



QUARTERLY STATEMENT

AS OF MARCH 31, 2002
OF THE CONDITION AND AFFAIRS OF THE

PHYSICIANS INSURANCE COMPANY OF OHIO

NAIC Group Code	0772	0772	NAIC Company Code	32999	Employer's ID Number	31-0889180
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Incorporated	09/03/1976		Commenced Business	12/27/1976		
Statutory Home Office	One Easton Oval, Suite 530			Columbus, OH 43219-6091		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	One Easton Ovel, Suite 530					
	(Street and Number)					
	Columbus, OH 43219-6091			614-475-3178-225		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		
Mail Address	One Easton Oval, Suite 530			Columbus, OH 43219-6091		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	One Easton Ovel, Suite 530					
	(Street and Number)					
	Columbus, OH 43219-6091			614-475-3178-225		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address						
Statement Contact	John Steven Bricker			614-475-3178-225		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	sbricker@picoholdings.com			614-475-6296		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact						
	(Street and Number)					
	(City or Town, State and Zip Code)					
	(Area Code) (Telephone Number) (Extension)					

OFFICERS

President and C.E.O.	JOHN RUSSELL HART	Corporate Secretary	JAMES FREDERICK MOSIER ESQ.
Controller and Treasurer	JOHN STEVEN BRICKER		

VICE PRESIDENTS

MARTHA GRAVES ALTHAUSER Claims	RICHARD HAROLD SHARPE C.O.O.	
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DIRECTORS OR TRUSTEES

JOHN RUSSELL HART	RONALD NMI LANGLEY	SAMUEL WALTER FOULKROD III, Esq.
RICHARD DALE RUPPERT M.D.	JOHN DAVID WEIL	

State of OHIO }
County of FRANKLIN } ss

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

JOHN RUSSELL HART President and C.E.O.	JAMES FREDERICK MOSIER Corporate Secretary	JOHN STEVEN BRICKER Controller and Treasurer
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Subscribed and sworn to before me this
day of , 2002

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	8,883,975		8,883,975	6,422,331
2. Stocks:				
2.1 Preferred stocks	2,440,000	2,438,550	1,450	25,685
2.2 Common stocks	92,122,443	28,819,689	63,302,754	56,850,079
3. Mortgage loans on real estate:				
3.1 First liens	1,620,000		1,620,000	1,620,000
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$72,248 and short-term investments \$3,734,950)	3,807,199		3,807,199	12,406,102
6. Other invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	108,873,617	31,258,239	77,615,378	77,324,196
10. Agents' balances or uncollected premiums				
10.1 Premiums and agents' balances in course of collection				
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
10.3 Accrued retrospective premiums				
11. Funds held by or deposited with reinsured companies				
12. Bills receivable, taken for premiums				
13. Amounts billed and receivable under high deductible policies				
14. Reinsurance recoverables on loss and loss adjustment expense payments				
15. Federal and foreign income tax recoverable and interest thereon (including \$ net deferred tax asset)	8,911,177	7,882,758	1,028,419	2,056,838
16. Guaranty funds receivable or on deposit				
17. Electronic data processing equipment and software	32,055		32,055	37,163
18. Interest, dividends and real estate income due and accrued	212,498		212,498	366,068
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates	1,488		1,488	1,149
21. Amounts due from /to protected cells				
22. Equities and deposits in pools and associations				
23. Amounts receivable relating to uninsured accident and health plans				
24. Other assets nonadmitted	19,263	19,263		
25. Aggregate write-ins for other than invested assets	36,829	36,829		
26. Total assets excluding protected cell assets (Lines 9 through 25)	118,086,928	39,197,089	78,889,838	79,785,414
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	118,086,928	39,197,089	78,889,838	79,785,414
DETAILS OF WRITE-INS				
0801.				
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2501. Prepaid Expenses	36,168	36,168	0	0
2502. Capitalized Software	661	661	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	36,829	36,829		

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$0)	27,781,073	28,588,925
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	6,710,819	7,042,864
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	222,296	279,901
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7. Federal and foreign income taxes [including \$0 on realized capital gains (losses)] (including \$0 net deferred tax liability)	109,947	167,540
8. Borrowed money \$0 and interest thereon \$0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	382,442	382,442
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	2,114	18,349
15. Remittances and items not allocated		
16. Provision for reinsurance	1,270	1,270
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding	950,973	933,249
19. Payable to parent, subsidiaries and affiliates	438,968	282,037
20. Payable for securities		
21. Liability for amounts held under uninsured accident and health plans		
22. Capital notes \$0 and interest thereon \$0		
23. Aggregate write-ins for liabilities	(771,000)	(771,000)
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	35,828,903	36,925,577
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	35,828,903	36,925,577
27. Aggregate write-ins for special surplus funds		
28. Common capital stock	1,000,000	1,000,000
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds	(1,301,828)	(1,301,828)
31. Surplus notes		
32. Gross paid in and contributed surplus	15,540,330	15,540,330
33. Unassigned funds (surplus)	27,822,433	27,621,334
34. Less treasury stock, at cost		
34.10 shares common (value included in Line 28 \$0)		
34.20 shares preferred (value included in Line 29 \$0)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	43,060,936	42,859,837
36. TOTALS	78,889,838	79,785,414
DETAILS OF WRITE-INS		
2301. Retroactive Reinsurance Reserves Ceded	(771,000)	(771,000)
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	(771,000)	(771,000)
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		
3001. Special Surplus from Retroactive Reinsurance Account	(1,301,828)	(1,301,828)
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	(1,301,828)	(1,301,828)

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 \$0)			
1.2 Assumed (written \$0)	0		
1.3 Ceded (written \$0)	0		(755,304)
1.4 Net (written \$)			755,304
DEDUCTIONS:			
2. Losses incurred (current accident year \$0):			
2.1 Direct			(9,401,356)
2.2 Assumed	0		(93,981)
2.3 Ceded	0		(129,684)
2.4 Net			(9,365,653)
3. Loss expenses incurred	0		(1,481,116)
4. Other underwriting expenses incurred	168,759		460,855
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2.4 thru 5)	168,759		(10,385,913)
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	(168,759)		11,141,218
INVESTMENT INCOME			
9. Net investment income earned	313,450		1,268,048
10. Net realized capital gains or (losses)	(650)		(3,973,904)
11. Net investment gain (loss) (Lines 9 + 10)	312,799		(2,705,855)
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off \$0)	0		
13. Finance and service charges not included in premiums	0		
14. Aggregate write-ins for miscellaneous income	4		(258,624)
15. Total other income (Lines 12 through 14)	4		(258,624)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	144,044		8,176,739
17. Dividends to policyholders	0		
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	144,044		8,176,739
19. Federal and foreign income taxes incurred	36,993		2,764,113
20. Net income (Line 18 minus Line 19)(to Line 22)	107,051		5,412,626
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	42,859,837		33,996,555
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	107,051		5,412,626
23. Net unrealized capital gains or losses	4,242,770		4,476,996
24. Change in net unrealized foreign exchange capital gain (loss)	0		
25. Change in net deferred income tax	0		(2,985,163)
26. Change in nonadmitted assets	1,263,904		1,217,158
27. Change in provision for reinsurance	0		109,026
28. Change in surplus notes	0		
29. Surplus (contributed to) withdrawn from protected cells	0	0	0
30. Cumulative effect of changes in accounting principles	0		632,638
31. Capital changes:			
31.1 Paid in	0		
31.2 Transferred from surplus (Stock Dividend)	0		
31.3 Transferred to surplus	0		
32. Surplus adjustments:			
32.1 Paid in	0		
32.2 Transferred to capital (Stock Dividend)	0		
32.3 Transferred from capital	0		
33. Net remittances from or (to) Home Office	0		
34. Dividends to stockholders	(5,412,626)		
35. Change in treasury stock	0		
36. Aggregate write-ins for gains and losses in surplus			
37. Change in surplus as regards policyholders (Lines 22 through 36)	201,099		8,863,281
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	43,060,936		42,859,837
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			
1401. Retroactive Reinsurance Gain (Loss).....	0	0	(219,000)
1402. Miscellaneous Income (Loss).....	4	0	(39,624)
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	4		(258,624)
3601.			
3602.			
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)			

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	0	
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)	1,117,221	5,561,947
3. Underwriting expenses paid	196,141	529,790
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(1,313,362)	(6,091,738)
6. Net investment income	492,490	1,251,776
7. Other income (expenses):		
7.1 Agents' balances charged off		
7.2 Net funds held under reinsurance treaties		
7.3 Net amount withheld or retained for account of others	(16,234)	14,179
7.4 Aggregate write-ins for miscellaneous items	4	(39,624)
7.5 Total other income (Lines 7.1 to 7.4)	(16,231)	(25,445)
8. Dividends to policyholders on direct business, less \$0 dividends on reinsurance assumed or ceded (net)		
9. Federal and foreign income taxes (paid) recovered	0	(1,173)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	(837,103)	(4,866,580)
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds	2,377,508	5,347,740
11.2 Stocks		6,071,384
11.3 Mortgage loans		719,000
11.4 Real estate		
11.5 Other invested assets		
11.6 Net gains or (losses) on cash and short-term investments	6,946	
11.7 Miscellaneous proceeds		
11.8 Total investment proceeds (Lines 11.1 to 11.7)	2,384,455	12,138,124
12. Cost of investments acquired (long-term only):		
12.1 Bonds	4,873,139	8,742,683
12.2 Stocks		13,781
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Miscellaneous applications		
12.7 Total investments acquired (Lines 12.1 to 12.6)	4,873,139	8,756,464
13. Net Cash from investments (Line 11.8 minus Line 12.7)	(2,488,684)	3,381,659
Cash from Financing and Miscellaneous Sources		
14. Cash provided:		
14.1 Surplus notes, capital and surplus paid in		
14.2 Capital notes \$0 less amounts repaid \$0		
14.3 Net transfers from affiliates	156,592	39,838
14.4 Borrowed funds received		
14.5 Other cash provided	0	51,689
14.6 Total (Lines 14.1 to 14.5)	156,592	91,527
15. Cash applied:		
15.1 Dividends to stockholders paid	5,412,626	
15.2 Net transfers to affiliates	0	
15.3 Borrowed funds repaid		
15.4 Other applications	10,728	
15.5 Total (Lines 15.1 to 15.4)	5,423,354	
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	(5,266,762)	91,527
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	(8,592,549)	(1,393,393)
18. Cash and short-term investments:		
18.1 Beginning of year	12,406,102	13,799,495
18.2 End of year (Line 17 plus Line 18.1)	3,813,552	12,406,102
DETAILS OF WRITE-INS		
07.401 Miscellaneous income	4	(39,624)
07.402		
07.403		
07.498 Summary of remaining write-ins for Line 7.4 from overflow page		
07.499 Totals (Lines 07.401 thru 07.403 plus 07.498) (Line 7.4 above)	4	(39,624)

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The components of the net deferred tax asset at March 31 and December 31 are as follows:

	03/31/2002	12/31/2001
1. Total of all deferred tax assets (admitted and nonadmitted)	\$ 12,322,529	\$ 14,602,785
2. Total of all deferred tax liabilities	\$ 3,411,352	\$ 3,411,352
3. Net deferred tax asset	\$ 8,911,177	\$ 11,191,433
4. Total deferred tax assets nonadmitted in accordance with SSAP No. 10, Income Taxes	\$ 7,882,758	\$ 9,134,595
5. Net admitted deferred tax asset	\$ 1,028,419	\$ 2,056,838
6. Increase (decrease) in deferred tax assets nonadmitted	\$ (1,251,837)	\$ (1,232,067)

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

	03/31/2002	12/31/2001
1. Current tax expense	\$ (57,593)	\$ 915,629
2. Deferred tax expense	\$ 94,586	\$ 1,848,484
3. Prior year overaccrual of tax reserves	\$ -	\$ -
4. Current year income taxes incurred	\$ 36,993	\$ 2,764,113

D. The main components of the 2002 deferred tax amounts are as follows

DTA' s	Statutory	Tax	Difference	Tax Effect
1. Unrealized losses on stocks	\$ 63,304,200	\$ 94,562,441	\$ 31,258,241	\$ 10,627,802
2. Reserves	\$ 34,491,892	\$ 29,575,583	\$ 4,916,309	\$ 1,671,545
3. Accrued expenses	\$ 222,296	\$ 154,113	\$ 68,183	\$ 23,182
4. Total DTAs	\$ 98,018,388	\$ 124,292,137	\$ 36,242,733	\$ 12,322,529
5. DTAs nonadmitted				\$ 7,882,758
DTL' s				
6. Deferred intercompany gain				
7. on sale of stock	\$ 4,966,612	\$ 15,000,000	\$ 10,033,388	\$ 3,411,352
8. Total DTLs	\$ 4,966,612	\$ 15,000,000	\$ 10,033,388	\$ 3,411,352

E. The change in net deferred income taxes is comprised of the following:

	03/31/2002	12/31/2001	Change
1. Total deferred tax assets	\$ 12,322,529	\$ 14,602,785	\$ 2,280,256
2. Total deferred tax liabilities	\$ 3,411,352	\$ 3,411,352	\$ -
3. Net deferred tax asset	\$ 8,911,177	\$ 11,191,433	\$ 2,280,256
4. Tax effect of unrealized gains			\$ (2,185,670)
5. Change in net deferred income tax			\$ 94,586

F The changes of book to tax adjustments were as follows:

	Amount	Tax Effect
1. Income before taxes	\$ 144,044	\$ 48,975
2. Dividends received deduction	\$ (1,573)	\$ (535)
3. Dividend from subsidiary	\$ (33,670)	\$ (11,447)
4. Taxable income	\$ 108,801	\$ 36,993

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes No [X]

1.2 If yes, explain:

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes No

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No [X]

3.2 If yes, date of change: If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No [X] If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6. 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 [X] If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/1998

7.2 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. 12/31/1998

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/17/2000

7.4 By what department or departments? Ohio Department of Insurance

8.1 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? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes No [X]

8.2 If yes, give full information:

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:

10.1 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]

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

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

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

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

13.2 If yes, please complete the following:

	1	2
	Prior Year-End Statement Value	Current Quarter Statement Value
13.21 Bonds	\$ 0	\$ 0
13.22 Preferred Stock	\$ 25,685	\$ 1,450
13.23 Common Stock	\$ 54,778,435	\$ 60,570,161
13.24 Short-term Investments	\$ 2,472,312	\$ 2,472,312
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$ 57,276,432	\$ 63,043,923
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$ 30,130,226	\$ 36,575,297
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

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

If no, attach a description with this statement.

15. Excluding items in Schedule E, 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 Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1	2
Name of Custodian(s)	Custodian Address
Huntington National Bank	Columbus, OH

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

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

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

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

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

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

GENERAL INTERROGATORIES
(continued)

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 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 liabilities 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		

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	NONE			
2. Increase (decrease) by adjustment				
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales				
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period				
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)				
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period	1,620,000			2,339,000
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and committment fees.....				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				719,000
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment.....				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	1,620,000			1,620,000
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)	1,620,000			1,620,000
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period	1,620,000			1,620,000

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period	NONE			
2. Cost of acquisitions during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment.....				
9. Book/adjusted carrying value of long-term invested assets at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 1B

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

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	13,417,111	12,465,737	16,891,389	(9,434)	8,982,025			13,417,111
2. Class 2	5,653,819	10,233,348	12,197,863	(52,403)	3,636,901			5,653,819
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	19,070,931	22,699,085	29,089,252	(61,837)	12,618,926			19,070,931
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	19,070,931	22,699,085	29,089,252	(61,837)	12,618,926			19,070,931

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount of Interest Received Current Quarter	Paid for Accrued Interest
8099999 Totals	3,734,950	XXX	3,735,467	520,888	158,895

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned				
	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	12,648,600			13,967,569
2. Cost of short-term investments acquired				55,331,804
3. Increase (decrease) by adjustment				(49,992)
4. Increase (decrease) by foreign exchange adjustment				
5. Total profit (loss) on disposal of short-term investments				
6. Consideration received on disposal of short-term investments				56,600,781
7. Book/adjusted carrying value, current period	12,648,600			12,648,600
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	12,648,600			12,648,600
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	12,648,600			12,648,600
12. Income collected during period				494,869
13. Income earned during period				748,648

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL							
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	Yes						
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	Yes						
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. Canada.....CN							
57. Aggregate Other Aliens OT.....	XXX						
58. Totals	(a) 2						
DETAILS OF WRITE-INS							
5701.	XXX						
5702.	XXX						
5703.	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page.....	XXX						
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above).....	XXX						

(a) Insert the number of yes responses except for Canada and Other Alien.

Schedule Y - Part 1

NONE

Part 1

NONE

Part 2

NONE

STATEMENT AS OF MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

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 (a) (Cols. 1 + 2)	2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2002 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 (b) (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 (c) (Cols. 11 + 12)									
1. 1999 + Prior	9,577	26,055	35,632	1,140	0	1,140	9,390	0	25,102	34,492	953	(953)	0									
2. 2000	0	0		0	0		0	0	0													
3. Subtotals 2000 + Prior	9,577	26,055	35,632	1,140		1,140	9,390		25,102	34,492	953	(953)	0									
4. 2001.....	0	0		0	0		0	0	0													
5. Subtotals 2001 + Prior	9,577	26,055	35,632	1,140		1,140	9,390		25,102	34,492	953	(953)	0									
6. 2002	XXX	XXX	XXX	XXX	0		XXX	0	0		XXX	XXX	XXX									
7. Totals	9,577	26,055	35,632	1,140		1,140	9,390		25,102	34,492	953	(953)	0									
8. Prior Year-End's Surplus As Regards Policyholders	42,860										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. 10.0	2. (3.7)	3. 0.0									
											Col. 13, Line 7 As a % of Col. 1 Line 8											
											4.											

(a) Should Equal Prior Year-End Annual Statement; Page 3, Col. 1, Lines 1 + 3

(b) Should Equal Q.S. Page 3, Col. 1, Lines 1 and 3.

(c) Should Also Equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

1.

Will the SVO Compliance Certification be filed with this statement?

.....Yes.....
2.

Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?

.....No.....
3.

Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?

.....Yes.....

Explanations:

Bar Codes:

Trusteed Surplus Statement (Document Identifier 490) here:



OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

E04

E04

E04

E04

SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE



SUPPLEMENT FOR MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

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

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 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		802,900	6	0	11,652,826	174	19,855,942
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							46,349
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Aliens	OT							
58. Totals			802,900	6		11,652,826	174	19,902,291
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

Designate the type of health care providers reported on this page

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

1 States, Etc.		2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
				4 Amount	5 Number of Claims		7 Amount Reported	8 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. Canada	CN								
57. Aggregate Other Aliens	OT								
58. Totals									
DETAILS OF WRITE-INS									
5701.									
5702.									
5703.									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

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

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 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								125,060
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. Canada CN								
57. Aggregate Other Aliens OT								
58. Totals								125,060
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

Designate the type of health care providers reported on this page

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

1 States, Etc.		2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
				4 Amount	5 Number of Claims		7 Amount Reported	8 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. Canada	CN								
57. Aggregate Other Aliens	OT								
58. Totals									
DETAILS OF WRITE-INS									
5701.									
5702.									
5703.									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

Designate the type of health care providers reported on this page

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 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. Canada CN								
57. Aggregate Other Aliens OT								
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								