



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 Oval, Suite 530					
	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 Oval, Suite 530					
	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 & Treasurer	JOHN STEVEN BRICKER		

VICE PRESIDENTS

MARTHA GRAVES ALTHAUSER	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 ..... }  
County of ..... } 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 ESQ. Corporate Secretary	JOHN STEVEN BRICKER Controller & 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 .....	6,751,287		6,751,287	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	36,310,946	55,811,497	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 (\$ .....76,785 and short-term investments \$ .....3,201,210 ) .....	3,277,995		3,277,995	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) .....	106,211,724	38,749,496	67,462,228	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).....	11,349,231	10,577,917	771,314	2,056,838
16. Guaranty funds receivable or on deposit.....				
17. Electronic data processing equipment and software.....	29,601	16,025	29,601	37,163
18. Interest, dividends and real estate income due and accrued .....	218,250		218,250	366,068
19. Net adjustments in assets and liabilities due to foreign exchange rates .....				
20. Receivable from parent, subsidiaries and affiliates .....	2,206		2,206	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 .....	16,025	16,025		
25. Aggregate write-ins for other than invested assets .....	11,129	11,129		
26. Total assets excluding protected cell assets (Lines 9 through 25) .....	117,838,167	49,354,567	68,483,600	79,785,414
27. Protected cell assets .....				
28. TOTALS (Lines 26 and 27)	117,838,167	49,354,567	68,483,600	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.....	10,627	10,627	0	0
2502. Capitalized Software.....	502	502	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)	11,129	11,129		

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....0 ) .....	25,820,489	28,588,925
2. Reinsurance payable on paid losses and loss adjustment expenses .....	0	
3. Loss adjustment expenses .....	6,139,698	7,042,864
4. Commissions payable, contingent commissions and other similar charges .....	0	
5. Other expenses (excluding taxes, licenses and fees) .....	256,794	279,901
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	0	
7. Federal and foreign income taxes [including \$ .....0 on realized capital gains (losses)] (including \$ .....0 net deferred tax liability) .....	220,194	167,540
8. Borrowed money \$ .....0 and interest thereon \$ .....0 .....	0	
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....0 and including warranty reserves of \$ .....0 ) .....	0	
10. Advance premium .....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders .....	0	
11.2 Policyholders .....	0	
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	382,442	382,442
13. Funds held by company under reinsurance treaties .....	0	
14. Amounts withheld or retained by company for account of others .....	2,114	18,349
15. Remittances and items not allocated .....	0	
16. Provision for reinsurance .....	1,270	1,270
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	
18. Drafts outstanding .....	386,867	933,249
19. Payable to parent, subsidiaries and affiliates .....	698,005	282,037
20. Payable for securities .....	0	
21. Liability for amounts held under uninsured accident and health plans .....	0	
22. Capital notes \$ .....0 and interest thereon \$ .....0 .....	0	
23. Aggregate write-ins for liabilities .....	(771,000)	(771,000)
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) .....	33,136,874	36,925,577
25. Protected cell liabilities .....	0	0
26. Total liabilities (Lines 24 and 25) .....	33,136,874	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 .....	0	
30. Aggregate write-ins for other than special surplus funds .....	(1,301,828)	(1,301,828)
31. Surplus notes .....	0	
32. Gross paid in and contributed surplus .....	15,540,330	15,540,330
33. Unassigned funds (surplus) .....	20,108,224	27,621,334
34. Less treasury stock, at cost		
34.1 .....0 shares common (value included in Line 28 \$ .....0 ) .....	0	
34.2 .....0 shares preferred (value included in Line 29 \$ .....0 ) .....	0	
35. Surplus as regards policyholders (Lines 27 to 33, less 34) .....	35,346,726	42,859,837
36. TOTALS .....	68,483,600	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 .....	391,512	386,071	460,855
5. Aggregate write-ins for underwriting deductions .....			
6. Total underwriting deductions (Lines 2.4 thru 5) .....	391,512	386,071	(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) .....	(391,512)	(386,071)	11,141,218
INVESTMENT INCOME			
9. Net investment income earned .....	673,700	904,742	1,268,048
10. Net realized capital gains or (losses) .....	4,988	(4,077,276)	(3,973,904)
11. Net investment gain (loss) (Lines 9 + 10) .....	678,688	(3,172,534)	(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	(37,036)	(258,624)
15. Total other income (Lines 12 through 14) .....	4	(37,036)	(258,624)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15) .....	287,179	(3,595,641)	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) .....	287,179	(3,595,641)	8,176,739
19. Federal and foreign income taxes incurred .....	80,328	(1,218,701)	2,764,113
20. Net income (Line 18 minus Line 19)(to Line 22) .....	206,851	(2,376,941)	5,412,626
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year .....	42,859,837	33,996,555	33,996,555
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20) .....	206,851	(2,376,941)	5,412,626
23. Net unrealized capital gains or losses .....	(701,460)	171,217	4,476,996
24. Change in net unrealized foreign exchange capital gain (loss) .....	0		
25. Change in net deferred income tax .....	(203,559)	(58,215)	(2,985,163)
26. Change in nonadmitted assets .....	(1,402,317)	486,650	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	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) .....	(7,513,111)	(1,144,650)	8,863,281
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37) .....	35,346,726	32,851,905	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	(37,036)	(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	(37,036)	(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
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	0	
2. Loss and loss adjustment expenses paid (net of salvage and subrogation) .....	4,217,984	5,561,947
3. Underwriting expenses paid .....	409,389	529,790
4. Other underwriting income (expenses) .....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	(4,627,373)	(6,091,738)
6. Net investment income .....	893,043	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 .....	(27,674)	(1,173)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9) .....	(3,778,235)	(4,866,580)
<b>Cash from Investments</b>		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds .....	5,137,895	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) .....	5,144,842	12,138,124
12. Cost of investments acquired (long-term only):		
12.1 Bonds .....	5,536,491	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) .....	5,536,491	8,756,464
13. Net Cash from investments (Line 11.8 minus Line 12.7) .....	(391,649)	3,381,659
<b>Cash from Financing and Miscellaneous Sources</b>		
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 .....	448,582	39,838
14.4 Borrowed funds received .....		
14.5 Other cash provided .....	5,821	51,689
14.6 Total (Lines 14.1 to 14.5) .....	454,403	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 .....		
15.5 Total (Lines 15.1 to 15.4) .....	5,412,626	
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5) .....	(4,958,223)	91,527
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16) .....	(9,128,107)	(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) .....	3,277,995	12,406,102
<b>DETAILS OF WRITE-INS</b>		
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 September 30, 2002 and December 31, 2001 are as follows:

	09/30/2002	12/31/2001
1. Total of all deferred tax assets (admitted and nonadmitted)	\$ 14,760,583	\$ 14,602,785
2. Total of all deferred tax liabilities	\$ 3,411,352	\$ 3,411,352
3. Net deferred tax asset	\$ 11,349,231	\$ 11,191,433
4. Total deferred tax assets nonadmitted in accordance with SSAP No. 10, Income Taxes	\$ 10,577,917	\$ 9,134,595
5. Net admitted deferred tax asset	\$ 771,314	\$ 2,056,838
6. Increase (decrease) in deferred tax assets nonadmitted	\$ 1,443,322	\$ (1,232,067)

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

	09/30/2002	12/31/2002
1. Current tax expense	\$ (119,578)	\$ 915,629
2. Deferred tax expense	\$ 203,559	\$ 1,848,484
3. Prior year accrual of tax reserves	\$ 199,906	\$ -
4. Current year income taxes incurred	\$ 80,328	\$ 915,629

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

DTA's	Statutory	Tax	Difference	Tax Effect
1. Unrealized losses on equities	\$ 55,812,944	\$ 94,562,441	\$ 38,749,497	\$ 13,174,829
2. Reserves	\$ 31,960,188	\$ 27,364,388	\$ 4,595,800	\$ 1,562,572
3. Accrued expenses	\$ 245,303	\$ 177,120	\$ 68,183	\$ 23,182
4. Total DTA's	\$ 88,018,435	\$ 122,103,949	\$ 43,413,480	\$ 14,760,583
5. DTA's nonadmitted				

## DTL's

6. Deferred intercompany gain on sale of stock	\$ 4,966,612	\$ 15,000,000	\$ 10,033,388	\$ 3,411,352
7. Total DTL's	\$ 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:

	09/30/2002	12/31/2002	Change
1. Total deferred tax assets	\$ 14,760,583	\$ 14,602,785	\$ (157,798)
2. Total deferred tax liabilities	\$ 3,411,352	\$ 3,411,352	\$ -
3. Net deferred tax asset	\$ 11,349,231	\$ 11,191,433	\$ (157,798)
4. Tax effect of unrealized gains			\$ 361,357
5. Change in net deferred income tax			\$ 203,559

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

	Amount	Tax Effect
1. Income before taxes	\$ 287,179	\$ 97,641
2. Dividends received deduction	\$ (6,506)	\$ (2,212)
3. Dividend from subsidiary	\$ (33,670)	\$ (11,447)
4. Reserves - book to tax	\$ (598,702)	\$ (203,559)
5. Taxable income	\$ (351,699)	\$ (119,577)

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 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds .....	\$ .....0	\$ .....0
13.22 Preferred Stock .....	\$ .....25,685	\$ .....1,450
13.23 Common Stock .....	\$ .....54,778,435	\$ .....53,602,447
13.24 Short-term Investments .....	\$ .....2,472,312	\$ .....2,472,312
13.25 Mortgages, Loans or Real Estate .....	\$ .....0	\$ .....0
13.26 All Other .....	\$ .....0	\$ .....0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$ .....57,276,432	\$ .....56,076,209
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above .....	\$ .....30,130,226	\$ .....22,518,366
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above .....	\$ .....0	\$ .....0

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 Name of Custodian(s)	2 Custodian Address
Huntington National Bank.....	Columbus, Ohio.....

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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Central Registration Depository	2 Name(s)	3 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	1,620,000	1,620,000	2,339,000
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions .....			0	
2.2. Additional investment made after acquisitions .....			0	
3. Accrual of discount and mortgage interest points and committment fees.....			0	
4. Increase (decrease) by adjustment .....			0	
5. Total profit (loss) on sale .....			0	
6. Amounts paid on account or in full during the period .....			0	719,000
7. Amortization of premium .....			0	
8. Increase (decrease) by foreign exchange adjustment.....			0	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	1,620,000	1,620,000	1,620,000	1,620,000
10. Total valuation allowance .....			0	
11. Subtotal (Lines 9 plus 10) .....	1,620,000	1,620,000	1,620,000	1,620,000
12. Total nonadmitted amounts .....			0	
13. Statement value of mortgages owned at end of current period	1,620,000	1,620,000	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 SEPTEMBER 30, 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
<b>BONDS</b>								
1. Class 1 .....	8,483,317	2,201,401	4,450,074	(1,875)	8,982,025	8,483,317	6,232,769	13,417,111
2. Class 2 .....	3,710,046	26,600	0	(16,920)	3,636,901	3,710,046	3,719,726	5,653,819
3. Class 3 .....								
4. Class 4 .....								
5. Class 5 .....								
6. Class 6 .....								
7. Total Bonds	12,193,363	2,228,001	4,450,074	(18,795)	12,618,926	12,193,363	9,952,496	19,070,931
<b>PREFERRED STOCK</b>								
8. Class 1 .....	1,450	0	0	0	1,450	1,450	1,450	25,685
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock	1,450				1,450	1,450	1,450	25,685
15. Total Bonds and Preferred Stock	12,194,813	2,228,001	4,450,074	(18,795)	12,620,376	12,194,813	9,953,946	19,096,616

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999 Totals	3,201,210	XXX	3,201,210	13,269	0

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned				
	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 .....	12,648,600	3,734,950	3,841,308	13,967,569
2. Cost of short-term investments acquired .....	17,825,946	2,527,016	2,201,402	55,331,804
3. Increase (decrease) by adjustment .....	(35,448)	(434)	0	(49,992)
4. Increase (decrease) by foreign exchange adjustment .....			0	
5. Total profit (loss) on disposal of short-term investments .....			0	
6. Consideration received on disposal of short-term investments .....	26,704,147	2,420,224	2,841,500	56,600,781
7. Book/adjusted carrying value, current period .....	3,734,950	3,841,308	3,201,210	12,648,600
8. Total valuation allowance .....			0	
9. Subtotal (Lines 7 plus 8) .....	3,734,950	3,841,308	3,201,210	12,648,600
10. Total nonadmitted amounts .....			0	
11. Statement value (Lines 9 minus 10) .....	3,734,950	3,841,308	3,201,210	12,648,600
12. Income collected during period .....	326,545	4,773	13,269	494,869
13. Income earned during period .....	116,076	32,395	35,184	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		2,916,030	3,777,109	29,520,698	43,501,166
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	XXX					
58. Totals	(a) 2			2,916,030	3,777,109	29,567,047	43,501,166
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 SEPTEMBER 30, 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	3,668	4	3,672	6,424	610	24,926	31,960	515	(515)	0									
2. 2000	0	0		0	0		0	0	0													
3. Subtotals 2000 + Prior	9,577	26,055	35,632	3,668	4	3,672	6,424	610	24,926	31,960	515	(515)	0									
4. 2001	0	0		0	0		0	0	0													
5. Subtotals 2001 + Prior	9,577	26,055	35,632	3,668	4	3,672	6,424	610	24,926	31,960	515	(515)	0									
6. 2002	XXX	XXX	XXX	XXX	0		XXX	0	0		XXX	XXX	XXX									
7. Totals	9,577	26,055	35,632	3,668	4	3,672	6,424	610	24,926	31,960	515	(515)	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. 5.4	2. (2.0)	3. 0.0									
											Col. 13, Line 7 As a % of Col. 1 Line 8											
											4. 0.0											

(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

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter								
1  Description of Property	Location		4  Date Acquired	5  Name of Vendor	6  Actual Cost	7  Amount of Encumbrances	8  Book/Adjusted Carrying Value Less Encumbrances	9  Expended for Additions and Permanent Improvements
	2  City	3  State						
				NONE				
9999999 - Totals								

SCHEDULE A - PART 3

1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3													
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/ Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
					NONE										
9999999 Totals															

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO**

## SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED during the Current Quarter

[illegible]

## SCHEDULE B - PART 2

**Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter**

[illegible]

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10
Number of Units and Description	2 City	3 State	Name of Vendor	Date Acquired	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment
			NONE						
9999999 Totals									

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter

1	Location		4	5	6 Book/ Adjusted Carrying Value Less Encum- brances, Prior Year	7  Increase (Decrease) by Adjustment	8  Increase (Decrease) by Foreign Exchange Adjustment	9 Book/ Adjusted Carrying Value Less Encum- brances at Disposition	10  Consideration Received	11  Foreign Exchange Profit (Loss) on Sale	12  Realized Profit (Loss) on Sale	13  Total Profit (Loss) on Sale
	2	3										
Number of Units and Description	City	State	Name of Purchaser or Nature of Disposition	Date Acquired								
			NONE									
9999999 Totals												

## E04

## 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 SEPTEMBER 30, 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			2,891,400	14	0	10,926,310	142	18,493,958
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			2,891,400	14		10,926,310	142	18,540,307
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 SEPTEMBER 30, 2002 OF THE PHYSICIANS INSURANCE  
COMPANY OF OHIO

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

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 SEPTEMBER 30, 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			24,630	2	0	100,430	6	0
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			24,630	2		100,430	6	
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 SEPTEMBER 30, 2002 OF THE PHYSICIANS INSURANCE  
COMPANY OF OHIO

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

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 SEPTEMBER 30, 2002 OF THE PHYSICIANS INSURANCE  
COMPANY OF OHIO

Designate the type of health care providers  
reported on this page  
Medical Malpractice Policies

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	
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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. ....								
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