

FORM E

CONSENT TO JURISDICTION STATEMENT

Filed with the office of the commissioner of insurance,
of the state of Wisconsin

BY

PROASSURANCE CORPORATION

On Behalf of the Following Insurers

Name

Address

Physicians Insurance Company of Wisconsin, Inc.

1002 Deming Way
Madison, Wisconsin 53717
(608) 831-8331

Dated: December 19, 2005

Name, Title, Address and Telephone Number of Individual to Whom Notices and
Correspondence Concerning this Statement Should be Addressed:

Jon C. Nordenberg
Boardman Suhr Curry & Field LLP
One South Pinkney Street, Suite 400
Madison, Wisconsin 53701
(608) 257-9521

CONSENT TO JURISDICTION

The, ProAssurance Corporation (Affiliate), an affiliate of Physicians Insurance Company of Wisconsin, Inc. (Insurer), an insurer authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., do hereby consent to the jurisdiction of the Commissioner of Insurance and the courts of the state of Wisconsin.

SIGNATURE

ProAssurance Corporation has caused this statement to be duly signed on its behalf in the city of Birmingham and state of Alabama on the 19th day of December, 2005

PROASSURANCE CORPORATION

BY: V. T. Adamo

Victor T. Adamo, President

(SEAL)

Attest.

[Signature]

(Signature of Officer)

Chief Financial Officer

(Title)

CERTIFICATION

The undersigned deposes and says that he or she has duly executed the attached statement dated December 19, 2005, for and on behalf of ProAssurance Corporation that he is the President of such company, and that he or she is authorized to execute and file such instrument. Deponent further says that he or she is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his or her knowledge and belief.

V. T. Adamo

Victor T. Adamo, President

Subscribed and sworn to this

19th day of December, 2005

[Signature]

Notary Public

My commission expires May 10, 2009