



QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

NAIC Group Code	02698	02698	NAIC Company Code	15647	Employer's ID Number	47-2511641
	(Current Period)	(Prior Period)				
Organized under the Laws of	District of Columbia	State of Domicile or Port of Entry	District of Columbia			
Country of Domicile	United States					
Incorporated/Organized	01/01/2015	Commenced Business	11/01/2015			
Statutory Home Office	1401 EYE STREET N.W., SUITE 600	WASHINGTON, DC, US 20005				
	(Street and Number)	(City or Town, State, Country and Zip Code)				
Main Administrative Office	100 BROOKWOOD PLACE	BIRMINGHAM, AL, US 35209	205-877-4400			
	(Street and Number)	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)			
Mail Address	PO BOX 590009	BIRMINGHAM, AL, US 35259-0009				
	(Street and Number or P.O. Box)	(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	100 BROOKWOOD PLACE	BIRMINGHAM, AL, US 35209	205-877-4400			
	(Street and Number)	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)			
Internet Web Site Address	www.proassurance.com					
Statutory Statement Contact	ELAINE MARIE SPARKS	615-301-1445				
	(Name)	(Area Code) (Telephone Number) (Extension)				
	FinancialFilings@proassurance.com	615-324-9169				
	(E-Mail Address)	(Fax Number)				

OFFICERS

Name	Title	Name	Title
MICHAEL LEONARD BOGUSKI	PRESIDENT AND CHAIRMAN	KATHRYN ANNE NEVILLE	SECRETARY
DANA SHANNON HENDRICKS	TREASURER		

OTHER OFFICERS

ROBERT DAVID FRANCIS	EXECUTIVE VICE PRESIDENT		
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DIRECTORS OR TRUSTEES

MICHAEL LEONARD BOGUSKI	MARY TODD PETERSON	RICHARD WALTER IRONS #	
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State ofALABAMA.....

County ofJEFFERSON.....ss

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

MICHAEL LEONARD BOGUSKI PRESIDENT	KATHRYN ANNE NEVILLE SECRETARY	DANA SHANNON HENDRICKS TREASURER
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a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

JEAN H. NOOJIN,
APRIL 22, 2025

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	9,205,280		9,205,280	9,284,800
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$2,146,935), cash equivalents (\$741) and short-term investments (\$0)	2,147,676		2,147,676	5,004,784
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	11,352,956	0	11,352,956	14,289,584
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	28
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	211,814		211,814	326,209
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	422,596		422,596	347,327
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,703,997		1,703,997	330,193
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	378,513		378,513	172,670
18.2 Net deferred tax asset			0	15,876
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	154,338	75,000	79,338	10,825
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,224,214	75,000	14,149,214	15,492,712
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	14,224,214	75,000	14,149,214	15,492,712
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid expenses and other assets	75,000	75,000	0	0
2502. State income taxes recoverable	711		711	711
2503. State premium tax recoverable	78,627		78,627	10,114
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	154,338	75,000	79,338	10,825

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$34,285)	939,073	982,485
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	712,916	702,047
4. Commissions payable, contingent commissions and other similar charges	62,206	30,729
5. Other expenses (excluding taxes, licenses and fees)	10,635	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$4,085,843 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	122,023	99,312
10. Advance premium		338,523
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	1,166,726	294,033
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others		0
15. Remittances and items not allocated		0
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	241,751	970,312
20. Derivatives	0	0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	10,918	31,987
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	3,266,248	3,449,428
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	3,266,248	3,449,428
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock		0
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	10,000,000	10,000,000
34. Gross paid in and contributed surplus		0
35. Unassigned funds (surplus)	882,966	2,043,284
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		0
36.2 shares preferred (value included in Line 31 \$)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	10,882,966	12,043,284
38. Totals (Page 2, Line 28, Col. 3)	14,149,214	15,492,712
DETAILS OF WRITE-INS		
2501. Excess ceding commission liability.....	10,918	31,987
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	10,918	31,987
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 1,729,477)	1,347,213	2,037,876	6,363,773
1.2 Assumed (written \$)		0	0
1.3 Ceded (written \$ 1,643,276)	1,283,723	1,949,639	6,044,469
1.4 Net (written \$ 86,201)	63,490	88,237	319,304
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 34,285):			
2.1 Direct	727,125	1,099,896	9,340,221
2.2 Assumed		0	0
2.3 Ceded	692,840	1,052,248	8,911,875
2.4 Net	34,285	47,648	428,346
3. Loss adjustment expenses incurred	30,981	56,214	520,553
4. Other underwriting expenses incurred	7,105	(167,426)	(176,195)
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	72,371	(63,564)	772,704
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(8,881)	151,801	(453,400)
INVESTMENT INCOME			
9. Net investment income earned	(1,249,318)	40,777	173,611
10. Net realized capital gains (losses) less capital gains tax of \$		0	0
11. Net investment gain (loss) (Lines 9 + 10)	(1,249,318)	40,777	173,611
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ 77,234)	(77,234)	(4,516)	(9,940)
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	(77,234)	(4,516)	(9,940)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(1,335,433)	188,062	(289,729)
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(1,335,433)	188,062	(289,729)
19. Federal and foreign income taxes incurred	(205,843)	25,568	(67,864)
20. Net income (Line 18 minus Line 19)(to Line 22)	(1,129,590)	162,494	(221,865)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	12,043,284	12,091,718	12,091,718
22. Net income (from Line 20)	(1,129,590)	162,494	(221,865)
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (16,699)	(62,821)	138,913	202,619
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(32,575)	(14,873)	28,799
27. Change in nonadmitted assets	64,668	6,681	(57,987)
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	(1,160,318)	293,215	(48,434)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	10,882,966	12,384,933	12,043,284
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	703,096	(5,787)	527,371
2. Net investment income	(1,249,290)	42,389	177,287
3. Miscellaneous income	(77,234)	(4,516)	(9,940)
4. Total (Lines 1 to 3)	(623,428)	32,086	694,718
5. Benefit and loss related payments	1,471,614	574,179	213,538
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	762,066	(243,488)	(703,864)
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	98,826
10. Total (Lines 5 through 9)	2,233,680	330,691	(391,500)
11. Net cash from operations (Line 4 minus Line 10)	(2,857,108)	(298,605)	1,086,218
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,857,108)	(298,605)	1,086,218
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,004,784	3,918,566	3,918,566
19.2 End of period (Line 18 plus Line 19.1)	2,147,676	3,619,961	5,004,784

NOTES TO FINANCIAL STATEMENTS

Note 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 #	Year-to-date period ended	
				March 31, 2021	December 31, 2020
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ (1,129,590)	\$ (221,865)
(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>\$ (1,129,590)</u>	<u>\$ (221,865)</u>
 SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 10,882,966	\$ 12,043,284
(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>\$ 10,882,966</u>	<u>\$ 12,043,284</u>

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

B. Use of estimates in the preparation of the financial statements - No significant change.

C. Accounting policy

- (1) - (5) No significant change.
- (6) Loan-backed securities are reported at amortized cost provided that the SVO's designation is 1 or 2. If the SVO's designation is 3 or greater, the security is reported at the lower of amortized cost or fair value. The Company uses the prospective method to make valuation adjustments when necessary.
- (7) - (13) No significant change.

D. Going Concern

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

Note 2 - Accounting Changes and Corrections of Errors - None.

Note 3 - Business Combinations and Goodwill - None.

Note 4 - Discontinued Operations - None.

Note 5 - Investments

- A. Mortgage loans, including mezzanine real estate loans - None.
- B. Debt restructuring - None.
- C. Reverse mortgages - None.
- D. Loan-backed securities - None.
- E. Dollar repurchase agreements and/or securities lending transactions - None.
- F. Repurchase agreements transactions accounted for as secured borrowing - None.
- G. Reverse repurchase agreements transactions accounted for as secured borrowing - None.

NOTES TO FINANCIAL STATEMENTS

- H. Repurchase agreements transactions accounted for as a sale - None.
- I. Reverse repurchase agreements transactions accounted for as a sale - None.
- J. Real estate - None.
- K. Low-income housing tax credits (LIHTC) - None.
- L. Restricted assets - None.
- M. Working capital finance investments - None.
- N. Offsetting and netting of assets and liabilities - None.
- O. 5GI Securities - None.
- P. Short sales - None.
- Q. Prepayment penalty and acceleration fees - None.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

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

Note 7 - Investment Income

- A. Accrued investment income - None.
- B. Amounts nonadmitted - None.

Note 8 - Derivative Instruments - None.

NOTES TO FINANCIAL STATEMENTS

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at March 31 are as follows:

1.

	3/31/2021		
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 144,889	\$ —	\$ 144,889
(b) Statutory Valuation Allowance Adjustments	93,593	—	93,593
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	51,296	—	51,296
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	51,296	—	51,296
(f) Deferred Tax Liabilities	698	50,598	51,296
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e-1f)	\$ 50,598	\$ (50,598)	\$ —

	12/31/2020		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 83,900	\$ —	\$ 83,900
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	83,900	—	83,900
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	83,900	—	83,900
(f) Deferred Tax Liabilities	727	67,297	68,024
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e-1f)	\$ 83,173	\$ (67,297)	\$ 15,876

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 60,989	\$ —	\$ 60,989
(b) Statutory Valuation Allowance Adjustments	93,593	—	93,593
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(32,604)	—	(32,604)
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	(32,604)	—	(32,604)
(f) Deferred Tax Liabilities	(29)	(16,699)	(16,728)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e-1f)	\$ (32,575)	\$ 16,699	\$ (15,876)

NOTES TO FINANCIAL STATEMENTS

2.

Admission Calculation Components SSAP No. 101

- (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Lesser of 2(b)1 and 2(b)2 Below)
 - (1) Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date
 - (2) Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold
- (c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101

3/31/2021		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

\$	—	\$	—	\$	—
\$	—	\$	—	\$	—
\$	—	\$	—	\$	—
	XXX		XXX	\$	1,669,170
\$	51,296	\$	—	\$	51,296
\$	51,296	\$	—	\$	51,296

12/31/2020		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

- (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Lesser of 2(b)1 and 2(b)2 Below)
 - (1) Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date
 - (2) Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold
- (c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101

\$	45,082	\$	—	\$	45,082
\$	6,497	\$	—	\$	6,497
\$	6,497	\$	—	\$	6,497
	XXX		XXX	\$	1,804,111
\$	32,321	\$	—	\$	32,321
\$	83,900	\$	—	\$	83,900

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

- (a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Lesser of 2(b)1 and 2(b)2 Below)
 - (1) Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date
 - (2) Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold
- (c) Adjusted Gross Deferred Tax Assets Offset by Gross Deferred Tax Liabilities
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101

\$	(45,082)	\$	—	\$	(45,082)
\$	(6,497)	\$	—	\$	(6,497)
\$	(6,497)	\$	—	\$	(6,497)
	XXX		XXX	\$	(134,941)
\$	18,975	\$	—	\$	18,975
\$	(32,604)	\$	—	\$	(32,604)

3.

- (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount
- (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above

3/31/2021	12/31/2020
9,191 %	9,934 %
\$ 11,127,800	\$ 12,027,408

NOTES TO FINANCIAL STATEMENTS

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.
- 1 Adjusted Gross DTAs Amount From Note 9A1(c)
 - 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)
 - 4 Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies

3/31/2021	
(1)	(2)
Ordinary	Capital

\$	51,296	\$	—
—	—	—	—
	51,296		—
—	—		

- (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.
- 1 Adjusted Gross DTAs Amount From Note 9A1(c)
 - 2 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)
 - 4 Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies

12/31/2020	
(3)	(4)
Ordinary	Capital

\$	83,900	\$	—
—	—	—	—
	83,900		—
—	—		

- (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.
- 1 Adjusted Gross DTAs Amount From Note 9A1(c)
 - 2 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)
 - 4 Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies

Change	
(5)	(6)
(Col 1-3)	(Col 2-4)
Ordinary	Capital

\$	(32,604)	\$	—
	—		—
	(32,604)		—
	—		—

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

No

B. Deferred Tax Liabilities Not Recognized - None.

NOTES TO FINANCIAL STATEMENTS

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

	(1)	(2)	(3)
	3/31/2021	12/31/2020	(Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ (205,843)	\$ (67,864)	\$ (137,979)
(b) Foreign	—	—	—
(c) Subtotal	(205,843)	(67,864)	(137,979)
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ (205,843)	\$ (67,864)	\$ (137,979)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 28,297	\$ 28,854	\$ (557)
(2) Unearned premium reserve	5,125	18,389	(13,264)
(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	92,831	—	92,831
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	18,636	36,657	(18,021)
(99) Subtotal	\$ 144,889	\$ 83,900	\$ 60,989
(b) Statutory valuation allowance adjustment	93,593	—	93,593
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 51,296	\$ 83,900	\$ (32,604)
(e) Capital			
(1) Investments	\$ —	\$ —	\$ —
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	\$ —	\$ —	\$ —
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ —	\$ —	\$ —
(i) Admitted deferred tax assets (2d + 2h)	\$ 51,296	\$ 83,900	\$ (32,604)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ —	\$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	698	727	(29)
(99) Subtotal	\$ 698	\$ 727	\$ (29)
(b) Capital			
(1) Investments	\$ 50,598	\$ 67,297	\$ (16,699)
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(99) Subtotal	\$ 50,598	\$ 67,297	\$ (16,699)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 51,296	\$ 68,024	\$ (16,728)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ —	\$ 15,876	\$ (15,876)

NOTES TO FINANCIAL STATEMENTS

	3/31/2021	12/31/2020	Change
Total deferred tax assets	\$ 51,296	\$ 83,900	\$ (32,604)
Total deferred tax liabilities	51,296	68,024	(16,728)
Net deferred tax asset	—	15,876	(15,876)
Tax effect of unrealized [(gains)/losses]	(50,598)	(67,297)	16,699
Change in net deferred income tax [(charge)/benefit]	\$ 50,598	\$ 83,173	\$ (32,575)

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

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

March 31, 2021		
Amount	Tax Effect	Effective Tax Rate
Provision computed at statutory rate	\$ (1,335,433)	\$ (280,441) 21.0 %
Change in statutory valuation allowance	—	93,593 (7.0)%
Change in nonadmitted assets	64,668	13,580 (1.0)%
Totals	\$ (1,270,765)	\$ (173,268) 13.0 %
Federal income taxes incurred [expense/(benefit)]		\$ (205,843) 15.4 %
Tax on gains/(losses)		— — %
Change in net deferred income tax [charge/(benefit)]		32,575 (2.4)%
Total statutory income taxes		\$ (173,268) 13.0 %

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

1. At March 31, 2021, the Company did not have any unused operating loss carryforwards available to offset against future taxable income and had the following General Business tax credit carryforwards available:

March 31, 2021 \$ 442,055 expiring December 31, 2041

2. The following is income tax expense for 2021 and 2020 that is available for recoupment in the event of future net losses:

March 31, 2021 \$ —
December 31, 2020 \$ —

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

F. Consolidated federal income tax return - None.

G. The Company does not have any federal or foreign tax loss contingencies as of March 31, 2021.

H. Repatriation Transition Tax (RTT) - None.

I. Alternative Minimum Tax (AMT) Credit - None.

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

A. Nature of relationships

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 million 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 October 15, 2020, the Company received a Permitted Practice from the DISB granting an exception to the requirement that the majority of the Board of Directors be independent. The Permitted Practice expires November 1, 2021. The Company's Board of Directors is currently compliant with its bylaws and the Permitted Practice is no longer needed.

Effective March 31, 2021, affiliate ProAssurance Mid-Continent Underwriters, Inc. was merged with and into affiliate IAO, Inc.

NOTES TO FINANCIAL STATEMENTS

B. Detail of transactions greater than 0.5% of admitted assets

The first two annual interest payments for \$633,681 and \$635,416 under the Subordinated Surplus Note Agreement were recently approved for payment and remitted on March 30, 2021. See Note 13.K.

C. Transactions with related parties who are not reported on Schedule Y - None.

D. Amounts due (to) or from related parties:

	March 31, 2021	December 31, 2020
ProAssurance Indemnity Company, Inc.	\$ (241,751)	\$ (970,312)
Subtotal: due to affiliates	(241,751)	(970,312)
Total due to affiliates	<u>\$ (241,751)</u>	<u>\$ (970,312)</u>

E. Management, service contracts, cost sharing agreements - No significant change.

F. Guarantees or contingencies for related parties - None.

G. Nature of control relationships - None.

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

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

J. Impairments of SCA entities - None.

K. Investments in foreign insurance subsidiaries - None.

L. Valuation of downstream noninsurance holding company - None.

M. All SCA Investments - None.

N. Investment in Insurance SCAs - None.

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

Note 11 - Debt - None.

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

A - D. Defined benefit plans - None.

E. Defined contribution plans - None.

F. Multiemployer plans - None.

G. Consolidated/Holding company plans - None.

H. Postemployment benefits and compensated absences - None.

I. Impact of Medicare Modernization Act on postretirement benefits - None.

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

A. Capital stock outstanding - Not applicable.

B. Dividend rate of preferred stock - Not applicable.

C. Dividend restrictions - No significant change.

D. Dates and amounts of dividends paid - None.

E. Amount of ordinary dividends that may be paid - See Note 13.C.

F. Restrictions on unassigned funds - See Note 13.K.

G. Advances to surplus not repaid for mutual reciprocals - Not applicable.

H. Stock held for special purposes - Not applicable.

NOTES TO FINANCIAL STATEMENTS

- I. Changes in balances of special surplus funds - None.
- J. Unassigned funds represented by cumulative unrealized gains / (losses)

The portion of unassigned funds (surplus) represented by cumulative unrealized capital gains / (losses) is \$240,943.

- K. Surplus notes

(1) Item Number	(2) Date Issued	(3) Interest Rate	(4) Original Issue Amount of Note	(5) Is Surplus Note Holder a Related Party? (Y/N)	(6) Carrying Value of Note Prior Year	(7) Carrying Value of Note Current Year*	(8) Unapproved Interest And/Or Principal	(9) Current Year Interest Expense Recognized
1	01/08/2015	6.250	\$ 10,000,000	YES	\$ 10,000,000	\$ 10,000,000	\$ 2,536,459	\$ 1,269,097
Total	XXX	XXX	\$ 10,000,000	XXX	\$ 10,000,000	\$ 10,000,000	\$ 2,536,459	\$ 1,269,097

*Total should agree with Page 3, Line 33.

(1) Item Number	(10) Life-To-Date Interest Expense Recognized	(11) Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider).	(12) Current Year Principal Paid	(13) Life-To-Date Principal Paid	(14) Date of Maturity	(15) Are Surplus Note Payments Contractually Linked? (Y/N)	(16) Surplus Note Payments Subject to Administrative Offsetting Provisions? (Y/N)
1	\$ 1,269,097	0.000	\$ —	\$ —	01/08/2040	YES	NO
Total	\$ 1,269,097	XXX	\$ —	\$ —	XXX	XXX	XXX

(1) Item Number	(17) Were Surplus Note Proceeds Used to Purchase An Asset Directly From the Holder of the Surplus Note? (Y/N)	(18) Is Asset Issuer a Related Party? (Y/N)	(19) Type of Assets Received Upon Issuance	(20) Principal Amount of Assets Received Upon Issuance	(21) Book/Adjusted Carry Value of Assets	(22) Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
1	NO	NO	cash	\$ 10,000,000	\$ 10,000,000	NO
Total	XXX	XXX	XXX	\$ 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 recently approved for payment and remitted during the quarter. The remaining interest payments of \$633,681, \$633,680, \$633,681 and \$635,417 due January 8, 2018, 2019, 2020, and 2021, respectively, 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 quasi-reorganization - None.
- M. Effective date of quasi-reorganization - None.

Note 14 - Liabilities, Contingencies and Assessments

- A. Contingent commitments - None.
- B. Assessments - None.
- C. Gain contingencies - None.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits - None.
- E. Product warranties - None.
- F. Joint and several liabilities - None.
- G. All other contingencies - None.

Note 15 - Leases - None.

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

NOTES TO FINANCIAL STATEMENTS

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

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

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

Note 20 - Fair Value Measurements

A. Fair value measurements

(1) Fair value measurements at reporting date:

March 31, 2021					
Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds	\$ 9,205,280	\$ —	\$ —	\$ —	\$ 9,205,280
Cash equivalents	741	—	—	—	741
Total assets at fair value/NAV	\$ 9,206,021	\$ —	\$ —	\$ —	\$ 9,206,021

December 31, 2020					
Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at fair value					
Bonds	\$ 9,284,800	\$ —	\$ —	\$ —	\$ 9,284,800
Cash equivalents	1,460,471	—	—	—	1,460,471
Total assets at fair value/NAV	\$ 10,745,271	\$ —	\$ —	\$ —	\$ 10,745,271

(2) Fair value measurements in (Level 3) of the fair value hierarchy - None.

(3) The Company’s policy is to recognize transfers between levels at the end of the reporting period.

(4) Valuation techniques and inputs used in the fair value measurements categorized within Level 2 and Level 3 - None.

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

B. Additional fair value disclosures - None.

C. Fair values of financial instruments

March 31, 2021							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 9,205,280	\$ 9,205,280	\$ 9,205,280	\$ —	\$ —	\$ —	\$ —
Cash equivalents	741	741	741	—	—	—	—

December 31, 2020							
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 9,284,800	\$ 9,284,800	\$ 9,284,800	\$ —	\$ —	\$ —	\$ —
Cash equivalents	1,460,471	1,460,471	1,460,471	—	—	—	—

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

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

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

D. Items for which it is not practicable to estimate fair value - None.

E. Investments measured using the NAV practical expedient - None.

NOTES TO FINANCIAL STATEMENTS

Note 21 - Other Items

- A. Unusual or infrequent items - None.
- B. Troubled debt restructuring: debtors - None.
- C. Other disclosures
- Agents' Balances Certification, Section 625.012(5), Florida Statutes
- At March 31, 2021, the Company had admitted assets of \$211,814 in accounts receivable for amounts due from policyholders and agents. The Company routinely assesses the collectibility of these receivables and establishes an allowance for uncollectible amounts. There are no amounts due from "controlled" or "controlling" persons included in this balance.
- D. Business interruption insurance recoveries - None.
- E. State transferable and non-transferable tax credits - None.
- F. Subprime-mortgage-related risk exposure - None.
- G. Insurance-linked securities (ILS) contracts - None.
- H. The amount that could be realized on life insurance where the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy - None.

Note 22 - Events Subsequent

- Subsequent events have been considered through May 7, 2021 for the statutory statement filed on or before May 15, 2021.
- Type I - Recognized subsequent events - None.
- Type II - Nonrecognized subsequent events:

Effective May 5, 2021, the Company's parent completed the acquisition of NORCAL Group. The NORCAL Group entities will be reflected in the organizational chart contained in the June 30, 2021 financial statement.

Note 23 - Reinsurance

- A. Unsecured reinsurance recoverables

The Company has an unsecured aggregate recoverable from the following reinsurer for losses greater than three percent (3%) of capital and surplus at March 31, 2021. This aggregate recoverable consists of amounts paid and unpaid, including IBNR, loss adjustment expenses, and unearned premiums net of Ceded Payable, Letters of Credit and Funds Held.

NAIC Code	Federal ID #	Name of Reinsurer	Amount
33391	63-0720042	ProAssurance Indemnity Company, Inc.	\$ 40,398,000

- B. Reinsurance recoverables in dispute - None.
- C. Reinsurance assumed and ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Unearned Premium	Commission Equity	Unearned Premium	Commission Equity	Unearned Premium	Commission Equity
a. Affiliates	\$ —	\$ —	\$ 4,085,843	\$ 1,184,894	\$ (4,085,843)	\$ (1,184,894)
b. All other	—	—	—	—	—	—
c. Total	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 4,085,843</u>	<u>\$ 1,184,894</u>	<u>\$ (4,085,843)</u>	<u>\$ (1,184,894)</u>
d. Direct Unearned Premium Reserve:			\$ 4,207,866			

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

- (2) Additional or return commission predicated on loss experience or other profit sharing arrangements - None.
- (3) The Company does not use protected cells as an alternative to traditional reinsurance.

NOTES TO FINANCIAL STATEMENTS

- D. Uncollectible reinsurance - None.
- E. Commutation of ceded reinsurance - None.
- F. Retroactive reinsurance - None.
- G. Reinsurance accounted for as a deposit - None.
- H. Disclosures for transfer of property and casualty run-off agreements - None.
- I. Certified reinsurer rating downgraded or status subject to revocation - None.
- J. Reinsurance agreements qualifying for reinsurer aggregation - None.
- K. Reinsurance credit - None.

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

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Combined reserves for incurred losses and loss adjustment expenses attributable to insured events as of December 31, 2020 were \$1,684,532. The re-estimation of those reserves during the three months ended March 31, 2021 resulted in no change to the estimate of loss and loss adjustment expenses attributable to insured events as of December 31, 2020.

Note 26 - Intercompany Pooling Arrangements - None.

Note 27 - Structured Settlements - None.

Note 28 - Health Care Receivables - None.

Note 29 - Participating Policies - None.

Note 30 - Premium Deficiency Reserves - No significant change.

Note 31 - High Deductibles - None.

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

Note 33 - Asbestos/Environmental Reserves - None.

Note 34 - Subscriber Savings Accounts - None.

Note 35 - Multiple Peril Crop Insurance - None.

Note 36 - Financial Guaranty Insurance - None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☒ No ☐

1.2

If yes, has the report been filed with the domiciliary state?

Yes ☒ No ☐

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

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 ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐

3.3

If the response to 3.2 is yes, provide a brief description of those changes.
PROASSURANCE MID-CONTINENT UNDERWRITERS, INC. WAS MERGED WITH AND INTO IAO, INC. EFFECTIVE MARCH 31, 2021. SEE NOTE 10

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group

0001127703

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC.

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?

If yes, attach an explanation.

Yes ☐ No ☒ NA ☐

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.

12/31/2019

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).

04/08/2021

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?

Yes ☐ No ☐ NA ☒

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(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.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [X] No []

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
THE PROASSURANCE CODE OF ETHICS WAS AMENDED JANUARY 1, 2021 FOR ALL EMPLOYEES, INCLUDING SENIOR OFFICERS TO ADD A REQUIREMENT THAT EMPLOYEES REPORT INTERNALLY AN ACTUAL OR POTENTIAL BREACH OF TECHNOLOGY OR DATA

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

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

12.

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

13.

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

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA []

If no, attach a description with this statement.

16

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

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.3

Total payable for securities lending reported on the liability page

\$0

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
LAWRENCE COCHRAN.....	I.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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

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

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
a. PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?..... Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is
c. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?..... Yes [] No [X]

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes ☐ No ☐ NA ☒
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?
If yes, attach an explanation.

Yes ☐ No ☒
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes ☐ No ☒
- 3.2

If yes, give full and complete information thereto.
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?
If yes, complete the following schedule:

Yes ☐ No ☒

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent

5.2 A&H cost containment percent

5.3 A&H expense percent excluding cost containment expenses.....

%

%

%
- 6.1

Do you act as a custodian for health savings accounts?.....

Yes ☐ No ☒
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date.....

\$
- 6.3

Do you act as an administrator for health savings accounts?.....

Yes ☐ No ☒
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date.....

\$
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....

Yes ☒ No ☐
- 7.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....

Yes ☐ No ☐

STATEMENT AS OF MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

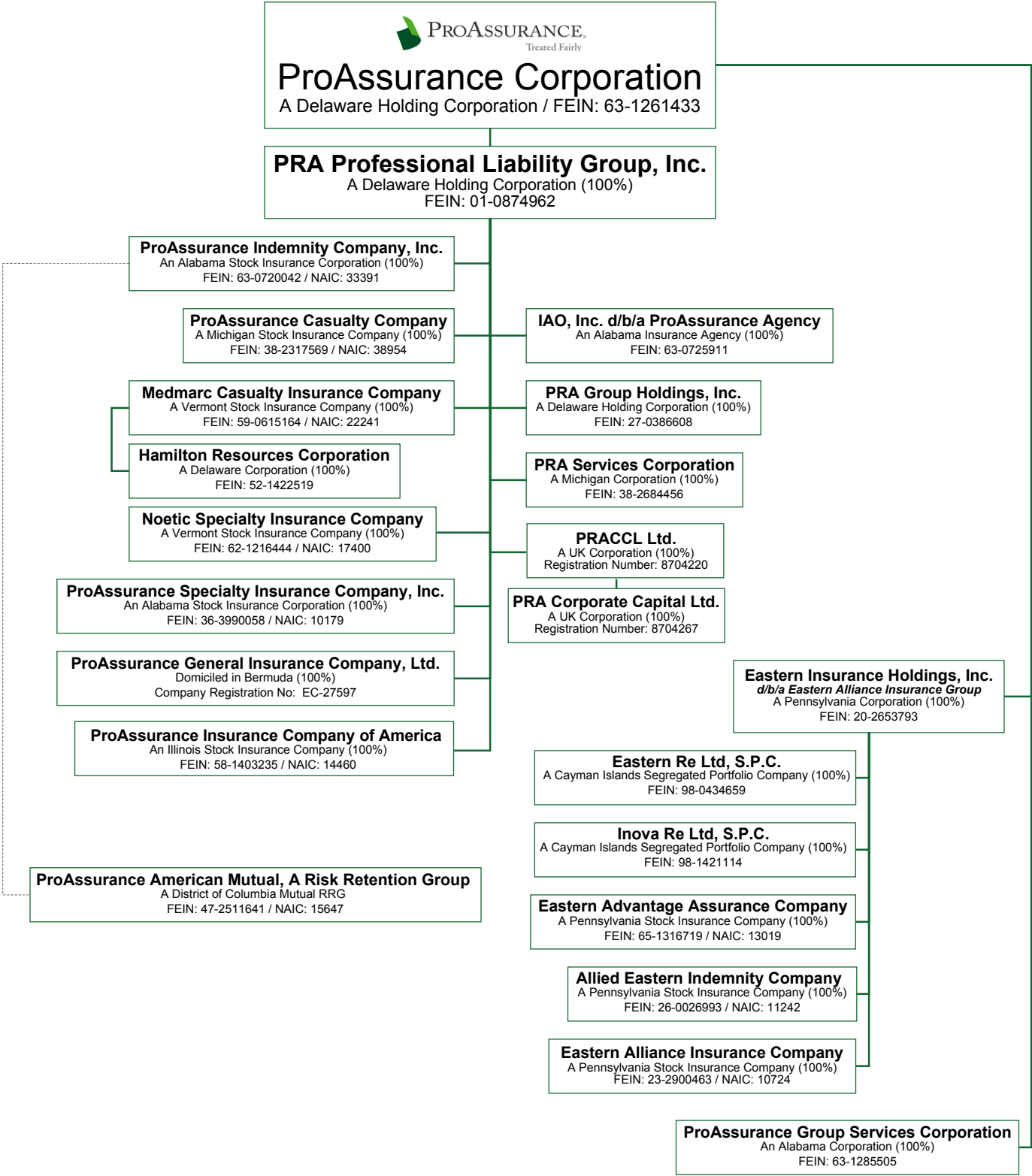
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date – Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status (a)	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL	N	.0	.0	.0	.0	.0
2. Alaska	AK	N	.0	.0	.0	.0	.0
3. Arizona	AZ	R	.0	.0	.0	.0	.0
4. Arkansas	AR	R	.0	.0	.0	.0	.0
5. California	CA	R	.0	.0	.0	.0	.0
6. Colorado	CO	N	.0	.0	.0	.0	.0
7. Connecticut	CT	R	967,218	1,017,962	.0	721,894	193,661
8. Delaware	DE	N	.0	.0	.0	.0	.0
9. Dist. Columbia	DC	L	.0	.0	.0	.0	.0
10. Florida	FL	R	34,489	40,700	389	425,601	446,955
11. Georgia	GA	N	.0	.0	.0	.0	.0
12. Hawaii	HI	N	.0	.0	.0	.0	.0
13. Idaho	ID	N	.0	.0	.0	.0	.0
14. Illinois	IL	R	.0	.0	.0	.0	.0
15. Indiana	IN	N	.0	.0	.0	.0	.0
16. Iowa	IA	N	.0	.0	.0	.0	.0
17. Kansas	KS	N	.0	.0	.0	.0	.0
18. Kentucky	KY	N	.0	.0	.0	.0	.0
19. Louisiana	LA	R	.0	.0	.0	.0	.0
20. Maine	ME	N	.0	.0	.0	.0	.0
21. Maryland	MD	N	.0	.0	.0	.0	.0
22. Massachusetts	MA	R	.0	.0	.0	.0	.0
23. Michigan	MI	N	.0	.0	.0	.0	.0
24. Minnesota	MN	N	.0	.0	.0	.0	.0
25. Mississippi	MS	N	.0	.0	.0	.0	.0
26. Missouri	MO	N	.0	.0	.0	.0	.0
27. Montana	MT	N	.0	.0	.0	.0	.0
28. Nebraska	NE	N	.0	.0	.0	.0	.0
29. Nevada	NV	N	.0	.0	.0	.0	.0
30. New Hampshire	NH	N	.0	.0	.0	.0	.0
31. New Jersey	NJ	R	47,143	44,693	.0	43,312	5,832
32. New Mexico	NM	N	.0	.0	.0	.0	.0
33. New York	NY	R	680,627	1,049,280	1,553,538	20,436,295	14,629,850
34. No. Carolina	NC	N	.0	.0	.0	.0	.0
35. No. Dakota	ND	N	.0	.0	.0	.0	.0
36. Ohio	OH	N	.0	.0	.0	.0	.0
37. Oklahoma	OK	R	.0	.0	.0	.0	.0
38. Oregon	OR	N	.0	.0	.0	.0	.0
39. Pennsylvania	PA	R	.0	.0	.0	.0	.0
40. Rhode Island	RI	R	.0	.0	.0	.0	.0
41. So. Carolina	SC	N	.0	.0	.0	.0	.0
42. So. Dakota	SD	N	.0	.0	.0	.0	.0
43. Tennessee	TN	N	.0	.0	.0	.0	.0
44. Texas	TX	R	.0	.0	.0	.0	.0
45. Utah	UT	N	.0	.0	.0	.0	.0
46. Vermont	VT	N	.0	.0	.0	.0	.0
47. Virginia	VA	N	.0	.0	.0	.0	.0
48. Washington	WA	N	.0	.0	.0	.0	.0
49. West Virginia	WV	N	.0	.0	.0	.0	.0
50. Wisconsin	WI	N	.0	.0	.0	.0	.0
51. Wyoming	WY	N	.0	.0	.0	.0	.0
52. American Samoa	AS	N	.0	.0	.0	.0	.0
53. Guam	GU	N	.0	.0	.0	.0	.0
54. Puerto Rico	PR	N	.0	.0	.0	.0	.0
55. U.S. Virgin Islands	VI	N	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP	N	.0	.0	.0	.0	.0
57. Canada	CAN	N	.0	.0	.0	.0	.0
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0	.0
59. Totals	XXX	1,729,477	2,152,635	1,553,927	550,031	21,627,102	15,276,298
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	.0	.0	.0	.0	.0	.0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 14
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI) 0 Q – Qualified – Qualified or accredited reinsurer 0
D – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus lines in the state of domicile 0 N – None of the above – Not allowed to write business in the state 42

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



STATEMENT AS OF MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	63-1261433		0001127703	New York Stock Exchange	ProAssurance Corporation	DE	UIP		Board, Other	0.0		N	0
		00000	01-0874962				PRA Professional Liability Group, Inc.	DE	UIP	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	14460	58-1403235				ProAssurance Insurance Company of America	IL	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	38954	38-2317569				ProAssurance Casualty Company	MI	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	00-0000000				ProAssurance General Insurance Company, Ltd.	BMU	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	33391	63-0720042				ProAssurance Indemnity Company, Inc.	AL	OTH	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	10179	36-3990058				ProAssurance Specialty Insurance Company, Inc.	AL	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	63-0725911				IAO, Inc. d/b/a ProAssurance Agency	AL	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	27-0386608				PRA Group Holdings, Inc.	DE	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	38-2684456				PRA Services Corporation	MI	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	63-1285505				ProAssurance Group Services Corporation	AL	NIA	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	22241	59-0615164				Medmarc Casualty Insurance Company	VT	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	17400	62-1216444				Noetic Specialty Insurance Company	VT	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	52-1422519				Hamilton Resources Corporation	DE	NIA	Medmarc Casualty Insurance Company	Ownership	100.0	ProAssurance Corporation	Y	0
		00000	00-0000000				PRACCL Ltd.	GBR	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	00-0000000				PRA Corporate Capital Ltd.	GBR	OTH	PRACCL Ltd.	Ownership	100.0	ProAssurance Corporation	N	1
		00000	20-2653793				Eastern Insurance Holdings, Inc.	PA	NIA	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	N	0
		00000	98-0434659				Eastern Re Ltd, S.P.C.	CYM	IA	Eastern Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
		00000	98-1421114				Inova Re Ltd, S.P.C.	CYM	IA	Eastern Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	13019	65-1316719				Eastern Advantage Assurance Company	PA	IA	Eastern Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	10724	23-2900463				Eastern Alliance Insurance Company	PA	IA	Eastern Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	11242	26-0026993				Allied Eastern Indemnity Company	PA	IA	Eastern Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	N	0
02698	ProAssurance Corp Group	15647	47-2511641				ProAssurance American Mutual, A Risk Retention Group	DC	RE	ProAssurance Indemnity Company, Inc.	Board, Other	0.0	ProAssurance Corporation	N	0

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

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

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire			0.0	0.0
2.	Allied lines			0.0	0.0
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril			0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability -occurrence	109,257	58,993	54.0	54.0
11.2	Medical professional liability -claims made	1,224,914	661,089	54.0	54.0
12.	Earthquake			0.0	0.0
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability occurrence	13,042	7,043	54.0	54.0
17.2	Other liability-claims made			0.0	0.0
17.3	Excess Workers' Compensation			0.0	0.0
18.1	Products liability-occurrence			0.0	0.0
18.2	Products liability-claims made			0.0	0.0
19.1,19.2	Private passenger auto liability			0.0	0.0
19.3,19.4	Commercial auto liability			0.0	0.0
21.	Auto physical damage			0.0	0.0
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety			0.0	0.0
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	TOTALS	1,347,213	727,125	54.0	54.0
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0		0
2.	Allied lines	0		0
3.	Farmowners multiple peril	0		0
4.	Homeowners multiple peril	0		0
5.	Commercial multiple peril	0		0
6.	Mortgage guaranty	0		0
8.	Ocean marine	0		0
9.	Inland marine	0		0
10.	Financial guaranty	0		0
11.1	Medical professional liability-occurrence	75,115	75,115	139,215
11.2	Medical professional liability-claims made	1,633,226	1,633,226	1,993,625
12.	Earthquake	0		0
13.	Group accident and health	0		0
14.	Credit accident and health	0		0
15.	Other accident and health	0		0
16.	Workers' compensation	0		0
17.1	Other liability occurrence	21,136	21,136	19,795
17.2	Other liability-claims made	0		0
17.3	Excess Workers' Compensation	0		0
18.1	Products liability-occurrence	0		0
18.2	Products liability-claims made	0		0
19.1,19.2	Private passenger auto liability	0		0
19.3,19.4	Commercial auto liability	0		0
21.	Auto physical damage	0		0
22.	Aircraft (all perils)	0		0
23.	Fidelity	0		0
24.	Surety	0		0
26.	Burglary and theft	0		0
27.	Boiler and machinery	0		0
28.	Credit	0		0
29.	International	0		0
30.	Warranty	0		0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	TOTALS	1,729,477	1,729,477	2,152,635
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

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)	2021 Loss and LAE Payments on Claims Reported as of Prior Year-End	2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2021 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. 2018 + Prior	557	(85)	472	81	0	81	447	0	(56)	391	(29)	29	0
2. 2019	574	135	709	6	6	12	577	1	119	697	9	(9)	0
3. Subtotals 2019 + prior	1,131	50	1,181	87	6	93	1,024	1	63	1,088	(20)	20	0
4. 2020	61	443	504	2	2	4	61	1	438	500	2	(2)	0
5. Subtotals 2020 + prior	1,192	493	1,685	89	8	97	1,085	2	501	1,588	(18)	18	0
6. 2021	XXX	XXX	XXX	XXX	1	1	XXX	4	60	64	XXX	XXX	XXX
7. Totals	1,192	493	1,685	89	9	98	1,085	6	561	1,652	(18)	18	0
8. Prior Year-End Surplus As Regards Policy-holders	12,043										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. (1.5)	2. 3.7	3. 0.0
											Col. 13, Line 7 Line 8		
											4. 0.0		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing 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.....

Explanation:

Bar Code:

1.

156472021490000001

3.

156472021365000001

4.

156472021505000001

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	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

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	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

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	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	9,284,800	9,028,320
2. Cost of bonds and stocks acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)	(79,520)	256,480
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	9,205,280	9,284,800
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	9,205,280	9,284,800

STATEMENT AS OF MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	9,284,800			(79,520)	9,205,280	0	0	9,284,800
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	9,284,800	0	0	(79,520)	9,205,280	0	0	9,284,800
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	9,284,800	0	0	(79,520)	9,205,280	0	0	9,284,800

(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
NONE

Schedule DA - Verification
NONE

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,460,471	3,389,138
2. Cost of cash equivalents acquired	82,540	20,917,111
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals	1,542,270	22,845,778
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	741	1,460,471
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	741	1,460,471

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

Schedule D - Part 3
NONE

Schedule D - Part 4
NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DB - Part E
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

STATEMENT AS OF MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

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

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska	AK	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	.0	.0	.0	.0	.0	.0	.0	.0
5. California	CA	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado	CO	.0	.0	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	.914,258	.225,434	.0	.0	.121,726	.10,002	.2	.639,790
8. Delaware	DE	.0	.0	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	.0	.0	.0	.0	.0	.0	.0	.0
10. Florida	FL	.0	.0	.0	.0	.0	.0	.0	.0
11. Georgia	GA	.0	.0	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	.0	.0	.0	.0	.0	.0	.0	.0
13. Idaho	ID	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois	IL	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana	IN	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa	IA	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas	KS	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	.0	.0	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	.0	.0	.0	.0	.0	.0	.0	.0
20. Maine	ME	.0	.0	.0	.0	.0	.0	.0	.0
21. Maryland	MD	.0	.0	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	.0	.0	.0	.0	.0	.0	.0	.0
23. Michigan	MI	.0	.0	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	.0	.0	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri	MO	.0	.0	.0	.0	.0	.0	.0	.0
27. Montana	MT	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada	NV	.0	.0	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	.0	.0	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	.41,320	.10,189	.0	.0	.5,497	.0	.0	.36,673
32. New Mexico	NM	.0	.0	.0	.0	.0	.0	.0	.0
33. New York	NY	.501,564	.877,984	.1,553,538	.2	.473,984	.20,309,432	.53	.(644,396)
34. North Carolina	NC	.0	.0	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	.0	.0	.0	.0	.0	.0	.0	.0
36. Ohio	OH	.0	.0	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	.0	.0	.0	.0	.0	.0	.0	.0
38. Oregon	OR	.0	.0	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	.0	.0	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	.0	.0	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	.0	.0	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas	TX	.0	.0	.0	.0	.0	.0	.0	.0
45. Utah	UT	.0	.0	.0	.0	.0	.0	.0	.0
46. Vermont	VT	.0	.0	.0	.0	.0	.0	.0	.0
47. Virginia	VA	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington	WA	.0	.0	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	.0	.0	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	.0	.0	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	.0	.0	.0	.0	.0	.0	.0	.0
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	.0	.0	.0	.0	.0	.0	.0	.0
59. Totals		.1,457,142	.1,113,607	.1,553,538	.2	.601,207	.20,319,434	.55	.32,067
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.0	.0	.0	.0	.0	.0	.0	.0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

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

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	0	0	0	0	0	0	0	0
2. Alaska	AK	0	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0	0
10. Florida	FL	0	0	0	0	0	0	0	0
11. Georgia	GA	0	0	0	0	0	0	0	0
12. Hawaii	HI	0	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0	0	0
17. Kansas	KS	0	0	0	0	0	0	0	0
18. Kentucky	KY	0	0	0	0	0	0	0	0
19. Louisiana	LA	0	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0	0
21. Maryland	MD	0	0	0	0	0	0	0	0
22. Massachusetts	MA	0	0	0	0	0	0	0	0
23. Michigan	MI	0	0	0	0	0	0	0	0
24. Minnesota	MN	0	0	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0	0	0
33. New York	NY	157,183	136,134	0	0	73,284	727,007	11	(105,132)
34. North Carolina	NC	0	0	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0	0	0
36. Ohio	OH	0	0	0	0	0	0	0	0
37. Oklahoma	OK	0	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0	0
47. Virginia	VA	0	0	0	0	0	0	0	0
48. Washington	WA	0	0	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0	0	0
50. Wisconsin	WI	0	0	0	0	0	0	0	0
51. Wyoming	WY	0	0	0	0	0	0	0	0
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		157,183	136,134	0	0	73,284	727,007	11	(105,132)
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

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

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska	AK	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	.0	.0	.0	.0	.0	.0	.0	.0
5. California	CA	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado	CO	.0	.0	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	52,960	13,059	.0	.0	7,052	.0	.0	72,102
8. Delaware	DE	.0	.0	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	.0	.0	.0	.0	.0	.0	.0	.0
10. Florida	FL	34,489	32,330	389	.0	17,458	416,326	23	9,275
11. Georgia	GA	.0	.0	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	.0	.0	.0	.0	.0	.0	.0	.0
13. Idaho	ID	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois	IL	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana	IN	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa	IA	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas	KS	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	.0	.0	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	.0	.0	.0	.0	.0	.0	.0	.0
20. Maine	ME	.0	.0	.0	.0	.0	.0	.0	.0
21. Maryland	MD	.0	.0	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	.0	.0	.0	.0	.0	.0	.0	.0
23. Michigan	MI	.0	.0	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	.0	.0	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri	MO	.0	.0	.0	.0	.0	.0	.0	.0
27. Montana	MT	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada	NV	.0	.0	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	.0	.0	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	5,823	1,436	.0	.0	775	.0	.0	6,639
32. New Mexico	NM	.0	.0	.0	.0	.0	.0	.0	.0
33. New York	NY	744	37,607	.0	.0	20,306	.0	.0	73,943
34. North Carolina	NC	.0	.0	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	.0	.0	.0	.0	.0	.0	.0	.0
36. Ohio	OH	.0	.0	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	.0	.0	.0	.0	.0	.0	.0	.0
38. Oregon	OR	.0	.0	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	.0	.0	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	.0	.0	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	.0	.0	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas	TX	.0	.0	.0	.0	.0	.0	.0	.0
45. Utah	UT	.0	.0	.0	.0	.0	.0	.0	.0
46. Vermont	VT	.0	.0	.0	.0	.0	.0	.0	.0
47. Virginia	VA	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington	WA	.0	.0	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	.0	.0	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	.0	.0	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	.0	.0	.0	.0	.0	.0	.0	.0
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		94,016	84,432	389	0	45,591	416,326	23	161,959
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0