



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

NORCAL Specialty Insurance Company

NAIC Group Code02698, 01282NAIC Company Code35114Employer's ID Number23-2005656

(Current Period)(Prior Period)

Organized under the Laws ofTexas, State of Domicile or Port of EntryTexas

Country of DomicileUnited States

Incorporated/Organized06/30/1976Commenced Business01/01/1978

Statutory Home Office7600 N. Capital of TX Hwy, Bldg B, Suite 300Austin, TX, US 78731

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office1700 Bent Creek BoulevardMechanicsburg, PA, US 17050844-466-7225

(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 2080Mechanicsburg, PA, US 17055

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records1700 Bent Creek BoulevardMechanicsburg, PA, US 17050844-466-7225

(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Web Site Addresswww.norcal-group.com/companies

Statutory Statement ContactDennis Allen Meisel844-466-7225

(Name)(Area Code) (Telephone Number) (Extension)

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(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
Michael Leonard Boguski #	President	Dana Shannon Hendricks #	Treasurer, Chief Financial Officer
Kathryn Anne Neville #	Secretary		

OTHER OFFICERS

Lawrence Kerry Cochran #	Vice President	W. Johnathan Daniel #	Vice President/ Assistant Treasurer
Robert David Francis #	Executive Vice President	Jason Andre Gingerich	Vice President, Finance
	Assistant Treasurer/ Assistant		
Jeffrey Patton Lisenby #	Secretary	Dennis Allen Meisel	VP, Finance & Controller
Edward Lewis Rand Jr. #	Chairman		

DIRECTORS OR TRUSTEES

Michael Leonard Boguski #	Robert David Francis #	Jason Andre Gingerich	Dana Shannon Hendricks #
Jeffrey Patton Lisenby #	Dennis Allen Meisel	Edward Lewis Rand Jr. #	

State of
County ofss

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 BoguskiPresidentDana Shannon HendricksTreasurer, Chief Financial OfficerKathryn Anne NevilleSecretary

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

Subscribed and sworn to before me this day of ,

STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	56,319,577		56,319,577	55,916,134
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 (\$2,753,448), cash equivalents (\$485,406) and short-term investments (\$0)	3,238,854		3,238,854	2,438,377
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)	59,558,431	0	59,558,431	58,354,511
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	391,020		391,020	380,771
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	283,893	283,893	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	2,499,299		2,499,299	2,480,290
15.3 Accrued retrospective premiums (\$322,144) and contracts subject to redetermination (\$)	322,143	32,214	289,929	162,522
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,457		1,457	387
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			0	0
18.2 Net deferred tax asset			0	0
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 (\$)	1,238	1,238	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	1,703	0	1,703	4,573
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	63,059,184	317,345	62,741,839	61,383,054
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	63,059,184	317,345	62,741,839	61,383,054
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
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. Deductible Receivable	1,703		1,703	4,573
2502.			0	0
2503.			0	0
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)	1,703	0	1,703	4,573

STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		0
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses	4,963,188	5,027,125
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	2,600	4,995
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	160,458	155,477
7.1 Current federal and foreign income taxes (including \$1,098,889 on realized capital gains (losses))	1,476,275	434,374
7.2 Net deferred tax liability		438,194
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$8,674,852 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		0
10. Advance premium	11,284	778
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	1,954,898	2,265,157
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others		52,894
15. Remittances and items not allocated	585,137	589,108
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	991,243	778,958
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	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	10,145,083	9,747,060
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	10,145,083	9,747,060
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	5,100,000	5,100,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	27,395,886	27,395,886
35. Unassigned funds (surplus)	20,100,870	19,140,108
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)	52,596,756	51,635,994
38. Totals (Page 2, Line 28, Col. 3)	62,741,839	61,383,054
DETAILS OF WRITE-INS		
2501.		0
2502.		0
2503.		0
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)	0	0
2901.		0
2902.		0
2903.		0
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.		0
3202.		0
3203.		0
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 10,652,199)	10,326,643	14,277,073	25,644,928
1.2 Assumed (written \$)		0	0
1.3 Ceded (written \$ 10,652,199)	10,326,643	14,277,073	25,644,928
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	8,402,395	11,414,626	7,919,797
2.2 Assumed		0	0
2.3 Ceded	8,402,395	11,414,626	7,919,797
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	1,071,368	1,259,152	2,285,766
4. Other underwriting expenses incurred	(1,018,946)	(1,256,765)	(2,287,277)
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	52,422	2,387	(1,511)
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(52,422)	(2,387)	1,511
INVESTMENT INCOME			
9. Net investment income earned	652,240	772,639	1,472,008
10. Net realized capital gains (losses) less capital gains tax of \$ 923,759	(928,682)	9,978	(55,569)
11. Net investment gain (loss) (Lines 9 + 10)	(276,442)	782,617	1,416,439
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ (472))	(472)	2,387	(1,511)
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	52,894	0	0
15. Total other income (Lines 12 through 14)	52,422	2,387	(1,511)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(276,442)	782,617	1,416,439
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)	(276,442)	782,617	1,416,439
19. Federal and foreign income taxes incurred	118,142	162,254	257,764
20. Net income (Line 18 minus Line 19)(to Line 22)	(394,584)	620,363	1,158,675
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	51,635,994	50,976,975	50,976,975
22. Net income (from Line 20)	(394,584)	620,363	1,158,675
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 53,228	200,237	(77,964)	(33,355)
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	491,422	66,137	248,848
27. Change in nonadmitted assets	663,688	8,144	(715,149)
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)	960,763	616,680	659,019
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	52,596,757	51,593,655	51,635,994
DETAILS OF WRITE-INS			
0501.		0	0
0502.		0	0
0503.		0	0
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. Miscellaneous Income.	52,894	0	0
1402.		0	0
1403.		0	0
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)	52,894	0	0
3701.		0	0
3702.		0	0
3703.		0	0
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.....	213,632	(10,113)	5,876,759
2. Net investment income	667,523	746,083	1,477,029
3. Miscellaneous income	52,422	2,386	(1,511)
4. Total (Lines 1 to 3)	933,577	738,356	7,352,277
5. Benefit and loss related payments	0	0	0
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	108,087	(353,045)	741,585
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	483,356
10. Total (Lines 5 through 9)	108,087	(353,045)	1,224,941
11. Net cash from operations (Line 4 minus Line 10)	825,490	1,091,401	6,127,336
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,998,901	3,245,437	7,337,347
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	(300)	(300)
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,998,901	3,245,137	7,337,047
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,179,333	6,593,281	14,939,097
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)	3,179,333	6,593,281	14,939,097
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)	(180,432)	(3,348,144)	(7,602,050)
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).....	155,419	1,316,206	834,579
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	155,419	1,316,206	834,579
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)	800,477	(940,537)	(640,135)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,438,377	3,078,512	3,078,512
19.2 End of period (Line 18 plus Line 19.1)	3,238,854	2,137,975	2,438,377

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The 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 or no significant changes in the disclosure are warranted since the most recent annual filing.

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

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

	SSAP #	F/S Page	F/S Line #	06/30/2021	12/31/2020
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ (394,584)	\$ 1,158,675
(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>\$ (394,584)</u>	<u>\$ 1,158,675</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 52,596,757	\$ 51,635,994
(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>\$ 52,596,757</u>	<u>\$ 51,635,994</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments with remaining maturities of one year or less at the time of acquisition are stated at cost or amortized cost using the scientific method.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific method. Non- investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value. For U.S. Treasury Inflation Protected Securities, the Company records an unrealized gain/loss based on changes to the underlying inflation factor. Single class and multi-class mortgage backed securities are stated at amortized cost using an effective yield method, which anticipates principal pay downs and prepayment patterns. The retrospective adjustment method is used to value all such securities except principal-only and interest-only securities which are valued using the prospective method.
- (3) The Company has no investments in common stock.
- (4) The Company has no investments in preferred stock.
- (5) The Company has no mortgage loans.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value using an effective yield, which anticipates prospective principal pay downs and prepayment patterns.
- (7) The Company has no investments in subsidiary or affiliated companies.
- (8) The Company has no investments in limited partnerships, limited liability corporations or joint ventures.
- (9) The Company does not hold any derivative instruments.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, *Property-Casualty Contracts-Premiums*. The Company has no premium deficiency reserve.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability, are continually reviewed and any adjustments are reflected in the period determined.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

(12) The NORCAL Group Capitalization Policy was modified on May 6, 2021 in order to bring it into alignment with the ProAssurance policy upon closing of the business combination on May 5. Prior to May 6, 2021, NORCAL capitalized asset purchases \$1,000 or greater and groups of similar assets totaling \$10,000 or greater. The revised policy includes an increase in the capitalization of individual assets to \$5,000 or greater. Any individual asset with a value of less than \$5,000 will be expensed. In addition, a prepaid expense will be capitalized if it has a value of \$50,000 or greater. The revised policy does not include a provision for capitalizing groups of similar assets.

(13) Pharmaceutical rebate receivables do not apply to the Company's business.

D. Going Concern

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

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities

(1) Prepayment assumptions for fixed-rate agency mortgage-backed securities are obtained from medians derived from semi-monthly broker surveys of long-term prepayment assumptions. For other mortgage-backed/asset-backed securities, the Company utilizes prepayment assumptions using multiple monthly speeds in the economic model or median prepayment speeds depending on what data is available per security.

(2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI) - None

(3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities - None

(4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss

a. The aggregate amount of unrealized losses:

1. Less than 12 months	\$.....(389,832)
2. 12 months or longer	.....

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

1. Less than 12 months	\$..... 13,030,157
2. 12 months or longer	.....

(5) All the loan-backed and structured securities listed above in item 4 were reviewed to determine whether an other-than-temporary impairment should be recognized. For those securities in an unrealized loss position as of June 30, 2021, the Company has not made a decision to sell such securities. As of June 30, 2021, the Company can assert that it has the intent and believes it has the ability to hold these securities long enough to allow the cost basis of these securities to be recovered. It is possible the Company could recognize other-than-temporary impairments in the future on some of the securities held at June 30, 2021 if future events, information and the passage of time cause it to conclude that declines in value are other-than-temporary.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - None

K. Low-Income Housing Tax Credits (LIHTC) - None

L. Restricted Assets - No Significant Changes

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5GI Securities - None

P. Short Sales - None

Q. Prepayment Penalty and Acceleration Fees - None

R. Reporting Entity's Share of Cash Pool by Asset type - None

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

7. Investment Income - None

8. Derivative Instruments - None

Notes to the Financial Statements

9. Income Taxes

In accordance with SSAP 101, paragraph 20, the Company provides for current and deferred taxes in interim periods on the basis of estimates for the year, except for those items which the Company does not believe that it can accurately predict for the year, which include capital gain and loss and partnership investment related items. Such items are reported in the interim period that the item is recorded. The tax effect of the changes in the temporary differences for the period is summarized as follows:

	June 30, 2021	December 31, 2020	Net Change
Deferred gain on investment transfer	\$ -	\$ (924,793)	\$ 924,793
Unrealized gains and losses	(44,361)	8,866	(53,227)
Valuation Allowance	(275,168)	-	(275,168)
Other	253,147	272,792	(19,645)
Nonadmitted Receivable over 90 Days	66,382	204,941	(138,559)
Total	\$ -	\$ (438,194)	\$ 438,194

A summary of the changes in NORCAL Specialty's net deferred tax assets and liabilities for the period is summarized as follows:

	June 30, 2021	December 31, 2020	Net Change
Gross deferred tax assets	\$ 395,623	\$ 568,358	\$ (172,735)
Less: valuation allowance	(275,168)	-	(275,168)
Adjusted gross deferred tax assets	120,455	568,358	(447,903)
Less: deferred tax assets nonadmitted	-	-	-
Gross deferred tax assets admitted	120,455	568,358	(447,903)
Gross deferred tax liabilities	(120,455)	(1,006,552)	886,097
Net deferred tax asset/liability	\$ (0)	\$ (438,194)	\$ 438,194

As of June 30, 2021 the Company established a valuation allowance for \$275,168, the amount of the net Deferred Tax Asset it concluded was not more likely than not to be realized.

F. Consolidated Federal Income Tax Return

- (1) See Note 22.
- (2) Method of allocation - Not Applicable

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

A. Nature of Relationships

The Company is a stock insurance company 100% owned by NORCAL. Beginning in 2014, the Company began transitioning the renewal of its admitted business in Pennsylvania and Delaware to NORCAL which is complete. The Company's current focus is to write non admitted business on an Excess and Surplus Lines basis.

On February 20, 2020, NORCAL Group announced the signing of a definitive agreement under which all the companies of the NORCAL Group would become a part of the ProAssurance Corporation (ProAssurance) following the demutualization of NORCAL Mutual Insurance Company into NORCAL Insurance Company (NORCAL). The demutualization and the acquisition were mutually contingent, and required and received regulatory and policyholder approvals. On May 5, 2021, ProAssurance completed its acquisition of NORCAL by purchasing over 98% of its stock in exchange for total consideration transferred of \$440,716,088. ProAssurance funded the acquisition with \$248,012,936 of cash, and NORCAL paid \$1,796,882 to policyholders who elected to receive a discounted cash option for their allocated share of the converted company's equity. Additional consideration transferred, with a principal amount of \$190,906,270 in the form of Contribution Certificates issued to certain NORCAL policyholders in the conversion, and those instruments are an obligation of NORCAL. Policyholders who elected to receive NORCAL stock and tender it to ProAssurance are also eligible for a share of contingent consideration in an amount of up to approximately \$84 million depending upon the after-tax development of NORCAL's ultimate net losses between December 31, 2020 and December 31, 2023 (Please see Schedule Y for related party information).

B. Detail of Related Party Transactions - None

C. Transactions With Related Party Who Are Not Reported on Schedule Y - None

D. Amounts due to or from Related Parties

At June 30, 2021, the Company reported a payable due to NORCAL in the amount of \$991,243. This payable is the Company's net share of operating expenses allocated from NORCAL. This amount will be settled within 30-90 days.

The ceded reinsurance agreement with NORCAL resulted in a net payable as of June 30, 2021 of \$1,954,898. Under the terms of this agreement, premium amounts are settled on a written basis and loss and commission amounts are settled quarterly on a paid basis.

E. Management, Service Contacts, Cost Sharing Arrangements

See Note 22.

F. Guarantees or Contingencies - None

G. See discussion of business combination in Note 10A

H. Amount Deducted for Investment in Upstream Company - None

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None

K. Foreign Subsidiary Value Using CARVM - None

L. Downstream Holding Company Value Using Look-Through Method - None

M. All SCA Investments - None

N. Investment in Insurance SCAs - None

Notes to the Financial Statements

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

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

11. Debt - None

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

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

- A. Outstanding Shares - No Significant Changes
- B. Dividend Rate of Preferred Stock - None
- C. Dividend Restrictions - No Significant Changes
- D. Ordinary Dividends - None
- E. Company Profits Paid as Ordinary Dividends - No Significant Changes
- F. Surplus Restrictions

Other than the minimum surplus requirements under the insurance code, there are no restrictions placed on the Company's surplus, including for whom the surplus is being held.

- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented by cumulative net unrealized gains and losses as of June 30, 2021 (net of deferred taxes of \$44,362) was \$166,882.

- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments - No Significant Changes

15. Leases - None

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

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales - Not Applicable
- B. Transfers and Servicing of Financial Assets - Not Applicable
- C. Wash Sales - Not Applicable

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

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

20. Fair Value Measurements

- A. Fair Value Measurement

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by SSAP 100. The Company had no liabilities subject to fair value measurement at June 30, 2021. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

- Level 1 – Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.
- Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include but are not limited to market interest rates and volatilities, spreads and yield curves.
- Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Money Market Mutual Funds	\$ 444,356	\$	\$	\$	\$ 444,356
Long Term Indust. & Misc.....					
Total assets at fair value/NAV.....	<u>\$ 444,356</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 444,356</u>
b. Liabilities at fair value					
Total liabilities at fair value.....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- (2) Fair value measurements in Level 3 of the fair value hierarchy - None
- (3) Policy on transfers into and out of Level 3 - None
- (4) Refer to #20 A for input and valuation techniques used in the fair value measurement.
- (5) Derivatives - None

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bond	\$ 59,207,604	\$ 56,319,577	\$ 8,107,300	\$ 51,100,304			
Cash, Cash Equivalents, and Short Terms	3,238,854	3,238,854	3,238,854				

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

21. Other Items

- A. Unusual or Infrequent Items

As a result of the COVID-19 pandemic, the Company continually reevaluates significant estimates and assumptions which could result in material changes to its results of operations including, but not limited to, higher losses and loss adjustment expenses, lower premium volume, asset impairment charges, declines in investment valuations, deferred tax valuation allowances, premiums receivable and reinsurance receivables. To date, the only discounts or refunds of premium that have been granted to policyholders related to COVID-19 are the result of policy endorsements and therefore reflect a commensurate reduction in exposure to the Company. The extent to which the COVID-19 pandemic impacts the Company's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted. These factors include, but are not limited to, the duration, spread, severity, reemergence or mutation of the COVID-19 pandemic, the effects of the COVID-19 pandemic on the Company's insureds, the loss environment, the healthcare industry, the labor market, the actions and stimulus measures taken by governments and governmental agencies, and to what extent normal economic and operating conditions can resume. Even after the COVID-19 pandemic has subsided, the Company may experience an impact to its business as a result of any economic recession that has occurred or may occur in the future.

- B. Troubled Debt Restructuring - None
- C. Other Disclosures

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

In accordance with Section 625.012(5), Florida Statutes, Agents' Balances Certification, the amount on Page 2, Line 15 represents uncollected premiums due from customers, all of which are Non-Controlling persons

- 1. Agents' Balances or Uncollected Premiums as reported on Page 2, Line 15.1 - None
- 2. Amount of Agents' Balances or Uncollected Premiums from Page 2, Line 15.1 that is due from "controlled" or "controlling" persons - None
- 3. Amount reported in #2 above and secured by a: Trust Fund, Letter of Credit, and Financial Guaranty Bond as required by Section 625.012, Florida Statutes. - None

- D. Business Interruption Insurance Recoveries - None
- E. State Transferable and Non-Transferable Tax Credits - None
- F. Subprime-Mortgage-Related Risk Exposure - None
- G. Insurance-Linked Securities (ILS) Contracts - None
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - None

22. Events Subsequent

The Company filed Form D with the Texas Department of Insurance filing ProAssurance Tax Allocation and Expense Sharing Agreements, with the NORCAL entities included, on July 19, 2021 to be effective September 1, 2021. Approval is currently pending.

Type I and Type II subsequent events have been considered through August 13, 2021.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?	NO	
B. ACA fee assessment payable for the upcoming year	\$	\$
C. ACA fee assessment paid	\$	\$
D. Premium written subject to ACA 9010 assessment	\$	\$
E. Total adjusted capital before surplus adjustment	\$	
F. Total adjusted capital after surplus adjustment	\$	
G. Authorized control level	\$	
H. Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?		

Notes to the Financial Statements

23. Reinsurance

- A. Unsecured Reinsurance Recoverables - None
- B. Reinsurance Recoverable in Dispute - None
- C. Reinsurance Assumed and Ceded
 - (1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$	\$	\$..... 8,674,852	\$	\$ (8,674,852)	\$
b. All other						
c. Total	<u>\$</u>	<u>\$</u>	<u>\$ 8,674,852</u>	<u>\$</u>	<u>\$ (8,674,852)</u>	<u>\$</u>
d. Direct unearned premium reserve			\$..... 8,674,852			

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: - None
 - (3) Risks attributed to each of the company's protected cells - None
- D. Uncollectible Reinsurance - None
- E. Commutation of Ceded Reinsurance - None
- F. Retroactive Reinsurance - None
- G. Reinsurance Accounted for as a Deposit - None
- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements - None
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - None
- K. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate

The Company writes a limited number of medical professional liability policies for which the premiums vary based on loss experience. Future premium adjustments for these retrospective policies are estimated and accrued. The Company estimates these accrued retrospective premium adjustments through the review of each individual retrospectively rated risk, comparing case basis loss development and estimates of IBNR with that anticipated in the policy contracts to arrive at the best estimates of return or additional retrospective premiums.
- B. Method Used to Record

The Company records the retrospective premium accruals as written premium.
- C. Amount and Percent of Net Retrospective Premiums

Net written premium as of June 30, 2021 is \$0 on retrospective policies. The Company cedes 100% of its written premium to its parent company through a 100% quota share contract.
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Calculation of Nonadmitted Retrospective Premium

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

 - (1) For Ten Percent (10%) Method of determining nonadmitted retrospective premium

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

a. Total accrued retro premium	\$.....	322,143
b. Unsecured amount		322,143
c. Less: nonadmitted amount (10%)		32,214
d. Less: nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted		
e. Admitted amount (a-c-d)	<u>\$</u>	<u>289,929</u>
 - (2) For Quality Rating Method of determining nonadmitted retrospective premium - None
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?
NO
 - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - Not Applicable

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - Not Applicable
- (5) ACA risk corridors receivable as of reporting date - Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

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

Reserves as of December 31, 2020 were \$5,027,000. As of June 30, 2021, \$664,000 has been paid for net incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,363,000 as a result of re-estimation of unpaid losses and loss adjustment expenses on the medical professional liability line of insurance. Therefore, there has been no prior year development from December 31, 2020 to June 30, 2021. The decrease/increase in reserve level is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes available regarding individual claims.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves - None

31. High Deductibles

- A. Reserve Credit Recorded on Unpaid Claims and Amount Billed and Recoverable on Paid Claims for High Deductibles

- (1) Counter party exposure recorded on unpaid claims and billed recoverables on paid claims

Annual Statement Line of Business (ASL)		(3)	(4)	(5)	(6)
(1)	(2)				Total High Deductibles and Billed Recoverables (Col 4 + Col 5)
ASL #	ASL Description	Gross (of High Deductible) Loss Reserves	Reserve Credit for High Deductibles	Billed Recoverables on Paid Claims	
11.1	Medical professional liability-occurrence.....	\$	\$	\$	\$
11.2	Medical professional liability-claims-made.....	7,733,717	3,177,756	1,703	3,179,459
Total.....		<u>\$ 7,733,717</u>	<u>\$ 3,177,756</u>	<u>\$ 1,703</u>	<u>\$ 3,179,459</u>

- (2) Unsecured amounts of high deductibles

- a. Total high deductibles and billed recoverables on paid claims (should equal total line for Column 6 for A(1) above)..... \$ 3,179,459
- b. Collateral on balance sheet (must be equal to or greater than zero).....
- c. Collateral off balance sheet (must be equal to or greater than zero)..... 750,000
- d. Total unsecured deductibles and billed recoverables on paid claims d=a-(b+c) (must be equal to or greater than zero) \$ 2,429,459
- e. Percentage unsecured..... 76.411 %

- (3) High deductible recoverables amounts on paid claims

- a. Amount of overdue nonadmitted (either due to aging or collateral) \$
- b. Total over 90 days overdue admitted.....
- c. Total overdue (a+b) \$

- (4) The deductible amounts for the highest ten unsecured high deductible policies

Counterparty Ranking	Top Ten Unsecured High Deductible Amounts
Counterparty 1.....	\$ 870,834
Counterparty 2.....	581,371
Counterparty 3.....	381,649
Counterparty 4.....	281,561
Counterparty 5.....	88,745
Counterparty 6.....	83,664
Counterparty 7.....	69,531
Counterparty 8.....	46,937
Counterparty 9.....	16,862
Counterparty 10.....	8,304

Notes to the Financial Statements

31. High Deductibles (Continued)

- B. Unsecured High Deductible Recoverables for Individual Obligors Part of a Group Under the Same Management or Control Which Are Greater Than 1% of Capital and Surplus - None

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

33. Asbestos/Environmental Reserves - None

34. Subscriber Savings Accounts - None

35. Multiple Peril Crop Insurance - None

36. Financial Guaranty Insurance - None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

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

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.
The reporting entity and its affiliates were acquired by ProAssurance Corporation effective May 5, 2021
- 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?

Yes ☐ No ☐ NA ☒

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2020
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2016
- 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).

02/02/2018
- 6.4

By what department or departments?
Pennsylvania Department of Insurance for 12/31/2016 and Texas Department of Insurance for 12/31/2020
- 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 reporting entity adopted the ProAssurance Corporation Code of Ethics effective June 7, 2021.....

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:\$0

13.

Amount of real estate and mortgages held in short-term investments:\$0

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?
If no, attach a description with this statement.

Yes [] No [] NA [X]

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
THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A.....	400 S. HOPE STREET, LOS ANGELES, CA 90071.....
WELLS FARGO BANK, N.A.....	600 CALIFORNIA STREET, SAN FRANCISCO, CA 94108.....

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
JASON GINGERICH.....	I.....
SUNLIFE CAPITAL MANAGEMENT.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [X] No []

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
109684.....	SUNLIFE CAPITAL MANAGEMENT.....	5493001YL0M8HWNPN55.....	SEC.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
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 shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
c. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
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? Yes [] No [] NA [X]
If yes, attach an explanation.

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.
.....

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

4.2 If yes, complete the following schedule:

			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 [X]

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

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

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

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [X] No []

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

STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

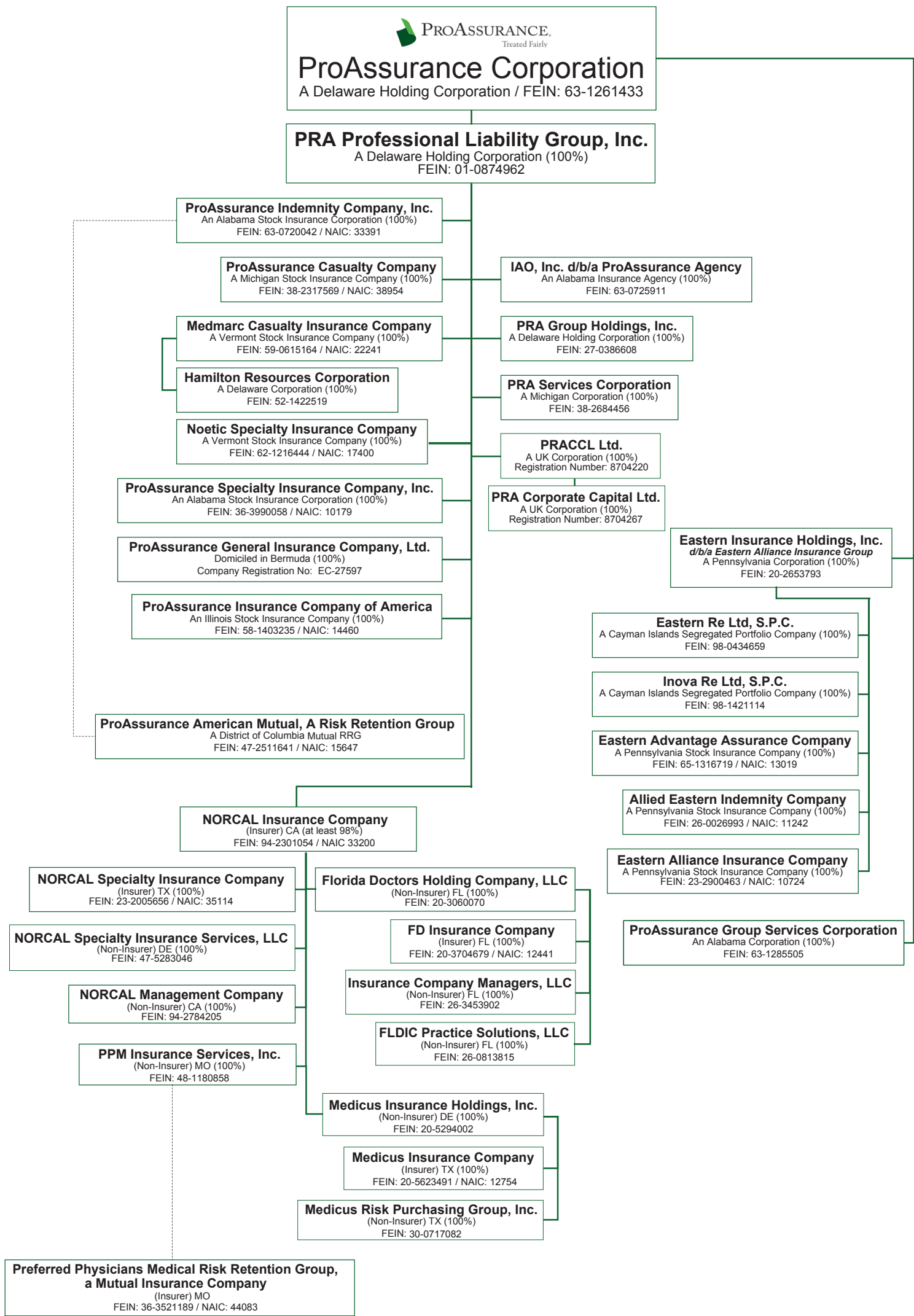
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

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 E	84,898	48,925		.0	163,799	110,210
2. Alaska	AK E	10,502	8,343		.0	18,030	18,794
3. Arizona	AZ E	231,256	191,556		.0	415,067	438,573
4. Arkansas	AR E	47,628	43,925		.0	81,768	98,947
5. California	CA E	2,905,750	2,221,821	1,586,499	406,883	29,213,079	27,006,522
6. Colorado	CO E	162,532	99,373		.0	279,036	223,850
7. Connecticut	CT E	13,389	10,175		.0	22,986	22,920
8. Delaware	DE E	26,794	0		.0	46,000	0
9. Dist. Columbia	DC E	20,751	9,329		.0	35,625	21,015
10. Florida	FL E	1,713,672	2,092,447	245,000	234,998	7,310,007	7,612,317
11. Georgia	GA E	127,311	139,061		.0	1,115,554	1,428,526
12. Hawaii	HI E	4,300	24,549		.0	20,273	65,196
13. Idaho	ID E	57,379	47,701		.0	98,509	107,453
14. Illinois	IL E	233,545	216,332		20,000	3,278,125	2,835,891
15. Indiana	IN E	15,824	15,428		.0	27,167	34,754
16. Iowa	IA E	17,828	11,506		.0	30,607	25,919
17. Kansas	KS E		0		.0		0
18. Kentucky	KY E	100,630	97,893		.0	172,762	220,516
19. Louisiana	LA E	17,899	23,539		.0	30,729	53,025
20. Maine	ME E	1,329	1,250		.0	2,282	2,816
21. Maryland	MD E	926,776	666,642	350,000	1,000,000	5,440,648	5,325,287
22. Massachusetts	MA E	18,195	12,521		.0	40,260	28,205
23. Michigan	MI E	253,494	107,089		.0	779,308	311,912
24. Minnesota	MN E	455,348	365,520		.0	781,743	860,139
25. Mississippi	MS E	27,263	48,574		.0	73,873	116,488
26. Missouri	MO E	99,945	127,126	50,000	75,000	2,097,970	2,501,016
27. Montana	MT E	21,619	11,438		.0	37,116	25,766
28. Nebraska	NE E	10,476	0		.0	24,430	0
29. Nevada	NV E	206,780	155,633		150,000	780,294	817,046
30. New Hampshire	NH E	4,372	12,164		.0	7,506	27,401
31. New Jersey	NJ E	52,774	20,018		.0	90,603	822,532
32. New Mexico	NM E	115,390	287,406		.0	378,536	692,654
33. New York	NY E		0		.0		0
34. No. Carolina	NC E	57,211	579,713		.0	4,739,075	1,409,083
35. No. Dakota	ND E	1,310	0		.0	2,249	0
36. Ohio	OH E	233,223	162,989	400,000	.0	424,889	3,194,203
37. Oklahoma	OK E	211,536	199,727		.0	445,650	1,934,111
38. Oregon	OR E	11,768	13,072		.0	20,203	29,446
39. Pennsylvania	PA E	21,065	10,155	540,000	1,870,000	6,687,493	7,442,473
40. Rhode Island	RI E	6,804	2,088		.0	11,681	4,703
41. So. Carolina	SC E	31,586	19,622		.0	72,272	195,450
42. So. Dakota	SD E	4,506	3,881		.0	7,736	8,742
43. Tennessee	TN E	159,311	204,493		.0	282,528	460,647
44. Texas	TX D	1,104,038	1,492,281	190,000	.0	4,160,893	5,712,051
45. Utah	UT E	55,503	55,263		.0	95,288	124,487
46. Vermont	VT E		0		.0		0
47. Virginia	VA E	661,019	442,375		.0	1,156,753	996,506
48. Washington	WA E	75,878	37,684		92,000	1,644,895	3,138,104
49. West Virginia	WV E	5,850	11,266		.0	10,043	25,378
50. Wisconsin	WI E	12,933	11,999		.0	22,203	27,029
51. Wyoming	WY E	13,009	2,088		.0	22,334	4,703
52. American Samoa	AS N		0		.0		0
53. Guam	GU N		0		.0		0
54. Puerto Rico	PR N		0		.0		0
55. U.S. Virgin Islands	VI N		0		.0		0
56. Northern Mariana Islands	MP N		0		.0		0
57. Canada	CAN N		0		.0		0
58. Aggregate Other Alien	OT XXX	0	0	0	.0	0	0
59. Totals	XXX	10,652,199	10,365,980	3,361,499	3,848,881	72,699,877	76,562,806
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 0 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI) 50 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 1 N – None of the above – Not allowed to write business in the state 6

STATEMENT AS OF June 30, 2021 OF THE
NORCAL Specialty Insurance Company



STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
02698	ProAssurance Corp Group	33200	94-2301054				NORCAL Insurance Company	CA	UDP	PRA Professional Liability Group, Inc.	Ownership	98.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	35114	23-2005656				NORCAL Specialty Insurance Company	TX	RE	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	20-5294002				Medicus Insurance Holdings, Inc.	DE	NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	Y	2
02698	ProAssurance Corp Group	12754	20-5623491				Medicus Insurance Company	TX	IA	Medicus Insurance Holdings, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	30-0717082				Medicus Risk Purchasing Group, Inc.	TX	NIA	Medicus Insurance Company	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	94-2784205				NORCAL Management Company	CA	NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	47-5283046				NORCAL Specialty Insurance Services, LLC	DE	NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	20-3060070				Florida Doctors Holding Company, LLC	FL	NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	26-0813815				FLDIC Practice Solutions, LLC	FL	NIA	Florida Doctors Holding Company, LLC	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	26-3453902				Insurance Company Managers, LLC	FL	NIA	Florida Doctors Holding Company, LLC	Ownership	100.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	12441	20-3704679				FD Insurance Company	FL	IA	Company, LLC	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	48-1180858				PPM Insurance Services, Inc.	MO	NIA	NORCAL Insurance Company	Ownership	100.0	ProAssurance Corporation	Y	2
02698	ProAssurance Corp Group	44083	36-3521189				Preferred Physicians Medical Risk Retention Group, A Mutual Insurance Company	MO	IA	PPM Insurance Services, Inc.	Management, Other	0.0	ProAssurance Corporation	N	2
00000		00000	63-1261433		1127703	New York Stock Exchange	ProAssurance Corporation	DE	UIP		Board, Other	0.0		N	2
00000		00000	01-0874962				PRA Professional Liability Group, Inc.	DE	UIP	ProAssurance Corporation	Ownership	100.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	14460	58-1403235				ProAssurance Insurance Company of America	IL	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	38954	38-2317569				ProAssurance Causalty Company	MI	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	00-0000000				ProAssurance General Insurance Company, Ltd.	BMU	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	33391	63-0720042				ProAssurance Indemity Insurance Company, Inc.	AL	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
02698	ProAssurance Corp Group	10179	36-3990058				ProsAssurance Specialty Insurance Company, Inc.	AL	IA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000					IAO Inc. d/b/a ProAssurance Agency	AL	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	27-0386608				PRA Group Holdings, Inc.	DE	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2
00000		00000	38-2684456				PRA Services Corporation	MI	NIA	PRA Professional Liability Group, Inc.	Ownership	100.0	ProAssurance Corporation	N	2

12.1

[illegible]

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	2,618,699	2,130,735	81.4	80.0
11.2	Medical professional liability -claims made	7,707,944	6,271,660	81.4	80.0
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			0.0	0.0
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	10,326,643	8,402,395	81.4	80.0
DETAILS OF WRITE-INS					
3401.	.....			0.0	0.0
3402.	.....			0.0	0.0
3403.	.....			0.0	0.0
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	1,559,976	2,910,808	3,376,576
11.2	Medical professional liability-claims made	3,173,344	7,741,391	6,989,404
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	0		0
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	4,733,320	10,652,199	10,365,980
DETAILS OF WRITE-INS				
3401.	.....	0		0
3402.	.....	0		0
3403.	.....	0		0
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		2,207	2,207		291	291			1,916	1,916	0	0	0
2. 2019		1,345	1,345		178	178			1,167	1,167	0	0	0
3. Subtotals 2019 + prior	0	3,552	3,552	0	469	469	0	0	3,083	3,083	0	0	0
4. 2020		1,475	1,475		195	195			1,280	1,280	0	0	0
5. Subtotals 2020 + prior	0	5,027	5,027	0	664	664	0	0	4,363	4,363	0	0	0
6. 2021	XXX	XXX	XXX	XXX	471	471	XXX		600	600	XXX	XXX	XXX
7. Totals	0	5,027	5,027	0	1,135	1,135	0	0	4,963	4,963	0	0	0
8. Prior Year-End Surplus As Regards Policy-holders	51,636										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. 0.0	2. 0.0	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. 
3 5 1 1 4 2 0 2 1 4 9 0 0 0 0 0 2

3. 
3 5 1 1 4 2 0 2 1 3 6 5 0 0 0 0 2

4. 
3 5 1 1 4 2 0 2 1 5 0 5 0 0 0 0 2

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	55,916,134	48,223,734
2. Cost of bonds and stocks acquired	3,179,334	14,939,098
3. Accrual of discount	22,876	197,025
4. Unrealized valuation increase (decrease)	253,465	(42,221)
5. Total gain (loss) on disposals	(4,923)	119,861
6. Deduct consideration for bonds and stocks disposed of	2,998,901	7,356,461
7. Deduct amortization of premium	48,408	184,015
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		19,113
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	56,319,577	55,916,134
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	56,319,577	55,916,134

STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	48,695,137	362,619	2,516,290	(376)	48,695,137	46,541,090	0	46,904,512
2. NAIC 2 (a).....	9,247,066	355,024		176,396	9,247,066	9,778,486	0	8,566,622
3. NAIC 3 (a).....	0				0	0	0	445,000
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	57,942,203	717,643	2,516,290	176,021	57,942,203	56,319,577	0	55,916,134
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	57,942,203	717,643	2,516,290	176,021	57,942,203	56,319,577	0	55,916,134

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

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1
Short-Term Investments

	1 Book/adjusted Carrying value	2 Prior Year Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	1,477,216
2. Cost of short-term investments acquired		0
3. Accrual of discount		1,122
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		1,475,000
7. Deduct amortization of premium.....		3,338
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).....	0	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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.....	1,169,503	1,486,522
2. Cost of cash equivalents acquired	3,905,221	36,386,942
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....		(300)
6. Deduct consideration received on disposals	4,589,317	36,703,661
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)	485,407	1,169,503
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	485,407	1,169,503

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

E04

E04

E04

E04

E05

E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

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

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	48,394	44,963			68,134			83,083
2. Alaska	AK	10,002	9,251			(8,166)			17,171
3. Arizona	AZ	135,121	143,448			155,566	7,001	1	233,998
4. Arkansas	AR	26,598	34,612			38,498			45,664
5. California	CA	1,700,680	2,634,871	1,586,499	10	2,816,886	18,582,627	746	8,285,783
6. Colorado	CO	116,274	75,351			131,519			199,620
7. Connecticut	CT	4,494	6,904			7,715			7,715
8. Delaware	DE	(1,050)	3,264			(1,803)			(1,803)
9. District of Columbia	DC	20,751	7,815			25,206			35,625
10. Florida	FL	1,470,474	1,255,541	(5,000)		2,076,799	2,042,756	18	3,114,397
11. Georgia	GA	78,842	94,612			299,245	696,003	6	336,339
12. Hawaii	HI	1,800	2,273			(203,208)	10,002	2	5,978
13. Idaho	ID	29,815	29,920			33,144			51,187
14. Illinois	IL	177,843	147,269			(13,697)	2,232,501	8	949,994
15. Indiana	IN	12,082	10,446			10,498			20,742
16. Iowa	IA	6,756	12,642			(2,225)			11,599
17. Kansas	KS		1,039						
18. Kentucky	KY	41,215	43,884			44,951			70,758
19. Louisiana	LA	9,654	51,136			(52,651)			16,574
20. Maine	ME	1,329	1,576			(3,141)			2,282
21. Maryland	MD	857,438	520,809	350,000	2	2,094,965	2,987,006	12	2,334,602
22. Massachusetts	MA	2,819	271,282			(522,394)	7,001	1	6,861
23. Michigan	MI	73,176	62,858			98,716	40,001	2	137,180
24. Minnesota	MN	314,882	174,678			323,916			540,591
25. Mississippi	MS	15,428	19,049			(4,190)	7,001	1	28,509
26. Missouri	MO	78,593	54,027	50,000	1	(147,706)	1,494,750	12	566,563
27. Montana	MT	21,619	18,836			14,556			37,116
28. Nebraska	NE	9,976	13,405			17,127			17,127
29. Nevada	NV	46,377	73,909			(149,899)	330,000	1	174,913
30. New Hampshire	NH	1,772	2,136			(4,977)			3,042
31. New Jersey	NJ	28,852	60,690			(319,303)			49,533
32. New Mexico	NM	40,235	36,734			94,514	51,003	4	83,804
33. New York	NY								
34. North Carolina	NC	16,656	33,539			3,214,698	3,581,004	7	1,062,671
35. North Dakota	ND	1,310	108			2,249			2,249
36. Ohio	OH	132,381	158,999	400,000	1	(854,111)	14,002	2	231,316
37. Oklahoma	OK	188,553	136,249			287,877	14,002	2	327,752
38. Oregon	OR	10,668	13,465			16,052			18,315
39. Pennsylvania	PA	7,706	18,417	540,000	2	(801,780)	5,046,002	24	1,470,348
40. Rhode Island	RI	6,804	1,933			(3,388)			11,681
41. South Carolina	SC	23,040	34,408			11,823	14,002	2	43,598
42. South Dakota	SD	4,506	4,574			3,956			7,736
43. Tennessee	TN	101,250	157,053			77,588			173,826
44. Texas	TX	828,110	705,217	155,000	2	651,950	1,603,357	27	1,884,699
45. Utah	UT	36,773	40,594			44,380			63,132
46. Vermont	VT								
47. Virginia	VA	428,662	270,439			311,448	12,002	2	739,395
48. Washington	WA	47,861	21,573			(55,786)	1,170,252	5	420,098
49. West Virginia	WV	2,350	2,966			4,034			4,034
50. Wisconsin	WI	6,571	11,035			4,952			11,281
51. Wyoming	WY	3,306	1,269			5,676			5,676
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		7,228,748	7,531,068	3,076,499	18	9,840,213	39,942,275	885	23,944,354
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 JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

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

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

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



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

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

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	36,504	21,779			(5,607)	14,002	2	66,714
2. Alaska	AK	500	18,449			(25,668)			858
3. Arizona	AZ	96,135	80,169			(183,992)	7,001	1	167,067
4. Arkansas	AR	21,030	17,226			(55,900)			36,104
5. California	CA	1,205,070	813,707			1,125,361	214,003	5	2,130,666
6. Colorado	CO	46,258	25,973			(14,590)			79,416
7. Connecticut	CT	8,895	5,060			(5,878)			15,271
8. Delaware	DE	27,844	11,944			28,674			47,803
9. District of Columbia	DC		5,305			(10,547)			
10. Florida	FL	243,198	177,974	250,000	1	121,057	1,346,505	11	806,349
11. Georgia	GA	48,469	42,122			(80,468)			83,212
12. Hawaii	HI	2,500	6,509			4,292			4,292
13. Idaho	ID	27,564	21,198			(19,059)			47,322
14. Illinois	IL	55,702	55,624			(214,369)			95,629
15. Indiana	IN	3,742	20,461			(45,904)			6,424
16. Iowa	IA	11,072	7,341			(3,885)			19,008
17. Kansas	KS					(2,041)			
18. Kentucky	KY	59,415	41,269			(46,774)			102,004
19. Louisiana	LA	8,245	14,259			(49,493)			14,155
20. Maine	ME		5,946			(9,267)			
21. Maryland	MD	69,338	40,905			43,379			119,040
22. Massachusetts	MA	15,376	18,452			(5,383)			26,398
23. Michigan	MI	180,318	94,206			167,378	227,005	6	375,122
24. Minnesota	MN	140,466	62,359			112,453			241,153
25. Mississippi	MS	11,835	10,068			(12,453)	14,002	2	24,362
26. Missouri	MO	21,352	18,006			(73,647)			36,657
27. Montana	MT		4,255			(21,355)			
28. Nebraska	NE	500	6,161			(18,670)	5,001	1	2,303
29. Nevada	NV	160,403	73,450			168,899			275,381
30. New Hampshire	NH	2,600	7,968			(11,873)			4,464
31. New Jersey	NJ	23,922	15,680			(66,588)			41,069
32. New Mexico	NM	75,155	44,445			(350,437)	89,002	3	154,727
33. New York	NY								
34. North Carolina	NC	40,555	37,091			(57,160)	20,000	1	75,400
35. North Dakota	ND								
36. Ohio	OH	100,842	56,516			(137,139)	5,001	1	174,570
37. Oklahoma	OK	22,983	35,922			(297,174)	50,000	1	53,896
38. Oregon	OR	1,100	4,511			(29,320)			1,888
39. Pennsylvania	PA	13,359	20,969			(51,610)			22,935
40. Rhode Island	RI		6,637						
41. South Carolina	SC	8,546	16,692			(75,442)			14,672
42. South Dakota	SD		496			(5,844)			
43. Tennessee	TN	58,061	65,215			(171,193)	7,001	1	101,701
44. Texas	TX	275,928	576,865	35,000	1	(1,174,563)	154,506	7	518,331
45. Utah	UT	18,730	24,271			(83,410)			32,156
46. Vermont	VT								
47. Virginia	VA	232,357	114,490			187,377	5,001	1	400,356
48. Washington	WA	28,017	30,925			12,009	5,001	1	49,544
49. West Virginia	WV	3,500	945			(6,295)			6,009
50. Wisconsin	WI	6,362	11,463			(26,187)			10,922
51. Wyoming	WY	9,703	4,297			14,625			16,658
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		3,423,451	2,795,575	285,000	2	(1,463,681)	2,163,031	44	6,502,008
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 JUNE 30, 2021 OF THE NORCAL Specialty Insurance Company

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

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA					25,863	115,000	2	33,208
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	0
59. Totals		0	0	0	0	25,863	115,000	2	33,208
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