXX |
| 0509999997 – Subtotals - Issuer Credit Obligations - Part 4 | | | | | 400,000 | 400,000 | 393,727 | 397,356 | | 2,644 | | 2,644 | | 400,000 | | | | 16,000 | XXX | XXX |
| 0509999998 – Summary Item from Part 5 for Issuer Credit Obligations (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0509999999 – Subtotals - Issuer Credit Obligations | | | | | 400,000 | 400,000 | 393,727 | 397,356 | | 2,644 | | 2,644 | | 400,000 | | | | 16,000 | XXX | XXX |
| Asset-Backed Securities: Financial Asset-Backed - Self-Liquidating, Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC) | | | | | | | | | | | | | | | | | | | | |
| 3140W0-VA-0 | FNCL FA0608 5.500 02/01/55 | 09/01/2025 | PAY DOWN | XXX | 6,898 | 6,898 | 6,945 | | | (47) | | (47) | | 6,898 | | | | 32 | 02/01/2055 | 1.A |
| 1039999999 – Asset-Backed Securities: Financial Asset-Backed - Self-Liquidating, Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC) | | | | | 6,898 | 6,898 | 6,945 | | | (47) | | (47) | | 6,898 | | | | 32 | XXX | XXX |
| 1889999999 – Subtotal - Asset-Backed Securities (Unaffiliated) | | | | | 6,898 | 6,898 | 6,945 | | | (47) | | (47) | | 6,898 | | | | 32 | XXX | XXX |
| 1909999997 – Subtotals - Asset-Backed Securities - Part 4 | | | | | 6,898 | 6,898 | 6,945 | | | (47) | | (47) | | 6,898 | | | | 32 | XXX | XXX |
| 1909999998 – Summary Item from Part 5 for Asset-Backed Securities (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 1909999999 – Subtotals - Asset-Backed Securities | | | | | 6,898 | 6,898 | 6,945 | | | (47) | | (47) | | 6,898 | | | | 32 | XXX | XXX |
| 2009999999 – Subtotals - Issuer Credit Obligations and Asset-Backed Securities | | | | | 406,898 | 406,898 | 400,672 | 397,356 | | 2,597 | | 2,597 | | 406,898 | | | | 16,032 | XXX | XXX |
| 6009999999 – Totals | | | | | 406,898 | XXX | 400,672 | 397,356 | | 2,597 | | 2,597 | | 406,898 | | | | 16,032 | XXX | XXX |

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

| 1 Depository | 2 Restricted Asset Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|--------------------------------------|------------------------------|--|---|---|--------------|-------------|------------|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| US BANK – BIRMINGHAM, AL | | | | | (6,776) | 924 | 11,186 | XXX |
| 0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | | | | | | | | XXX |
| 0199999 – Total Open Depositories | | | | | (6,776) | 924 | 11,186 | XXX |
| 0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories | | | | | | | | XXX |
| 0299999 – Total Suspended Depositories | | | | | | | | XXX |
| 0399999 – Total Cash on Deposit | | | | | (6,776) | 924 | 11,186 | XXX |
| 0499999 – Cash in Company's Office | | | XXX | XXX | | | | XXX |
| 0599999 – Total | | | | | (6,776) | 924 | 11,186 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|----------------------------|-----------------------|------------------|-------------------------|---------------|--------------------------------|------------------------------------|-----------------------------|
| CUSIP | Description | Restricted Asset Code | Date Acquired | Stated Rate of Interest | Maturity Date | Book / Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| All Other Money Market Mutual Funds | | | | | | | | |
| 31846V-33-6 | FIRST AM GOV OBLIG-X | | 09/30/2025 | 4.053 | XXX | 2,289,857 | 8,419 | 71,438 |
| 8309999999 – All Other Money Market Mutual Funds | | | | | | 2,289,857 | 8,419 | 71,438 |
| 8589999999 – Total Cash Equivalents (Unaffiliated) | | | | | | 2,289,857 | 8,419 | 71,438 |
| 8609999999 – Total Cash Equivalents | | | | | | 2,289,857 | 8,419 | 71,438 |

Physicians



SUPPLEMENT "A" TO SCHEDULE T
Exhibit of Medical Professional Liability Premiums Written Allocated
Allocated by States And Territories

| | | | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | 8 |
|--|--------------------------|-----|-------------------------------|------------------------------|--------------------|---------------------|---------------------------|----------------------|---------------------|---|
| | | | Direct Premiums Written | Direct Premiums Earned | 3 | 4 | Direct Losses Incurred | 6 | 7 | Direct Losses Incurred But Not Reported |
| States, Etc. | | | | | Amount | Number of Claims | | Amount Reported | Number of Claims | |
| 1. | Alabama | AL | - | - | - | - | - | - | - | - |
| 2. | Alaska | AK | - | - | - | - | - | - | - | - |
| 3. | Arizona | AZ | 6,291 | 2,954 | - | - | 1,750 | - | - | 1,750 |
| 4. | Arkansas | AR | - | - | - | - | - | - | - | - |
| 5. | California | CA | 4,065 | 1,473 | - | - | 866 | - | - | 866 |
| 6. | Colorado | CO | - | - | - | - | - | - | - | - |
| 7. | Connecticut | CT | - | - | - | - | - | - | - | - |
| 8. | Delaware | DE | - | - | - | - | - | - | - | - |
| 9. | District of Columbia | DC | - | - | - | - | - | - | - | - |
| 10. | Florida | FL | - | - | - | - | - | - | - | - |
| 11. | Georgia | GA | - | - | - | - | - | - | - | - |
| 12. | Hawaii | HI | - | - | - | - | - | - | - | - |
| 13. | Idaho | ID | - | - | - | - | - | - | - | - |
| 14. | Illinois | IL | - | - | - | - | - | - | - | - |
| 15. | Indiana | IN | - | - | - | - | - | - | - | - |
| 16. | Iowa | IA | - | - | - | - | - | - | - | - |
| 17. | Kansas | KS | - | - | - | - | - | - | - | - |
| 18. | Kentucky | KY | - | - | - | - | - | - | - | - |
| 19. | Louisiana | LA | - | - | - | - | - | - | - | - |
| 20. | Maine | ME | - | - | - | - | - | - | - | - |
| 21. | Maryland | MD | - | - | - | - | - | - | - | - |
| 22. | Massachusetts | MA | - | - | - | - | - | - | - | - |
| 23. | Michigan | MI | - | - | - | - | - | - | - | - |
| 24. | Minnesota | MN | - | - | - | - | - | - | - | - |
| 25. | Mississippi | MS | - | - | - | - | - | - | - | - |
| 26. | Missouri | MO | - | - | - | - | - | - | - | - |
| 27. | Montana | MT | - | - | - | - | - | - | - | - |
| 28. | Nebraska | NE | - | - | - | - | - | - | - | - |
| 29. | Nevada | NV | - | - | - | - | - | - | - | - |
| 30. | New Hampshire | NH | - | - | - | - | - | - | - | - |
| 31. | New Jersey | NJ | - | - | - | - | - | - | - | - |
| 32. | New Mexico | NM | - | - | - | - | - | - | - | - |
| 33. | New York | NY | 1,215,448 | 1,716,458 | 3,628,216 | 3 | 949,212 | 11,258,743 | 33 | 5,355,008 |
| 34. | North Carolina | NC | 2,998 | 1,758 | - | - | 1,026 | - | - | 1,026 |
| 35. | North Dakota | ND | - | - | - | - | - | - | - | - |
| 36. | Ohio | OH | - | - | - | - | - | - | - | - |
| 37. | Oklahoma | OK | - | - | - | - | - | - | - | - |
| 38. | Oregon | OR | - | - | - | - | - | - | - | - |
| 39. | Pennsylvania | PA | - | - | - | - | - | - | - | - |
| 40. | Rhode Island | RI | - | - | - | - | - | - | - | - |
| 41. | South Carolina | SC | - | - | - | - | - | - | - | - |
| 42. | South Dakota | SD | - | - | - | - | - | - | - | - |
| 43. | Tennessee | TN | - | - | - | - | - | - | - | - |
| 44. | Texas | TX | - | - | - | - | - | - | - | - |
| 45. | Utah | UT | - | - | - | - | - | - | - | - |
| 46. | Vermont | VT | - | - | - | - | - | - | - | - |
| 47. | Virginia | VA | - | - | - | - | - | - | - | - |
| 48. | Washington | WA | - | - | - | - | - | - | - | - |
| 49. | West Virginia | WV | - | - | - | - | - | - | - | - |
| 50. | Wisconsin | WI | - | - | - | - | - | - | - | - |
| 51. | Wyoming | WY | - | - | - | - | - | - | - | - |
| 52. | American Samoa | AS | - | - | - | - | - | - | - | - |
| 53. | Guam | GU | - | - | - | - | - | - | - | - |
| 54. | Puerto Rico | PR | - | - | - | - | - | - | - | - |
| 55. | US Virgin Islands | VI | - | - | - | - | - | - | - | - |
| 56. | Northern Mariana Islands | MP | - | - | - | - | - | - | - | - |
| 57. | Canada | CAN | - | - | - | - | - | - | - | - |
| 58. | Aggregate Other Alien | OT | - | - | - | - | - | - | - | - |
| 59. | Totals | | 1,228,802 | 1,722,643 | 3,628,216 | 3 | 952,854 | 11,258,743 | 33 | 5,358,650 |
| Details of Write-Ins | | | | | | | | | | |
| 58001. | | | | | | | | | | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | | | |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | | | | | | | | | |

Hospitals



SUPPLEMENT "A" TO SCHEDULE T
Exhibit of Medical Professional Liability Premiums Written Allocated
Allocated by States And Territories

| | | | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | 8 |
|--|--------------------------|-----|-------------------------|------------------------|--------------------|------------------|------------------------|----------------------|------------------|---|
| | | | Direct Premiums Written | Direct Premiums Earned | 3 | 4 | Direct Losses Incurred | 6 | 7 | Direct Losses Incurred But Not Reported |
| States, Etc. | | | | | Amount | Number of Claims | | Amount Reported | Number of Claims | |
| 1. | Alabama | AL | - | - | - | - | - | - | - | - |
| 2. | Alaska | AK | - | - | - | - | - | - | - | - |
| 3. | Arizona | AZ | - | - | - | - | - | - | - | - |
| 4. | Arkansas | AR | - | - | - | - | - | - | - | - |
| 5. | California | CA | - | - | - | - | - | - | - | - |
| 6. | Colorado | CO | - | - | - | - | - | - | - | - |
| 7. | Connecticut | CT | - | - | - | - | - | - | - | - |
| 8. | Delaware | DE | - | - | - | - | - | - | - | - |
| 9. | District of Columbia | DC | - | - | - | - | - | - | - | - |
| 10. | Florida | FL | - | - | - | - | - | - | - | - |
| 11. | Georgia | GA | - | - | - | - | - | - | - | - |
| 12. | Hawaii | HI | - | - | - | - | - | - | - | - |
| 13. | Idaho | ID | - | - | - | - | - | - | - | - |
| 14. | Illinois | IL | - | - | - | - | - | - | - | - |
| 15. | Indiana | IN | - | - | - | - | - | - | - | - |
| 16. | Iowa | IA | - | - | - | - | - | - | - | - |
| 17. | Kansas | KS | - | - | - | - | - | - | - | - |
| 18. | Kentucky | KY | - | - | - | - | - | - | - | - |
| 19. | Louisiana | LA | - | - | - | - | - | - | - | - |
| 20. | Maine | ME | - | - | - | - | - | - | - | - |
| 21. | Maryland | MD | - | - | - | - | - | - | - | - |
| 22. | Massachusetts | MA | - | - | - | - | - | - | - | - |
| 23. | Michigan | MI | - | - | - | - | - | - | - | - |
| 24. | Minnesota | MN | - | - | - | - | - | - | - | - |
| 25. | Mississippi | MS | - | - | - | - | - | - | - | - |
| 26. | Missouri | MO | - | - | - | - | - | - | - | - |
| 27. | Montana | MT | - | - | - | - | - | - | - | - |
| 28. | Nebraska | NE | - | - | - | - | - | - | - | - |
| 29. | Nevada | NV | - | - | - | - | - | - | - | - |
| 30. | New Hampshire | NH | - | - | - | - | - | - | - | - |
| 31. | New Jersey | NJ | - | - | - | - | - | - | - | - |
| 32. | New Mexico | NM | - | - | - | - | - | - | - | - |
| 33. | New York | NY | - | - | 45,000 | 1 | 389,506 | 1,528,001 | 11 | 704,568 |
| 34. | North Carolina | NC | - | - | - | - | - | - | - | - |
| 35. | North Dakota | ND | - | - | - | - | - | - | - | - |
| 36. | Ohio | OH | - | - | - | - | - | - | - | - |
| 37. | Oklahoma | OK | - | - | - | - | - | - | - | - |
| 38. | Oregon | OR | - | - | - | - | - | - | - | - |
| 39. | Pennsylvania | PA | - | - | - | - | - | - | - | - |
| 40. | Rhode Island | RI | - | - | - | - | - | - | - | - |
| 41. | South Carolina | SC | - | - | - | - | - | - | - | - |
| 42. | South Dakota | SD | - | - | - | - | - | - | - | - |
| 43. | Tennessee | TN | - | - | - | - | - | - | - | - |
| 44. | Texas | TX | - | - | - | - | - | - | - | - |
| 45. | Utah | UT | - | - | - | - | - | - | - | - |
| 46. | Vermont | VT | - | - | - | - | - | - | - | - |
| 47. | Virginia | VA | - | - | - | - | - | - | - | - |
| 48. | Washington | WA | - | - | - | - | - | - | - | - |
| 49. | West Virginia | WV | - | - | - | - | - | - | - | - |
| 50. | Wisconsin | WI | - | - | - | - | - | - | - | - |
| 51. | Wyoming | WY | - | - | - | - | - | - | - | - |
| 52. | American Samoa | AS | - | - | - | - | - | - | - | - |
| 53. | Guam | GU | - | - | - | - | - | - | - | - |
| 54. | Puerto Rico | PR | - | - | - | - | - | - | - | - |
| 55. | US Virgin Islands | VI | - | - | - | - | - | - | - | - |
| 56. | Northern Mariana Islands | MP | - | - | - | - | - | - | - | - |
| 57. | Canada | CAN | - | - | - | - | - | - | - | - |
| 58. | Aggregate Other Alien | OT | - | - | - | - | - | - | - | - |
| 59. | Totals | | - | - | 45,000 | 1 | 389,506 | 1,528,001 | 11 | 704,568 |
| Details of Write-Ins | | | | | | | | | | |
| 58001. | | | | | | | | | | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | | | |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | | | | | | | | | |

Other health care professionals, including dentists, chiropractors, and podiatrists



SUPPLEMENT "A" TO SCHEDULE T
Exhibit of Medical Professional Liability Premiums Written Allocated
Allocated by States And Territories

| | | | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | 8 |
|--|--------------------------|-----|-------------------------------|------------------------------|--------------------|---------------------|---------------------------|----------------------|---------------------|---|
| | | | Direct Premiums Written | Direct Premiums Earned | 3 | 4 | Direct Losses Incurred | 6 | 7 | Direct Losses Incurred But Not Reported |
| States, Etc. | | | | | Amount | Number of Claims | | Amount Reported | Number of Claims | |
| 1. | Alabama | AL | 474 | 152 | - | - | 89 | - | - | 89 |
| 2. | Alaska | AK | - | - | - | - | - | - | - | - |
| 3. | Arizona | AZ | 8,775 | 5,453 | - | - | 3,235 | - | - | 3,235 |
| 4. | Arkansas | AR | - | - | - | - | - | - | - | - |
| 5. | California | CA | 7,941 | 5,088 | - | - | 2,990 | - | - | 2,990 |
| 6. | Colorado | CO | - | - | - | - | - | - | - | - |
| 7. | Connecticut | CT | - | - | - | - | - | - | - | - |
| 8. | Delaware | DE | - | - | - | - | - | - | - | - |
| 9. | District of Columbia | DC | - | - | - | - | - | - | - | - |
| 10. | Florida | FL | 224,785 | 197,630 | - | - | (13,728) | 80,873 | 11 | 170,364 |
| 11. | Georgia | GA | - | - | - | - | - | - | - | - |
| 12. | Hawaii | HI | - | - | - | - | - | - | - | - |
| 13. | Idaho | ID | - | - | - | - | - | - | - | - |
| 14. | Illinois | IL | 28,289 | 15,864 | - | - | 9,420 | - | - | 9,420 |
| 15. | Indiana | IN | - | - | - | - | - | - | - | - |
| 16. | Iowa | IA | - | - | - | - | - | - | - | - |
| 17. | Kansas | KS | - | - | - | - | - | - | - | - |
| 18. | Kentucky | KY | - | - | - | - | - | - | - | - |
| 19. | Louisiana | LA | - | - | - | - | - | - | - | - |
| 20. | Maine | ME | - | - | - | - | - | - | - | - |
| 21. | Maryland | MD | - | - | - | - | - | - | - | - |
| 22. | Massachusetts | MA | - | - | - | - | - | - | - | - |
| 23. | Michigan | MI | - | - | - | - | - | - | - | - |
| 24. | Minnesota | MN | - | - | - | - | - | - | - | - |
| 25. | Mississippi | MS | - | - | - | - | - | - | - | - |
| 26. | Missouri | MO | - | - | - | - | - | - | - | - |
| 27. | Montana | MT | - | - | - | - | - | - | - | - |
| 28. | Nebraska | NE | - | - | - | - | - | - | - | - |
| 29. | Nevada | NV | - | - | - | - | - | - | - | - |
| 30. | New Hampshire | NH | - | - | - | - | - | - | - | - |
| 31. | New Jersey | NJ | - | - | - | - | - | - | - | - |
| 32. | New Mexico | NM | - | - | - | - | - | - | - | - |
| 33. | New York | NY | 170,912 | 132,617 | 2,124 | - | (107,364) | 10,377 | 1 | 85,125 |
| 34. | North Carolina | NC | - | - | - | - | - | - | - | - |
| 35. | North Dakota | ND | - | - | - | - | - | - | - | - |
| 36. | Ohio | OH | 5,302 | 3,103 | - | - | 1,815 | - | - | 1,815 |
| 37. | Oklahoma | OK | 3,610 | 2,186 | - | - | 1,277 | - | - | 1,277 |
| 38. | Oregon | OR | - | - | - | - | - | - | - | - |
| 39. | Pennsylvania | PA | - | - | - | - | - | - | - | - |
| 40. | Rhode Island | RI | - | - | - | - | - | - | - | - |
| 41. | South Carolina | SC | - | - | - | - | - | - | - | - |
| 42. | South Dakota | SD | - | - | - | - | - | - | - | - |
| 43. | Tennessee | TN | - | - | - | - | - | - | - | - |
| 44. | Texas | TX | 5,414 | 3,149 | - | - | 1,867 | - | - | 1,867 |
| 45. | Utah | UT | - | - | - | - | - | - | - | - |
| 46. | Vermont | VT | - | - | - | - | - | - | - | - |
| 47. | Virginia | VA | - | - | - | - | - | - | - | - |
| 48. | Washington | WA | - | - | - | - | - | - | - | - |
| 49. | West Virginia | WV | - | - | - | - | - | - | - | - |
| 50. | Wisconsin | WI | - | - | - | - | - | - | - | - |
| 51. | Wyoming | WY | - | - | - | - | - | - | - | - |
| 52. | American Samoa | AS | - | - | - | - | - | - | - | - |
| 53. | Guam | GU | - | - | - | - | - | - | - | - |
| 54. | Puerto Rico | PR | - | - | - | - | - | - | - | - |
| 55. | US Virgin Islands | VI | - | - | - | - | - | - | - | - |
| 56. | Northern Mariana Islands | MP | - | - | - | - | - | - | - | - |
| 57. | Canada | CAN | - | - | - | - | - | - | - | - |
| 58. | Aggregate Other Alien | OT | - | - | - | - | - | - | - | - |
| 59. | Totals | | 455,502 | 365,242 | 2,124 | - | (100,399) | 91,250 | 12 | 276,182 |
| Details of Write-Ins | | | | | | | | | | |
| 58001. | | | | | | | | | | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | | | |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | | | | | | | | | | |

(Supp-455.OF) Supplement "A" to Schedule T - Exhibit of Medical Professional Liability Premiums Written

NONE

(Supp-455.OF) Write-Ins for Line 58 - Other Alien

NONE

(Supp-455.OVER.PH) Write-Ins for Line 58 - Other Alien

NONE

(Supp-455.OVER.HS) Write-Ins for Line 58 - Other Alien

NONE

(Supp-455.OVER.OP) Write-Ins for Line 58 - Other Alien

NONE

(Supp-455.OVER.OF) Write-Ins for Line 58 - Other Alien

NONE