



**ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2002  
 OF THE CONDITION AND AFFAIRS OF THE  
**OHIO CASUALTY OF NEW JERSEY, INC.**

NAIC Group Code 0148 (Current Period) NAIC Company Code 10937 (Prior Period) Employer's ID Number 31-1603427

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated June 22, 1998 Commenced Business July 1, 1998

Statutory Home Office 9450 Seward Road, Fairfield, Ohio 45014  
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 9450 Seward Road, Fairfield, Ohio 45014 513-603-2400  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 9450 Seward Road, Fairfield, Ohio 45014  
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 9450 Seward Road, Fairfield, Ohio 45014 513-603-2245  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address http://www.ocas.com

Statement Contact Dennis E. McDaniel 513-603-2245  
(Name) (Area Code) (Telephone Number) (Extension)  
finance@ocas.com 513-603-3179  
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 9450 Seward Road, Fairfield, Ohio 45014 513-603-2400  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

**OFFICERS**

Chairman .....	Stanley Neal Pontius
President / CEO .....	Dan Roy Carmichael
Exec. VP / COO .....	Elizabeth Margaret Riczko
Sr. VP / Genl Counsel / Secretary .....	#Debra Kay Crane
Sr. Vice President .....	John Stanley Busby
Sr. Vice President .....	John Edward Bade, Jr.
Sr. Vice President .....	Richard Brendan Kelly
Sr. Vice President .....	Howard Leslie Sloneker III
Exec. VP / Chief Financial Officer .....	#Donald Floyd McKee
VP / Treasurer .....	#Arthur Larry Sisk
VP / Controller .....	Dennis Eugene McDaniel

**VICE PRESIDENTS**

Michael Len Akin  
 Jane Cochran White

**DIRECTORS OR TRUSTEES**

Terrence James Baehr  
 Jack Elliott Brown  
 Dan Roy Carmichael  
 Catherine Elizabeth Dolan  
 #Philip George Heasley  
 Stephen Sloneker Marcum  
 #Ralph Seefred Michael III  
 Stanley Neal Pontius  
 Howard Leslie Sloneker III  
 #Jan Henry Suwinski

State of Ohio }  
 County of Butler } 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.

Donald F. McKee  
 Exec. VP / Chief Financial Officer

Dennis E. McDaniel  
 Vice President and Controller

Howard L. Sloneker III  
 Sr. Vice President

- a. Is this an original filing? Yes (X) No ( )
- b. If no:
1. State the amendment number \_\_\_\_\_
  2. Date filed \_\_\_\_\_
  3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this  
 day of February, 2003



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF ALASKA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
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14. Credit A and H (group and individual)												
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15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
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15.7 Federal employees health benefits program premium												
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17. Other liability												
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19.2 Other private passenger auto liability												
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19.4 Other commercial auto liability												
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22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
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19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
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21.1 Private passenger auto physical damage												
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22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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2.1 Allied lines												
2.2 Multiple peril crop												
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15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
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15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
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18. Products liability												
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19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
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23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
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DETAILS OF WRITE-INS												
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3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24GA

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

241D

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24KS

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24KY

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24LA

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MAINE DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24ME

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MD

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MA

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MI

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MN

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MS

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MO

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF MONTANA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24MT

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NE

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NV

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NH

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability	164,530	501,925		17,627		2,297,496	3,660,232		52,533	451,417	23,370	(931)
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	3,197,438	8,642,878		256,180	23,410,446	20,448,133	19,031,140	1,671,484	1,594,951	2,742,992	369,799	23,006
19.2 Other private passenger auto liability	10,963,583	31,358,717		939,000	29,635,965	46,124,760	91,045,336	2,451,944	5,432,008	11,013,538	1,212,168	78,886
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	12,334,828	35,768,801		1,183,386	9,769,346	7,761,832	(1,163,006)	73,536	29,451	42,984	1,444,483	(124,741)
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business	485,908	485,908										
34. TOTALS (a)	27,146,287	76,758,229		2,396,193	62,815,757	76,632,221	112,573,702	4,196,964	7,108,943	14,250,931	3,049,820	(23,780)
DETAILS OF WRITE-INS												
3301. UBS	396,712	396,712										
3302. PMSC	89,196	89,196										
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)	485,908	485,908										

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NJ

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NM

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NY

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24NC

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24ND

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												181
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												3,514
19.2 Other private passenger auto liability												12,048
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												13,555
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												29,298
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

240H

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24OK

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

240R

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24RI

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24SC

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24SD

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24TN

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24TX

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24UT

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF VERMONT DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24VT

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24WA

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24WV

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24WI

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24WV

P/C



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**  
**BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2002**

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability	164,530	501,925		17,627		2,297,496	3,660,232		52,533	451,417	23,370	(750)
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	3,197,438	8,642,878		256,180	23,410,446	20,448,133	19,031,140	1,671,484	1,594,951	2,742,992	369,799	26,520
19.2 Other private passenger auto liability	10,963,583	31,358,717		939,000	29,635,965	46,124,760	91,045,336	2,451,944	5,432,008	11,013,538	1,212,168	90,934
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	12,334,828	35,768,801		1,183,386	9,769,346	7,761,832	(1,163,006)	73,536	29,451	42,984	1,444,483	(111,186)
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business	485,908	485,908										
34. TOTALS (a)	27,146,287	76,758,229		2,396,193	62,815,757	76,632,221	112,573,702	4,196,964	7,108,943	14,250,931	3,049,820	5,518
DETAILS OF WRITE-INS												
3301. UBS	396,712	396,712										
3302. PMSC	89,196	89,196										
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)	485,908	485,908										

(a) Finance and service charges not included in Line 1 to Line 34 \$ .....

24GT

P/C

**Page 25**

Schedule A, Verification Between Years  
**NONE**

Schedule B, Verification Between Years  
**NONE**

Schedule BA, Verification Between Years  
**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D and DA (Group 1)</b>											
1.1 Class 1											
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals											
<b>2. All Other Governments, Schedules D and DA (Group 2)</b>											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
<b>3. States, Territories and Possessions etc., Guaranteed, Schedules D and DA (Group 3)</b>											
3.1 Class 1								1,053,582	0.5		
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals								1,053,582	0.5		
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)</b>											
4.1 Class 1		1,042,671				1,042,671	0.5	1,056,515	0.5	1,042,671	
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals		1,042,671				1,042,671	0.5	1,056,515	0.5	1,042,671	
<b>5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)</b>											
5.1 Class 1	3,107,407	13,390,100	2,203,639	3,494,117	4,861,334	27,056,597	13.3	17,948,181	8.1	27,056,597	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals	3,107,407	13,390,100	2,203,639	3,494,117	4,861,334	27,056,597	13.3	17,948,181	8.1	27,056,597	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D and DA (Group 6)</b>											
6.1 Class 1			4,038,211			4,038,211	2.0	5,052,125	2.3	4,038,211	
6.2 Class 2								4,164,259	1.9		
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals			4,038,211			4,038,211	2.0	9,216,384	4.1	4,038,211	
<b>7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)</b>											
7.1 Class 1	30,186,612	23,077,681	54,499,995	20,982,915	1,990,216	130,737,419	64.3	153,251,610	68.8	125,622,053	5,115,367
7.2 Class 2		9,630,244	16,220,498	5,788,326	4,985,625	36,624,693	18.0	34,870,165	15.6	36,052,718	571,976
7.3 Class 3								5,492,890	2.5		
7.4 Class 4		990,000	2,730,000			3,720,000	1.8			3,720,000	
7.5 Class 5											
7.6 Class 6											
7.7 Totals	30,186,612	33,697,925	73,450,493	26,771,241	6,975,841	171,082,112	84.2	193,614,665	86.9	165,394,771	5,687,343
<b>8. Credit Tenant Loans, Schedules D and DA (Group 8)</b>											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
<b>9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)</b>											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	33,294,019	37,510,452	60,741,845	24,477,032	6,851,550	162,874,898	80.1	XXX	XXX	157,759,532	5,115,367
10.2 Class 2		9,630,244	16,220,498	5,788,326	4,985,625	36,624,693	18.0	XXX	XXX	36,052,718	571,976
10.3 Class 3								XXX	XXX		
10.4 Class 4		990,000	2,730,000			3,720,000	1.8	XXX	XXX	3,720,000	
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
10.7 Totals	33,294,019	48,130,696	79,692,343	30,265,358	11,837,175	(b) 203,219,591	100.0	XXX	XXX	197,532,250	5,687,343
10.8 Line 10.7 as a % of Column 6	16.4	23.7	39.2	14.9	5.8	100.0	XXX	XXX	XXX	97.2	2.8
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	26,081,576	55,817,355	68,338,895	26,134,180	1,990,007	XXX	XXX	178,362,013	80.0	172,848,832	5,513,182
11.2 Class 2	3,087,804	9,083,751	18,916,757	3,781,853	4,164,259	XXX	XXX	39,034,424	17.5	37,395,018	1,639,408
11.3 Class 3		2,992,890	2,500,000			XXX	XXX	5,492,890	2.5	5,492,890	
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	29,169,380	67,893,996	89,755,652	29,916,033	6,154,266	XXX	XXX	(b) 222,889,327	100.0	215,736,740	7,152,590
11.8 Line 11.7 as a % of Column 8	13.1	30.5	40.3	13.4	2.8	XXX	XXX	100.0	XXX	96.8	3.2
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1	32,549,319	33,139,786	60,741,846	24,477,032	6,851,550	157,759,533	77.6	172,848,831	77.5	157,759,532	XXX
12.2 Class 2		9,058,268	16,220,498	5,788,326	4,985,625	36,052,717	17.7	37,395,016	16.8	36,052,718	XXX
12.3 Class 3								5,492,890	2.5		XXX
12.4 Class 4		990,000	2,730,000			3,720,000	1.8			3,720,000	XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals	32,549,319	43,188,054	79,692,344	30,265,358	11,837,175	197,532,250	97.2	215,736,737	96.8	197,532,250	XXX
12.8 Line 12.7 as a % of Column 6	16.5	21.9	40.3	15.3	6.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	16.0	21.3	39.2	14.9	5.8	97.2	XXX	XXX	XXX	97.2	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1	744,700	4,370,666				5,115,366	2.5	5,513,182	2.5	XXX	5,115,367
13.2 Class 2		571,976				571,976	0.3	1,639,408	0.7	XXX	571,976
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals	744,700	4,942,642				5,687,342	2.8	7,152,590	3.2	XXX	5,687,343
13.8 Line 13.7 as a % of Column 6	13.1	86.9				100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10	0.4	2.4				2.8	XXX	XXX	XXX	XXX	2.8

(a) Includes \$ 1,115,367 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 5,557,601 current year, \$ 6,717,220 prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ current year, \$ prior year of bonds with 5\* designations and \$ current year, \$ prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, At Statement Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Issuer Obligations											
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals											
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 3)											
3.1 Issuer Obligations								1,053,582	0.5		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 Totals								1,053,582	0.5		
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations		1,042,671				1,042,671	0.5	1,056,515	0.5	1,042,671	
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 Totals		1,042,671				1,042,671	0.5	1,056,515	0.5	1,042,671	
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations		5,391,567		3,494,117	4,861,334	13,747,018	6.8	1,922,518	0.9	13,747,019	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	76,207	596,348	371,308			1,043,863	0.5	4,412,219	2.0	1,043,864	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	3,031,200	7,402,185	1,832,330			12,265,715	6.0	11,613,443	5.2	12,265,716	
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals	3,107,407	13,390,100	2,203,638	3,494,117	4,861,334	27,056,596	13.3	17,948,180	8.1	27,056,599	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D and DA (Group 6)											
6.1 Issuer Obligations			4,038,211			4,038,211	2.0	9,216,384	4.1	4,038,211	
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals			4,038,211			4,038,211	2.0	9,216,384	4.1	4,038,211	
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)											
7.1 Issuer Obligations		11,525,794	63,374,753	26,701,509	6,975,841	108,577,897	53.4	115,418,483	51.8	104,577,898	4,000,000
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	26,695,187	9,918,157	1,590,251			38,203,595	18.8	37,736,855	16.9	37,088,228	1,115,367
7.4 Other	680,191	752,244	933,988			2,366,423	1.2	4,799,629	2.2	2,366,424	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined								1,065,883	0.5		
7.6 Other	2,811,234	11,501,729	7,551,500	69,732		21,934,195	10.8	34,593,808	15.5	21,362,220	571,976
7.7 Totals	30,186,612	33,697,924	73,450,492	26,771,241	6,975,841	171,082,110	84.2	193,614,658	86.9	165,394,770	5,687,343
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations		17,960,032	67,412,964	30,195,626	11,837,175	127,405,797	62.7	X X X	X X X	123,405,799	4,000,000
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds	76,207	596,348	371,308			1,043,863	0.5	X X X	X X X	1,043,864	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	29,726,387	17,320,342	3,422,581			50,469,310	24.8	X X X	X X X	49,353,944	1,115,367
10.4 Other	680,191	752,244	933,988			2,366,423	1.2	X X X	X X X	2,366,424	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other	2,811,234	11,501,729	7,551,500	69,732		21,934,195	10.8	X X X	X X X	21,362,220	571,976
10.7 Totals	33,294,019	48,130,695	79,692,341	30,265,358	11,837,175	203,219,588	100.0	X X X	X X X	197,532,251	5,687,343
10.8 Line 10.7 as a % of Column 6	16.4	23.7	39.2	14.9	5.8	100.0	X X X	X X X	X X X	97.2	2.8
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations	3,108,679	12,577,873	78,253,383	28,573,281	6,154,266	X X X	X X X	128,667,482	57.7	123,667,484	5,000,000
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds	155,670	4,256,549				X X X	X X X	4,412,219	2.0	4,412,219	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	16,374,390	26,154,701	5,478,455	1,342,752		X X X	X X X	49,350,298	22.1	48,837,118	513,182
11.4 Other	4,384,079	214,285	201,265			X X X	X X X	4,799,629	2.2	4,799,631	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	110,091	440,366	515,426			X X X	X X X	1,065,883	0.5	1,065,884	
11.6 Other	5,036,468	24,250,219	5,307,121			X X X	X X X	34,593,808	15.5	32,954,401	1,639,408
11.7 Totals	29,169,377	67,893,993	89,755,650	29,916,033	6,154,266	X X X	X X X	222,889,319	100.0	215,736,737	7,152,590
11.8 Line 11.7 as a % of Column 8	13.1	30.5	40.3	13.4	2.8	X X X	X X X	100.0	X X X	96.8	3.2
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations		13,960,033	67,412,965	30,195,626	11,837,175	123,405,799	60.7	123,667,483	55.5	123,405,799	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds	76,207	596,348	371,308			1,043,863	0.5	4,412,219	2.0	1,043,864	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	28,981,686	16,949,676	3,422,581			49,353,943	24.3	48,837,117	21.9	49,353,944	X X X
12.4 Other	680,191	752,244	933,988			2,366,423	1.2	4,799,629	2.2	2,366,424	X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined								1,065,883	0.5		X X X
12.6 Other	2,811,234	10,929,753	7,551,500	69,732		21,362,219	10.5	32,954,400	14.8	21,362,220	X X X
12.7 Totals	32,549,318	43,188,054	79,692,342	30,265,358	11,837,175	197,532,247	97.2	215,736,731	96.8	197,532,251	X X X
12.8 Line 12.7 as a % of Column 6	16.5	21.9	40.3	15.3	6.0	100.0	X X X	X X X	X X X	100.0	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	16.0	21.3	39.2	14.9	5.8	97.2	X X X	X X X	X X X	97.2	X X X
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations		4,000,000				4,000,000	2.0	5,000,000	2.2	X X X	4,000,000
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined	744,700	370,666				1,115,366	0.5	513,182	0.2	X X X	1,115,367
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other		571,976				571,976	0.3	1,639,408	0.7	X X X	571,976
13.7 Totals	744,700	4,942,642				5,687,342	2.8	7,152,590	3.2	X X X	5,687,343
13.8 Line 13.7 as a % of Column 6	13.1	86.9				100.0	X X X	X X X	X X X	X X X	100.0
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10	0.4	2.4				2.8	X X X	X X X	X X X	X X X	2.8

**Page 33**

Sch. DA, Pt. 2, Verification of Short-Term Investments  
**NONE**

**Page 34**

Schedule DB, Part A, Verification Between Years  
**NONE**

Schedule DB, Part B, Verification Between Years  
**NONE**

**Page 35**

Schedule DB, Part C, Verification Between Years  
**NONE**

Schedule DB, Part D, Verification Between Years  
**NONE**

Schedule DB, Part E, Verification of Statement and Fair Values  
**NONE**

**Page 36**

Sch. DB, Pt. F, Sn. 1, Summary Replicated (Syn.) Assets Open  
**NONE**

**Page 37**

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets  
**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE F - PART 1**

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Columns 6 plus 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE							
Affiliates - U. S. Non-Pool													
31-0396250	24074	Ohio Casualty Insurance Company	Fairfield, OH	17	893	10,547	11,440						
31-0624491	44393	West American Insurance Company	Indianapolis, IN	(1)	168	5,054	5,222						
0299999	Subtotal - Affiliates - U. S. Non-Pool			16	1,061	15,602	16,662						
0499999	Subtotal - Affiliates			16	1,061	15,602	16,662						
9999999	TOTAL - Schedule F, Part 1			16	1,061	15,602	16,662						

**Page 39**

Sch. F, Pt. 2, Premium Portfolio Reinsurance Effected or Canceled

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Columns 15 - [16 + 17]	19 Funds Held by Company Under Reinsurance Treaties									
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers											
Authorized - Affiliates - U. S. Non-Pool																											
31-0396250	24074	Ohio Casualty Insurance Company	Fairfield, OH															238									
0299999 - Subtotal - Authorized - Affiliates - U. S. Non-Pool																		238									
0499999 - Subtotal - Authorized - Affiliates																		238									
Authorized - Other U.S. Unaffiliated Insurers																											
13-4924125	10227	American Re-Insurance Company	Wilmington, DE		4					3	1				5	(8)		13									
47-0574325	32603	Berkley Insurance Company	Wilmington, DE		1					1					1	(2)		4									
31-0542366	10677	Cincinnati Insurance Company	Cincinnati, OH																								
36-2114545	20443	Continental Casualty Company	Chicago, IL		2			330		2					333	23		309									
42-0234980	21415	Employers Mutual Casualty Co	Des Moines, IA																								
48-0921045	39845	Employers Reinsurance Corp	Jefferson City, MO		3			180	1	16		2			199	(13)		212									
22-2005057	26921	Everest Reinsurance Company	Newark, NJ													17		(17)									
14-1415410	13803	Farm Family Casualty Insurance	Glenmont, NY		1																						
13-1963496	20281	Federal Insurance Company	Indianapolis, IN		3																						
13-2997499	38776	Folksamerica Reinsurance Company	New York, NY		132			210	2	28		3	2		245	52		193									
13-2673100	22039	GE Reinsurance	Stamford, CT		1			255	1	16		2			275	(15)		290									
06-0383750	19682	Hartford Fire Insurance Co	Hartford, CT							2					2	(4)		6									
04-1543470	23043	Liberty Mutual Insurance Company	Boston, MA		3																						
13-1290712	20583	NAC Reinsurance Corporation	Greenwich, CT		32					2					3			3									
13-2781282	25070	Odyssey Reinsurance Corporation	Wilmington, DE		53			150	1	15		2	1		169	21		149									
23-2745904	10019	Overseas Partners US Rein (Reliance Re)	Wilmington, De		128				1	12		1	2		16	47		(30)									
13-3031176	38636	Partners Reinsurance Company	New York, NY		163			375	3	40		4	3		425	51		374									
23-1641984	10219	QBE Reinsurance Company	Philadelphia, PA		52				1	13		1	1		16	16											
41-0406690	24767	St. Paul Fire & Marine	St. Paul, MN		7					1					1			1									
13-1675535	25364	Swiss Re America	New York, NY		10					1					1	1		1									
13-5616275	19453	Transatlantic Reinsurance Co	New York, NY		8					1					1			1									
06-1117063	34894	Trenwick Reinsurance	Stamford, CT													28		(28)									
0599999 - Subtotal - Authorized - Other U.S. Unaffiliated Insurers																		605	1,500	10	155	17	11	1,693	212	1,481	
Authorized - Pools - Mandatory Pools																											
AA-9991160	00000	New Jersey Unsatisfied Claim & Judgement	Trenton, NJ		493			2,916		837	47	5,206	77	59	9,141	(3,640)		12,781									
AA-9991162	00000	New Jersey Auto Insurance Risk Exchange	Newark, NJ		1,885			(1,145)		4		72	7		(1,063)	(158)		(905)									
0699999 - Subtotal - Authorized - Pools - Mandatory Pools																		2,378	1,771	837	51	5,277	84	59	8,078	(3,798)	11,876
Authorized - Other Non-U.S. Insurers																											
AA-1126435	00000	DPM 435	UK		1																						
AA-1128791	00000	MAP 2791	UK																								
0899999 - Subtotal - Authorized - Other Non-U.S. Insurers																		1									

NOTE: Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Company	2 Commission Rate	3 Ceded Premium
1)	.....	.....	.....
2)	.....	.....	.....
3)	.....	.....	.....
4)	.....	.....	.....
5)	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Columns 15 - [16 + 17]	19 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
0999999 - Subtotal - Authorized						2,984	1,771	2,337	61	5,433	101	70	9,772	(3,585)	13,357	238		
Unauthorized - Other U.S. Unaffiliated Insurers																		
74-2195939	42374	Houston Casualty Company	Houston, TX											17	(17)			
1499999 - Subtotal - Unauthorized - Other U.S. Unaffiliated Insurers														17	(17)			
Unauthorized - Other Non-U.S. Insurers																		
AA-1340125	00000	Hannover Ruckversicherungs, AG	Germany		6													
1799999 - Subtotal - Unauthorized - Other Non-U.S. Insurers						6												
1899999 - Subtotal - Unauthorized						6								17	(16)			
1999999 - Subtotal - Authorized and Unauthorized						2,990	1,771	2,337	61	5,433	101	70	9,772	(3,569)	13,341	238		
9999999 - TOTAL - Schedule F, Part 3						2,990	1,771	2,337	61	5,433	101	70	9,772	(3,569)	13,341	238		

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE F - PART 4**

Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						12 Percentage Overdue Column 10 / Column 11	13 Percentage more Than 120 Days Overdue Column 9 / Column 11
				5 Current	Overdue				11 Total Due Columns 5 + 10		
					6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days			
Authorized - Pools - Mandatory											
AA-9991160	00000	New Jersey Unsatisfied Claim Fund	Trenton, NJ	2,916						2,916	
AA-9991162	00000	New Jersey Auto Insurance Risk Exchange	Newark, NJ	(1,145)						(1,145)	
0699999 - Subtotal - Authorized - Pools - Mandatory				1,771						1,771	
0999999 - Subtotal - Authorized				1,771						1,771	
1999999 - Subtotal - Authorized and Unauthorized				1,771						1,771	
9999999 - TOTAL - Schedule F, Part 4				1,771						1,771	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**SCHEDULE F - PART 5**

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F Part 3, Column 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Ceded Balances Payable	Miscellaneous Balances	Other Allowed Offset Items	Sum of Columns 6 through 10 but not in excess of Column 5	Subtotal Column 5 minus Column 11	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Column 13	Smaller of Column 11 or Column 14	Smaller of Column 11 or 20% of Amount in Dispute Included in Column 5	Total Provision for Unauthorized Reinsurance Smaller of Column 5 or Columns 12 + 15 + 16	
Other U. S. Unaffiliated Insurers																	
74-2195939	42374	Houston Casualty Company	Houston, TX														17
0599999 - Subtotal Other U. S. Unaffiliated Insurers																	
0999999 - Subtotal Affiliates and Others																	
9999999 - TOTAL - Schedule F, Part 5																	

1. Amounts in dispute totaling \$ ..... are included in Column 5.  
 2. Amounts in dispute totaling \$ ..... are excluded from Column 13.  
 3. Column 5 excludes \$ ..... recoverables on ceded IBNR on contracts in force prior to July 1, 1984 and not subsequently renewed.

**Page 43**

Sch. F, Pt. 6, Provision for Overdue Authorized Reinsurance

**NONE**

**Page 44**

Sch. F, Pt. 7, Provision for Overdue Reinsurance

**NONE**

**SCHEDULE F - PART 8**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS</b> (Page 2, Column 3)			
1. Cash and invested assets (Line 9) .....	210,673,322		210,673,322
2. Agents' balances or uncollected premiums (Line 10) .....	(168,300)		(168,300)
3. Funds held by or deposited with reinsured companies (Line 11) .....			
4. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14) .....	1,770,554		1,770,554
5. Other assets (Lines 12 and 13 and 15 through 25) .....	5,078,859		5,078,859
6. Net amount recoverable from reinsurers .....		1,227,620	1,227,620
7. Totals (Line 28) .....	217,354,435	1,227,620	218,582,055
<b>LIABILITIES</b> (Page 3)			
8. Losses and loss adjustment expenses (Lines 1 through 3) .....	157,078,055	1,683,558	158,761,613
9. Taxes, expenses, and other obligations (Lines 4 through 8) .....	4,400,308		4,400,308
10. Unearned premiums (Line 9) .....	2,326,547	10,559	2,337,106
11. Advance premiums (Line 10) .....			
12. Dividends declared and unpaid (Line 11.1 and Line 11.2) .....			
13. Ceded reinsurance premiums payable (net of ceded commissions) (Line 12) .....	(3,568,682)	(228,990)	(3,797,672)
14. Funds held by company under reinsurance treaties (Line 13) .....	237,507	(237,507)	
15. Amounts withheld or retained by company for account of others (Line 14) .....	(27)		(27)
16. Provision for reinsurance (Line 16) .....			
17. Other liabilities (Line 15 and Line 17 through Line 23) .....	11,628,316		11,628,316
18. Total liabilities (Line 26 minus Line 25) .....	172,102,024	1,227,620	173,329,644
19. Surplus as regards policyholders (Line 35) .....	45,252,417	X X X	45,252,417
20. Totals (Line 36) .....	217,354,441	1,227,620	218,582,061

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes ( ) No (X)

If yes, give full explanation:

.....

.....

.....

.....

.....

.....

**Page 46**

Sch. H, Accident and Health Exhibit, Part 1  
**NONE**

**Page 47**

Sch. H, Accident and Health Exhibit, Part 2  
**NONE**

Sch. H, Accident and Health Exhibit, Part 3  
**NONE**

Sch. H, Accident and Health Exhibit, Part 4  
**NONE**

**Page 48**

Sch. H, Pt. 5, Health Claims  
**NONE**

**Page 51**

Sch. P, Pt. 1A, Homeowners/Farmowners

**NONE**

**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	.642		.93		.33		.10	.768	XXX
2. 1993				(265)		(147)		(19)		(81)	(431)	84
3. 1994				(744)		(328)		(44)		24	(1,116)	207
4. 1995				(2,403)		(509)		(160)		97	(3,072)	394
5. 1996				(2,962)		(697)		(479)		349	(4,138)	892
6. 1997				(4,249)		(721)		(1,165)		697	(6,135)	1,605
7. 1998	9,836	12	9,824	3,014		1,284		(477)		991	3,821	4,741
8. 1999	60,348	730	59,618	61,177	853	5,098		4,724		613	70,146	10,187
9. 2000	56,479	8,524	47,955	50,244	3,336	2,658		4,076		539	53,642	9,825
10. 2001	67,116	3,728	63,388	39,197	2,205	1,233		3,528		419	41,753	10,499
11. 2002	40,095	4,298	35,797	15,645	388	241		2,047		93	17,545	6,894
12. Totals	XXX	XXX	XXX	159,296	6,782	8,205		12,064		3,751	172,783	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. ...	853		347				163		360			1,723	52
2. ...	62		167				96		143			468	11
3. ...	693		127				138		171		4	1,129	17
4. ...	661		147				171		184		15	1,163	24
5. ...	728		455				236		441		24	1,860	40
6. ...	1,827		793				419		825		32	3,864	72
7. ...	3,776		961				727		1,132		113	6,596	144
8. ...	9,786	143	6,864	1,777			977	149	1,452		326	17,010	520
9. ...	16,070	200	8,499	2,423			3,325		1,078		389	26,349	785
10. ...	17,680	298	20,541				5,369		2,192		475	45,484	1,328
11. ...	15,303	197	26,974	1,185			5,062		2,672		85	48,544	1,970
12. ...	67,439	838	65,875	5,385			16,683	149	10,650		85	154,190	4,963

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,200	523
2. ....	37		37							229	239
3. ....	13		13							820	309
4. ....	(1,909)		(1,909)							808	355
5. ....	(2,278)		(2,278)							1,183	677
6. ....	(2,271)		(2,271)							2,620	1,244
7. ....	10,417		10,417	105.9		106.0				4,737	1,859
8. ....	90,078	2,922	87,156	149.3	400.3	146.2				14,730	2,280
9. ....	85,950	5,959	79,991	152.2	69.9	166.8				21,946	4,403
10. ....	89,740	2,503	87,237	133.7	67.1	137.6				37,923	7,561
11. ....	67,944	1,855	66,089	169.5	43.2	184.6				40,895	7,649
12. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	127,091	27,099

**Page 53**

Sch. P, Pt. 1C, Commercial Auto/Truck Liability/Medical  
**NONE**

**Page 54**

Sch. P, Pt. 1D, Workers' Compensation  
**NONE**

**Page 55**

Sch. P, Pt. 1E, Commercial Multiple Peril  
**NONE**

**Page 56**

Sch. P, Pt. 1F, Sn. 1, Medical Malpractice, Occurrence  
**NONE**

**Page 57**

Sch. P, Pt. 1F, Sn. 2, Medical Malpractice, Claims Made  
**NONE**

**Page 58**

Sch. P, Pt. 1G, Special Liability  
**NONE**

**SCHEDULE P - PART 1H - SECTION 1  
OTHER LIABILITY - OCCURRENCE**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 1993												
3. 1994												
4. 1995												
5. 1996												
6. 1997												2
7. 1998	3		3					2			2	1
8. 1999	604	(5)	609	721				109			830	2
9. 2000	814	72	742					15			15	1
10. 2001	782	167	615					7			7	1
11. 2002	502	133	369					25			25	
12. Totals	XXX	XXX	XXX	721				158			879	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.			7				7		1			15	
2.			3				4					7	
3.			6				5		1			12	
4.			7				7		1			15	
5.			10				10		1			21	
6.			13				17		1			31	
7.			28				33		3			64	
8.			37				46		3			86	
9.	2,100	1,500	95				71		18			784	
10.	650		266				118		84			1,118	
11.			438	49			134	13	40	4		546	
12.	2,750	1,500	910	49			452	13	153	4		2,699	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	7	8
2.	7		7							3	4
3.	12		12							6	6
4.	15		15							7	8
5.	21		21							10	11
6.	31		31							13	18
7.	66		66	2,200.0		2,200.0				28	36
8.	916		916	151.7		150.4				37	49
9.	2,299	1,500	799	282.4	2,083.3	107.7				695	89
10.	1,125		1,125	143.9		182.9				916	202
11.	637	66	571	126.9	49.6	154.7				389	157
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,111	588

**Page 60**

Sch. P, Pt. 1H, Sn. 2, Other Liability, Claims Made

**NONE**

**Page 61**

Sch. P, Pt. 1I, Special Property

**NONE**

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	(475)		172		(13)		632	(316)	XXX
2. 2001	53,446		53,446	15,421		129		1,120		5,317	16,670	8,719
3. 2002	36,190		36,190	11,638		63		937		2,259	12,638	5,856
4. Totals	XXX	XXX	XXX	26,584		364		2,044		8,208	28,992	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Direct & Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	30		(425)				14		5		613	(376)	5
2.	18		(608)				19		10		867	(561)	8
3.	856		(907)				14		104		1,732	67	303
4.	904		(1,940)				47		119		3,212	(870)	316

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	(395)	19
2.	16,109		16,109	30.1		30.1				(590)	29
3.	12,705		12,705	35.1		35.1				(51)	118
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	(1,036)	166

**Page 63**

Sch. P, Pt. 1K, Fidelity/Surety

**NONE**

**Page 64**

Sch. P, Pt. 1L, Other (Including Credit, Accident/Health)

**NONE**

**Page 65**

Sch. P, Pt. 1M, International

**NONE**

**Page 66**

Sch. P, Pt. 1N, Reinsurance

**NONE**

**Page 67**

Sch. P, Pt. 1O, Reinsurance

**NONE**

**Page 68**

Sch. P, Pt. 1P, Reinsurance

**NONE**

**Page 69**

Sch. P, Pt. 1R, Sn. 1, Products Liability, Occurrence

**NONE**

**Page 70**

Sch. P, Pt. 1R, Sn. 2, Products Liability, Claims Made

**NONE**

**Page 71**

Sch. P, Pt. 1S, Financial Guaranty/Mortgage Guaranty

**NONE**

**SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ( \$000 OMITTED )										DEVELOPMENT	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	11 One Year	12 Two Year
1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
										12. Totals		

**SCHEDULE P - PART 2B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior						(91)	351	263	(523)	171	694	(92)
2. 1993						(92)	(441)	(121)	(190)	(87)	103	34
3. 1994	XXX					7	(520)	(459)	(532)	(114)	418	345
4. 1995	XXX	XXX				(346)	(1,885)	(2,272)	(2,218)	(1,933)	285	339
5. 1996	XXX	XXX	XXX			(1,305)	(2,320)	(2,675)	(2,923)	(2,241)	682	434
6. 1997	XXX	XXX	XXX	XXX		(1,787)	(421)	(3,706)	(3,500)	(1,932)	1,568	1,774
7. 1998	XXX	XXX	XXX	XXX	XXX	11,824	14,051	7,631	7,462	9,761	2,299	2,130
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	70,891	74,663	76,036	80,981	4,945	6,318
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,571	69,509	74,837	5,328	10,266
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82,727	81,518	(1,209)	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,456	XXX	XXX
										12. Totals	15,113	21,548

**SCHEDULE P - PART 2C  
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
										12. Totals		

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION**

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
										12. Totals		

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
										12. Totals		

**SCHEDULE P - PART 2F - SECTION 1  
MEDICAL MALPRACTICE - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	11 One Year	12 Two Year
1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
12. Totals												

**SCHEDULE P - PART 2F - SECTION 2  
MEDICAL MALPRACTICE - CLAIMS-MADE**

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
12. Totals												

**SCHEDULE P - PART 2G - SPECIAL LIABILITY  
(OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
12. Totals												

**SCHEDULE P - PART 2H - SECTION 1  
OTHER LIABILITY - OCCURRENCE**

1. Prior								13	14	27	14	(13)	
2. 1993								8	7	15	7	(8)	
3. 1994	XXX							12	12	21	10	(11)	(2)
4. 1995	XXX	XXX						26	13	25	14	(11)	1
5. 1996	XXX	XXX	XXX					30	30	41	20	(21)	(10)
6. 1997	XXX	XXX	XXX	XXX				59	38	58	30	(28)	(8)
7. 1998	XXX	XXX	XXX	XXX	XXX			84	71	83	61	(22)	(10)
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX		387	789	830	804	(26)	15
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX		147	250	766	516	619
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,074	1,034	(40)	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509	XXX	XXX
<b>NONE</b>													
12. Totals											336	605	

**SCHEDULE P - PART 2H - SECTION 2  
OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX									
7. 1998	XXX	XXX	XXX									
8. 1999	XXX	XXX	XXX									
9. 2000	XXX	XXX	XXX									
10. 2001	XXX	XXX	XXX									XXX
11. 2002	XXX	XXX	XXX						X		XXX	XXX
<b>NONE</b>												
12. Totals												



**Page 75**

Sch. P, Pt. 2N, Reinsurance  
**NONE**

Sch. P, Pt. 2O, Reinsurance  
**NONE**

Sch. P, Pt. 2P, Reinsurance  
**NONE**

**Page 76**

Sch. P, Pt. 2R, Sn. 1, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 2R, Sn. 2, Products Liability, Claims Made  
**NONE**

Sch. P, Pt. 2S, Financial Guaranty/Mortgage Guaranty  
**NONE**

**SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002			
1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XX										
6. 1997	XXX	XXX	XX										
7. 1998	XXX	XXX	XX										
8. 1999	XXX	XXX	XX										
9. 2000	XXX	XXX	XX										
10. 2001	XXX	XXX	XX										
11. 2002	XXX	XXX	XX						(X)				

**SCHEDULE P - PART 3B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	0 0 0						(2,431)	(1,738)	(1,522)	(1,927)	(1,192)	7	
2. 1993							(2,132)	(1,358)	(729)	(579)	(412)	65	8
3. 1994	XXX						(6,599)	(3,695)	(2,030)	(1,722)	(1,072)	179	11
4. 1995	XXX	XXX					(11,980)	(6,649)	(4,753)	(3,612)	(2,912)	329	41
5. 1996	XXX	XXX	XXX				(24,125)	(13,183)	(7,183)	(5,191)	(3,660)	776	76
6. 1997	XXX	XXX	XXX	XXX			(35,869)	(23,344)	(14,168)	(7,844)	(4,970)	1,339	194
7. 1998	XXX	XXX	XXX	XXX	XXX		(37,417)	(22,011)	(12,142)	(2,023)	4,297	3,281	1,316
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX		15,305	36,674	53,470	65,423	6,334	3,334
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX		16,114	36,254	49,566	5,716	5,716	3,323
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX		XXX	16,383	38,226	5,382	5,382	3,786
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	15,498	2,450	2,450	2,477

**SCHEDULE P - PART 3C  
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XX										
6. 1997	XXX	XXX	XX										
7. 1998	XXX	XXX	XX										
8. 1999	XXX	XXX	XX										
9. 2000	XXX	XXX	XX										
10. 2001	XXX	XXX	XX										
11. 2002	XXX	XXX	XX						(X)				

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION**

1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XX										
6. 1997	XXX	XXX	XX										
7. 1998	XXX	XXX	XX										
8. 1999	XXX	XXX	XX										
9. 2000	XXX	XXX	XX										
10. 2001	XXX	XXX	XX										
11. 2002	XXX	XXX	XX						(X)				

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XX										
6. 1997	XXX	XXX	XX										
7. 1998	XXX	XXX	XX										
8. 1999	XXX	XXX	XX										
9. 2000	XXX	XXX	XX										
10. 2001	XXX	XXX	XX										
11. 2002	XXX	XXX	XX						(X)				

**SCHEDULE P - PART 3F - SECTION 1  
MEDICAL MALPRACTICE - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002			
1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XXX										
6. 1997	XXX	XXX	XXX										
7. 1998	XXX	XXX	XXX										
8. 1999	XXX	XXX	XXX										
9. 2000	XXX	XXX	XXX										
10. 2001	XXX	XXX	XXX										
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3F - SECTION 2  
MEDICAL MALPRACTICE - CLAIMS-MADE**

1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XXX										
6. 1997	XXX	XXX	XXX										
7. 1998	XXX	XXX	XXX										
8. 1999	XXX	XXX	XXX										
9. 2000	XXX	XXX	XXX										
10. 2001	XXX	XXX	XXX										
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3G - SPECIAL LIABILITY  
(OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

1. Prior	0 0 0											XXX	XXX
2. 1993												XXX	XXX
3. 1994	XXX											XXX	XXX
4. 1995	XXX	XXX										XXX	XXX
5. 1996	XXX	XXX	XXX									XXX	XXX
6. 1997	XXX	XXX	XXX									XXX	XXX
7. 1998	XXX	XXX	XXX									XXX	XXX
8. 1999	XXX	XXX	XXX									XXX	XXX
9. 2000	XXX	XXX	XXX									XXX	XXX
10. 2001	XXX	XXX	XXX									XXX	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P - PART 3H - SECTION 1  
OTHER LIABILITY - OCCURRENCE**

1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XXX										
6. 1997	XXX	XXX	XXX	XXX									2
7. 1998	XXX	XXX	XXX	XXX	XXX								1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				685	721	1	1
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3H - SECTION 2  
OTHER LIABILITY - CLAIMS-MADE**

1. Prior	0 0 0												
2. 1993													
3. 1994	XXX												
4. 1995	XXX	XXX											
5. 1996	XXX	XXX	XXX										
6. 1997	XXX	XXX	XXX										
7. 1998	XXX	XXX	XXX										
8. 1999	XXX	XXX	XXX										
9. 2000	XXX	XXX	XXX										
10. 2001	XXX	XXX	XXX										
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002		
1. Prior .....	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		000	.....	.....	XXX	XXX
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
3. 2002 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	..... (657)	..... (960)	..... 33	..... (1)
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	..... 15,663	..... 15,550	..... 6,420	..... 2,289
3. 2002 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	..... XXX	..... 11,701	..... 3,839	..... 1,717

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	XXX	XXX
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
3. 2002 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	.....	.....	XXX	XXX
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX
3. 2002 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	XXX

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior .....	000	.....	.....	<b>NONE</b>						.....	XXX	XXX
2. 1993 .....	.....	.....	.....	<b>NONE</b>						.....	XXX	XXX
3. 1994 .....	XXX	.....	.....	<b>NONE</b>						.....	XXX	XXX
4. 1995 .....	XXX	XXX	.....	<b>NONE</b>						.....	XXX	XXX
5. 1996 .....	XXX	XXX	XXX	<b>NONE</b>						.....	XXX	XXX
6. 1997 .....	XXX	XXX	XXX	<b>NONE</b>						.....	XXX	XXX
7. 1998 .....	XXX	XXX	XXX	<b>NONE</b>						.....	XXX	XXX
8. 1999 .....	XXX	XXX	XXX	<b>NONE</b>						.....	XXX	XXX
9. 2000 .....	XXX	XXX	XXX	<b>NONE</b>						.....	XXX	XXX
10. 2001 .....	XXX	XXX	XXX	<b>NONE</b>						.....	XXX	XXX
11. 2002 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX

**Page 80**

Sch. P, Pt. 3N, Reinsurance  
**NONE**

Sch. P, Pt. 3O, Reinsurance  
**NONE**

Sch. P, Pt. 3P, Reinsurance  
**NONE**

**Page 81**

Sch. P, Pt. 3R, Sn. 1, Product Liability, Occurrence  
**NONE**

Sch. P, Pt. 3R, Sn. 2, Product Liability, Claims Made  
**NONE**

Sch. P, Pt. 3S, Financial Guaranty/Mortgage Guaranty  
**NONE**

**SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior						282	148	177	201	510
2. 1993						390	112	263	100	263
3. 1994	XXX					1,283	412	367	232	266
4. 1995	XXX	XXX				3,014	1,285	664	361	318
5. 1996	XXX	XXX	XXX			7,722	3,297	1,284	732	691
6. 1997	XXX	XXX	XXX	XXX		17,201	8,381	2,064	662	1,212
7. 1998	XXX	XXX	XXX	XXX	XXX	29,395	18,696	6,270	2,221	1,688
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	32,173	16,827	7,561	5,915
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,498	15,389	9,401
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,968	25,910
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,852

**SCHEDULE P - PART 4C  
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION**

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4F - SECTION 1  
MEDICAL MALPRACTICE - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4F - SECTION 2  
MEDICAL MALPRACTICE - CLAIMS-MADE**

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4G - SPECIAL LIABILITY  
(OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4H - SECTION 1  
OTHER LIABILITY - OCCURRENCE**

1. Prior								9	5	23	14
2. 1993								6	3	12	7
3. 1994	XXX							8	5	18	10
4. 1995	XXX	XXX						18	6	21	14
5. 1996	XXX	XXX	XXX					20	16	35	20
6. 1997	XXX	XXX	XXX	XXX				42	18	47	30
7. 1998	XXX	XXX	XXX	XXX	XXX			68	34	66	61
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX		117	54	122	83
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX		88	219	166
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	528	384
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509

**SCHEDULE P - PART 4H - SECTION 2  
OTHER LIABILITY - CLAIMS-MADE**

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX								
6. 1997	XXX	XXX								
7. 1998	XXX	XXX								
8. 1999	XXX	XXX								
9. 2000	XXX	XXX								
10. 2001	XXX	XXX						XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2002 .....	XXX	XXX	XXX	XXX	<b>NONE</b>	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,055)	(746)	(412)
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(400)	(589)
3. 2002 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(893)

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2002 .....	XXX	XXX	XXX	XXX	<b>NONE</b>	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2001 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2002 .....	XXX	XXX	XXX	XXX	<b>NONE</b>	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior .....										
2. 1993 .....										
3. 1994 .....	XXX									
4. 1995 .....	XXX	XXX								
5. 1996 .....	XXX	XXX								
6. 1997 .....	XXX	XXX								
7. 1998 .....	XXX	XXX								
8. 1999 .....	XXX	XXX								
9. 2000 .....	XXX	XXX								
10. 2001 .....	XXX	XXX						XXX	XXX	
11. 2002 .....	XXX	XXX						XXX	XXX	

**Page 85**

Sch. P, Pt. 4N, Reinsurance  
**NONE**

Sch. P, Pt. 4O, Reinsurance  
**NONE**

Sch. P, Pt. 4P, Reinsurance  
**NONE**

**Page 86**

Sch. P, Pt. 4R, Sn. 1, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 4R, Sn. 2, Products Liability, Claims Made  
**NONE**

Sch. P, Pt. 4S, Financial Guaranty/Mortgage Guaranty  
**NONE**

**Page 87**

Sch. P, Pt. 5A, Sn. 1, Homeowners/Farmowners  
**NONE**

Sch. P, Pt. 5A, Sn. 2, Homeowners/Farmowners  
**NONE**

Sch. P, Pt. 5A, Sn. 3, Homeowners/Farmowners  
**NONE**

**SCHEDULE P - PART 5B  
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior						10	22	15	12	7
2. 1993						5	31	53	57	65
3. 1994	XXX					25	105	157	168	179
4. 1995	XXX	XXX				43	197	273	305	329
5. 1996	XXX	XXX	XXX			103	422	645	724	776
6. 1997	XXX	XXX	XXX	XXX		183	701	1,056	1,250	1,339
7. 1998	XXX	XXX	XXX	XXX	XXX	567	2,130	2,762	3,066	3,281
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	2,762	4,901	5,731	6,334
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,927	4,978	5,716
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,027	5,382
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,450

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior						128	109	80	67	52
2. 1993						78	46	24	20	11
3. 1994	XXX					179	96	40	29	17
4. 1995	XXX	XXX				335	157	80	48	24
5. 1996	XXX	XXX	XXX			756	410	170	92	40
6. 1997	XXX	XXX	XXX	XXX		1,319	748	366	161	72
7. 1998	XXX	XXX	XXX	XXX	XXX	3,216	1,351	685	368	144
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	4,341	1,922	1,123	520
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,519	1,461	785
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,750	1,328
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,970

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior						93	71	43	17	
2. 1993						83	84	84	84	84
3. 1994	XXX					205	207	207	207	207
4. 1995	XXX	XXX				382	389	392	393	394
5. 1996	XXX	XXX	XXX			864	881	889	891	892
6. 1997	XXX	XXX	XXX	XXX		1,542	1,583	1,598	1,603	1,605
7. 1998	XXX	XXX	XXX	XXX	XXX	4,171	4,662	4,724	4,737	4,741
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	9,370	10,087	10,160	10,187
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,122	9,750	9,825
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,819	10,499
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,894

**Page 89**

Sch. P, Pt. 5C, Sn. 1, Commercial Auto/Truck Liability/Medical  
**NONE**

Sch. P, Pt. 5C, Sn. 2, Commercial Auto/Truck Liability/Medical  
**NONE**

Sch. P, Pt. 5C, Sn. 3, Commercial Auto/Truck Liability/Medical  
**NONE**

**Page 90**

Sch. P, Pt. 5D, Sn. 1, Workers' Compensation  
**NONE**

Sch. P, Pt. 5D, Sn. 2, Workers' Compensation  
**NONE**

Sch. P, Pt. 5D, Sn. 3, Workers' Compensation  
**NONE**

**Page 91**

Sch. P, Pt. 5E, Sn. 1, Commercial Multiple Peril  
**NONE**

Sch. P, Pt. 5E, Sn. 2, Commercial Multiple Peril  
**NONE**

Sch. P, Pt. 5E, Sn. 3, Commercial Multiple Peril  
**NONE**

**Page 92**

Sch. P, Pt. 5F, Sn. 1A, Medical Malpractice, Occurrence  
**NONE**

Sch. P, Pt. 5F, Sn. 2A, Medical Malpractice, Occurrence  
**NONE**

Sch. P, Pt. 5F, Sn. 3A, Medical Malpractice, Occurrence  
**NONE**

**Page 93**

Sch. P, Pt. 5F, Sn. 1B, Medical Malpractice, Claims Made  
**NONE**

Sch. P, Pt. 5F, Sn. 2B, Medical Malpractice, Claims Made  
**NONE**

Sch. P, Pt. 5F, Sn. 3B, Medical Malpractice, Claims Made  
**NONE**

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX							
6. 1997	XXX	XXX	XXX	XXX						
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX							
6. 1997	XXX	XXX	XXX	XXX			1			
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1	1		
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX							
6. 1997	XXX	XXX	XXX	XXX			2	2	2	2
7. 1998	XXX	XXX	XXX	XXX	XXX				1	1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	2
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**Page 95**

Sch. P, Pt. 5H, Sn. 1B, Other Liability, Claims Made  
**NONE**

Sch. P, Pt. 5H, Sn. 2B, Other Liability, Claims Made  
**NONE**

Sch. P, Pt. 5H, Sn. 3B, Other Liability, Claims Made  
**NONE**

**Page 96**

Sch. P, Pt. 5R, Sn. 1A, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 5R, Sn. 2A, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 5R, Sn. 3A, Products Liability, Occurrence  
**NONE**

**Page 97**

Sch. P, Pt. 5R, Sn. 1B, Products Liability, Claims Made  
**NONE**

Sch. P, Pt. 5R, Sn. 2B, Products Liability, Claims Made  
**NONE**

Sch. P, Pt. 5R, Sn. 3B, Products Liability, Claims Made  
**NONE**

**Page 98**

Sch. P, Pt. 6C, Sn. 1, Commercial Auto/Truck Liability/Medical  
**NONE**

Sch. P, Pt. 6C, Sn. 2, Commercial Auto/Truck Liability/Medical  
**NONE**

Sch. P, Pt. 6D, Sn. 1, Workers' Compensation  
**NONE**

Sch. P, Pt. 6D, Sn. 2, Workers' Compensation  
**NONE**

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior											
2. 1993											
3. 1994	XXX										
4. 1995	XXX	XXX									
5. 1996	XXX	XXX									
6. 1997	XXX	XXX									
7. 1998	XXX	XXX									
8. 1999	XXX	XXX									
9. 2000	XXX	XXX									
10. 2001	XXX	XXX									
11. 2002	XXX	XXX							XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior											
2. 1993											
3. 1994	XXX										
4. 1995	XXX	XXX									
5. 1996	XXX	XXX									
6. 1997	XXX	XXX									
7. 1998	XXX	XXX									
8. 1999	XXX	XXX									
9. 2000	XXX	XXX									
10. 2001	XXX	XXX									
11. 2002	XXX	XXX							XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior											
2. 1993											
3. 1994	XXX										
4. 1995	XXX	XXX									
5. 1996	XXX	XXX	XXX								
6. 1997	XXX	XXX	XXX	XXX							
7. 1998	XXX	XXX	XXX	XXX	XXX	3					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	3				
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	604	3			
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	814	814			
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	782	782		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)							3	604	814	782	502

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior											
2. 1993											
3. 1994	XXX										
4. 1995	XXX	XXX									
5. 1996	XXX	XXX	XXX								
6. 1997	XXX	XXX	XXX	XXX							
7. 1998	XXX	XXX	XXX	XXX	XXX						
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	(5)				
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	72	(5)			
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72	167		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)							(5)	72	167	133	133

**Page 100**

Sch. P, Pt. 6H, Sn. 1B, Other Liability, Claims Made  
**NONE**

Sch. P, Pt. 6H, Sn. 2B, Other Liability, Claims Made  
**NONE**

Sch. P, Pt. 6M, Sn. 1, International  
**NONE**

Sch. P, Pt. 6M, Sn. 2, International  
**NONE**

**Page 101**

Sch. P, Pt. 6N, Sn. 1, Reinsurance  
**NONE**

Sch. P, Pt. 6N, Sn. 2, Reinsurance  
**NONE**

Sch. P, Pt. 6O, Sn. 1, Reinsurance  
**NONE**

Sch. P, Pt. 6O, Sn. 2, Reinsurance  
**NONE**

**Page 102**

Sch. P, Pt. 6R, Sn. 1A, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 6R, Sn. 2A, Products Liability, Occurrence  
**NONE**

Sch. P, Pt. 6R, Sn. 1B, Products Liability, Claims Made  
**NONE**

Sch. P, Pt. 6R, Sn. 2B, Products Liability, Claims Made  
**NONE**

**Page 103**

Sch. P, Pt. 7A, Sn. 1, Primary, Loss Sensitive Contracts  
**NONE**

Sch. P, Pt. 7A, Sn. 2, Incurred Losses and Allocated Expenses  
**NONE**

Sch. P, Pt. 7A, Sn. 3, Bulk and Incurred But Not Reported Res.  
**NONE**

**Page 104**

Sch. P, Pt. 7A, Sn. 4, Net Earned Premiums Reported  
**NONE**

Sch. P, Pt. 7A, Sn. 5, Net Reserve for Premium Adjustments  
**NONE**

**Page 105**

Sch. P, Pt. 7B, Sn. 1, Reinsurance Loss Sensitive Contracts  
**NONE**

Sch. P, Pt. 7B, Sn. 2, Incurred Losses and Cost Containment Exp.  
**NONE**

Sch. P, Pt. 7B, Sn. 3, Bulk Incurred But Not Reported Reserves  
**NONE**

**Page 106**

Sch. P, Pt. 7B, Sn. 4, Net Earned Premiums Reported at Year End  
**NONE**

Sch. P, Pt. 7B, Sn. 5, Net Reserve for Premium Adjustments  
**NONE**

Sch. P, Pt. 7B, Sn. 6, Incurred Adjustable Commissions  
**NONE**

Sch. P, Pt. 7B, Sn. 7, Reserves for Commission Adjustments  
**NONE**

**SCHEDULE P INTERROGATORIES**

1. What is the extended loss and expense reserve - direct and assumed - for the following classes? An example of an extended loss and expense reserve is the actuarial reserve for the free-tail coverage arising upon death, disability or retirement in most medical malpractice policies. Such a liability is to be reported here even if it was not reported elsewhere in Schedule P, but otherwise reported as a liability item on Page 3. Show the full reserve amount, not just the change during the current year.

Years in which premiums were earned and losses were incurred	1 Medical Malpractice	2 Other Liability	3 Products Liability
1.01 Prior .....			
1.02 1993 .....			
1.03 1994 .....			
1.04 1995 .....			
1.05 1996 .....			
1.06 1997 .....			
1.07 1998 .....			
1.08 1999 .....			
1.09 2000 .....			
1.10 2001 .....			
1.11 2002 .....			
1.12 TOTALS .....			

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes (X) No ( )

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes (X) No ( )

4. Do any lines in Schedule P include reserves which are reported gross of any discount to present value of future payments, but are reported net of such discounts on Page 10? Yes ( ) No (X)

If Yes, proper reporting must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: 5.1 Fidelity \$ .....  
 (in thousands of dollars) 5.2 Surety \$ .....

6. Claim count information is reported (check one): 6.1 per claim (X)  
 If not the same in all years, explain in Interrogatory 7. 6.2 per claimant ( )

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes which have occurred which must be considered when making such analyses? Yes ( ) No (X)

7.2 (An extended statement may be attached)

See Notes to Financial Statements, Note 20 J, Other Items

.....  
 .....  
 .....

**SCHEDULE Y (Continued)**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**






1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate (s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
24066	59-0141790	American Fire and Casualty Company	(9,930,758)						*		(9,930,758)	90,189,361
10792	31-1482353	Avomark Insurance Company							*			(10,985,778)
00000	31-0655688	Ocasco Budget, Inc.	(1,025,000)								(1,025,000)	
00000	31-0783294	Ohio Casualty Corporation	24,993,000								24,993,000	
24074	31-0396250	The Ohio Casualty Insurance Company	78,960,158	(17,701,968)					*		61,258,190	78,092,701
10937	31-1603427	Ohio Casualty of New Jersey, Inc.		17,701,968							17,701,968	(29,138,604)
24082	31-0541777	Ohio Security Insurance Company	(3,000,000)						*		(3,000,000)	4,664,158
44363	31-0624491	West American Insurance Company	(89,997,400)						*		(89,997,400)	(132,821,838)
		The following affiliated insurers participate in a reinsurance pooling agreement as follows:										
		Company	%									
		American Fire & Casualty	5.00%									
		Avomark Ins Co	.50%									
		The Ohio Casualty Ins Co	46.75%									
		Ohio Security Ins Co	1.00%									
		West American Ins Co	46.75%									
		Total	100.00%									
9999999		CONTROL TOTALS										

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....  
 .....  
 .....

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1?	No
EXPLANATION: ..... .....	
BARCODE: Document Identifier 450:	1 0 9 3 7 2 0 0 2 4 5 0 0 0 0 0 0 
2. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
EXPLANATION: ..... .....	
BARCODE: Document Identifier 420:	1 0 9 3 7 2 0 0 2 4 2 0 0 0 0 0 0 
3. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
EXPLANATION: ..... .....	
BARCODE: Document Identifier 240:	1 0 9 3 7 2 0 0 2 2 4 0 0 0 0 0 0 
4. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
EXPLANATION: ..... .....	
BARCODE: Document Identifier 360:	1 0 9 3 7 2 0 0 2 3 6 0 0 0 0 0 0 
5. Will an actuarial opinion be filed by March 1?	Yes
EXPLANATION: ..... .....	
BARCODE: Document Identifier 440:	
6. Will the SVO Compliance Certification be filed by March 1?	Yes
EXPLANATION: ..... .....	
BARCODE: Document Identifier 470:	
7. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
EXPLANATION: ..... .....	
BARCODE: Document Identifier 490:	1 0 9 3 7 2 0 0 2 4 9 0 0 0 0 0 0 

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

8. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 460:

9. Will the Risk-based Capital Report be filed with the NAIC by March 1? Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 390:

10. Will the Risk-based Capital Report be filed with the state of domicile, if required, by March 1? Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 390:

11. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? No

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 385:



APRIL FILING

12. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 270:

13. Will Management's Discussion and Analysis be filed by April 1? Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 350:

14. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? No

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 230:



### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

15. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No

EXPLANATION:

.....

BARCODE:

Document Identifier 330:



16. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

No

EXPLANATION:

.....

BARCODE:

Document Identifier 210:



17. Will the Investment Risks Interrogatories be filed by April 1?

Yes

EXPLANATION:

.....

BARCODE:

Document Identifier 285:

MAY FILING

18. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?

Yes

EXPLANATION:

.....

BARCODE:

Document Identifier 201:

JUNE FILING

19. Will an audited financial report be filed by June 1?

Yes

EXPLANATION:

.....

BARCODE:

Document Identifier 220:



# FINANCIAL GUARANTY INSURANCE EXHIBIT

TO BE FILED ON OR BEFORE MARCH 1

**For the Year Ended December 31, 2002**

Of The OHIO CASUALTY OF NEW JERSEY, INC.

NAIC Group Code: 0148

NAIC Company Code: 10937

Employer's ID Number: \_\_\_\_\_

# NONE

**PART 1**

Showing Total Net Exposures (Principal and Interest) By Year Payable  
On Municipal Bond Guaranties In Force As Of Year End

Year Payable	1 Municipal Obligation Bonds	2 Special Revenue Bonds	Industrial Development Bonds			6 Totals
			3 Type I	4 Type II	5 Type III	
1. 2003						
2. 2004						
3. 2005						
4. 2006						
5. 2007						
6. 2008						
7. 2009						
8. 2010						
9. 2011						
10. 2012						
11. 2013						
12. 2014						
13. 2015						
14. 2016						
15. 2017						
16. 2018 - 22						
17. 2023 - 27						
18. 2028 +						
19. Totals						

**NONE**

**PART 2**

Showing Total Net Exposures (Principal and Interest) By Year Payable  
On Non-Municipal Bond Guaranties In Force As Of Year End

Year Payable	Corporate Obligations			4 Cons Debt Obligations	5 Pass-Through Securities	6 Ltd Partnerships	7 Other Non-Investment Grade Obligations	8 All Other Guaranties	9 Totals
	1 Type I	2 Type II	3 Type III						
1. 2003									
2. 2004									
3. 2005									
4. 2006									
5. 2007									
6. 2008									
7. 2009									
8. 2010									
9. 2011									
10. 2012									
11. 2013									
12. 2014									
13. 2015									
14. 2016									
15. 2017									
16. 2018 - 22									
17. 2023 - 28									
18. 2028 +									
19. Totals									

**NONE**

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**

PART 3A. MUNICIPAL OBLIGATION BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. 1992 S.P.								
22. 1992 I.P.								
23. 1991 S.P.								
24. 1991 I.P.								
25. 1990 S.P.								
26. 1990 I.P.								
27. 1989 S.P.								
28. 1989 I.P.								
29. 1988 S.P.								
30. 1988 I.P.								
31. 1987 S.P.								
32. 1987 I.P.								
33. 1986 S.P.								
34. 1986 I.P.								
35. 1985 S.P.								
36. 1985 I.P.								
37. 1984 S.P.								
38. 1984 I.P.								
39. 1983 S.P.								
40. 1983 I.P.								
41. Prior to 1983 S.P.								
42. Prior to 1983 I.P.								
43. Totals								

**NONE**

S.P. = Single Premiums

I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**

(Continued)

PART 3B SPECIAL REVENUE BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. 1992 S.P.								
22. 1992 I.P.								
23. 1991 S.P.								
24. 1991 I.P.								
25. 1990 S.P.								
26. 1990 I.P.								
27. 1989 S.P.								
28. 1989 I.P.								
29. 1988 S.P.								
30. 1988 I.P.								
31. 1987 S.P.								
32. 1987 I.P.								
33. 1986 S.P.								
34. 1986 I.P.								
35. 1985 S.P.								
36. 1985 I.P.								
37. 1984 S.P.								
38. 1984 I.P.								
39. 1983 S.P.								
40. 1983 I.P.								
41. Prior to 1983 S.P.								
42. Prior to 1983 I.P.								
43. Totals								

**NONE**

S.P. = Single Premiums

I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**

(Continued)

PART 3C INDUSTRIAL DEVELOPMENT BONDS - TYPE I

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. 1992 S.P.								
22. 1992 I.P.								
23. 1991 S.P.								
24. 1991 I.P.								
25. 1990 S.P.								
26. 1990 I.P.								
27. 1989 S.P.								
28. 1989 I.P.								
29. 1988 S.P.								
30. 1988 I.P.								
31. 1987 S.P.								
32. 1987 I.P.								
33. 1986 S.P.								
34. 1986 I.P.								
35. 1985 S.P.								
36. 1985 I.P.								
37. 1984 S.P.								
38. 1984 I.P.								
39. 1983 S.P.								
40. 1983 I.P.								
41. Prior to 1983 S.P.								
42. Prior to 1983 I.P.								
43. Totals								

**NONE**

S.P. = Single Premiums

I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**

(Continued)

PART 3D. INDUSTRIAL DEVELOPMENT BONDS - TYPE II

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. 1992 S.P.								
22. 1992 I.P.								
23. 1991 S.P.								
24. 1991 I.P.								
25. 1990 S.P.								
26. 1990 I.P.								
27. 1989 S.P.								
28. 1989 I.P.								
29. 1988 S.P.								
30. 1988 I.P.								
31. 1987 S.P.								
32. 1987 I.P.								
33. 1986 S.P.								
34. 1986 I.P.								
35. 1985 S.P.								
36. 1985 I.P.								
37. 1984 S.P.								
38. 1984 I.P.								
39. 1983 S.P.								
40. 1983 I.P.								
41. Prior to 1983 S.P.								
42. Prior to 1983 I.P.								
43. Totals								

**NONE**

S.P. = Single Premiums

I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**

(Continued)

PART 3E. INDUSTRIAL DEVELOPMENT BONDS - TYPE III

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. 1992 S.P.								
22. 1992 I.P.								
23. 1991 S.P.								
24. 1991 I.P.								
25. 1990 S.P.								
26. 1990 I.P.								
27. 1989 S.P.								
28. 1989 I.P.								
29. 1988 S.P.								
30. 1988 I.P.								
31. 1987 S.P.								
32. 1987 I.P.								
33. 1986 S.P.								
34. 1986 I.P.								
35. 1985 S.P.								
36. 1985 I.P.								
37. 1984 S.P.								
38. 1984 I.P.								
39. 1983 S.P.								
40. 1983 I.P.								
41. Prior to 1983 S.P.								
42. Prior to 1983 I.P.								
43. Totals								

NONE

S.P. = Single Premiums

I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**

(Continued)

PART 3F. TOTALS - ALL MUNICIPAL BONDS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. 1992 S.P.								
22. 1992 I.P.								
23. 1991 S.P.								
24. 1991 I.P.								
25. 1990 S.P.								
26. 1990 I.P.								
27. 1989 S.P.								
28. 1989 I.P.								
29. 1988 S.P.								
30. 1988 I.P.								
31. 1987 S.P.								
32. 1987 I.P.								
33. 1986 S.P.								
34. 1986 I.P.								
35. 1985 S.P.								
36. 1985 I.P.								
37. 1984 S.P.								
38. 1984 I.P.								
39. 1983 S.P.								
40. 1983 I.P.								
41. Prior to 1983 S.P.								
42. Prior to 1983 I.P.								
43. Totals								

**NONE**

S.P. = Single Premiums

I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**

PART 4A. CORPORATE OBLIGATIONS TYPE I

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**

(Continued)

PART 4B. CORPORATE OBLIGATIONS TYPE II

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4C. CORPORATE OBLIGATIONS TYPE III

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4D. CONSUMER DEBT OBLIGATIONS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4E. PASS-THROUGH SECURITIES

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4F. LIMITED PARTNERSHIPS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4G. OTHER NON-INVESTMENT GRADE OBLIGATIONS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

NONE

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4H. ALL OTHER GUARANTIES

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

NONE

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS**  
(Continued)

PART 4I. TOTALS - ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Columns 1 / 2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Columns 5 + 6 - 7)
						6 Addition to Reserve	7 Withdrawals From Reserve	
1. 2002 S.P.								
2. 2002 I.P.								
3. 2001 S.P.								
4. 2001 I.P.								
5. 2000 S.P.								
6. 2000 I.P.								
7. 1999 S.P.								
8. 1999 I.P.								
9. 1998 S.P.								
10. 1998 I.P.								
11. 1997 S.P.								
12. 1997 I.P.								
13. 1996 S.P.								
14. 1996 I.P.								
15. 1995 S.P.								
16. 1995 I.P.								
17. 1994 S.P.								
18. 1994 I.P.								
19. 1993 S.P.								
20. 1993 I.P.								
21. Prior to 1993 S.P.								
22. Prior to 1993 I.P.								
23. Totals								

**NONE**

S.P. = Single Premiums  
I.P. = Installment Premiums

**PART 5 - MUNICIPAL BOND EXPOSURES WRITTEN**

PART 5A - GROSS EXPOSURES WRITTEN DURING YEAR

	1 Direct Exposure Written	2 Assumed Exposure Written	3 Ceded Exposure Written	4 Net Exposure Written (Columns 1 + 2 - 3)
1. MUNIC OBLIGATION BONDS				
2. SPECIAL REVENUE BONDS				
3. IDB'S TYPE I				
4. IDB'S TYPE II				
5. IDB'S TYPE III				
6. TOTAL MUNICIPAL BONDS				

**NONE**

PART 5B - NET OUTSTANDING EXPOSURE

	1 Net Outstanding Exposure (Part 5A, Col. 4)	2 Less Collateral Held	3 Exposures Net of Collateral	4 Net Exposures Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. MUNIC OBLIGATION BONDS						
2. SPECIAL REVENUE BONDS						
3. IDB'S TYPE I						
4. IDB'S TYPE II						
5. IDB'S TYPE III						
6. TOTAL MUNICIPAL BONDS						

**NONE**

PART 5C - BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1 Direct Exposure	2 Assumed Exposure	Ceded Exposure		5 Net Outstanding Exposure (Part 5B, Column 6) (Columns 1 + 2 - 3 - 4)
			3 Authorized	4 Unauthorized	
1. MUNIC OBLIGATION BONDS					
2. SPECIAL REVENUE BONDS					
3. IDB'S TYPE I					
4. IDB'S TYPE II					
5. IDB'S TYPE III					
6. TOTAL MUNICIPAL BONDS					

**NONE**

**NON-MUNICIPAL BOND EXPOSURES WRITTEN**

PART 6A - GROSS EXPOSURES WRITTEN DURING YEAR

	1 Direct Exposure Written	2 Assumed Exposure Written	3 Ceded Exposure Written	4 Net Exposure Written (Columns 1 + 2 - 3)
1. CORP OBLIG BDS-TYPE I .....	<b>NONE</b>			
2. CORP OBLIG BDS-TYPE II .....				
3. CORP OBLIG BDS-TYPE III .....				
4. CONSUMER DEBT OBLIGATIONS .....				
5. PASS THROUGH SECURITIES .....				
6. LIMITED PARTNERSHIPS .....				
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS .....				
8. ALL OTHER GUARANTEES .....				
9. TOTAL NON-MUNICIPAL BONDS .....				

PART 6B - NET OUTSTANDING EXPOSURE

	1 Net Outstanding Exposure (Part 6A, Column 4)	2 Less Collateral Held	3 Exposures Net of Collateral	4 Net Exposure Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. CORP OBLIG BDS-TYPE I .....	<b>NONE</b>					
2. CORP OBLIG BDS-TYPE II .....						
3. CORP OBLIG BDS-TYPE III .....						
4. CONSUMER DEBT OBLIGATIONS .....						
5. PASS THROUGH SECURITIES .....						
6. LIMITED PARTNERSHIPS .....						
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS .....						
8. ALL OTHER GUARANTEES .....						
9. TOTAL NON-MUNICIPAL BONDS .....						

PART 6C - BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1 Direct Exposure	2 Assumed Exposure	3 Authorized	4 Unauthorized	5 Net Outstanding Exposure (Part 6B, Column 6) (Columns 1 + 2 - 3 - 4)
1. CORP OBLIG BDS-TYPE I .....	<b>NONE</b>				
2. CORP OBLIG BDS-TYPE II .....					
3. CORP OBLIG BDS-TYPE III .....					
4. CONSUMER DEBT OBLIGATIONS .....					
5. PASS THROUGH SECURITIES .....					
6. LIMITED PARTNERSHIPS .....					
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS .....					
8. ALL OTHER GUARANTEES .....					
9. TOTAL NON-MUNICIPAL BONDS .....					

**PART 7 - LOSS DEVELOPMENT (000 omitted)**

	Losses paid during the year less reinsurance received during the year			Salvage and Subrogation received in the current year			7	8	Losses unpaid December 31 of current year				Development		Estimated Liability on unpaid losses		Change in such Estimated Liability													
	1	2	3	4	5	6	Total (Columns 1 + 2 + 3 - 4 - 5 - 6)	Losses paid during 2001 on losses incurred prior to 2001	9	10	11	12	13	14	15	16	17	18												
	On losses incurred during 2002	On losses incurred during 2001	On losses incurred prior to 2001	On losses incurred during 2002	On losses incurred during 2001	On losses incurred prior to 2001			On losses incurred during 2002	On losses incurred during 2001	On losses incurred prior to 2001	Total Per Column 5, Part 3A (Columns 9 + 10 + 11)	On losses incurred prior to 2002 (Columns 2 + 3 + 10 + 11)	On losses incurred prior to 2001 (Columns 3 + 8 + 11)	Dec. 31, 2001	Dec. 31, 2000	Dec. 31, 2001 (Column 13 less Column 15)	Dec. 31, 2000 (Column 14 less Column 16)												
1. Municipal Obligation Bonds							<b>NONE</b>																							
2. Special Revenue Bonds																														
3. IDB's-Class I																														
4. IDB's-Class II																														
5. IDB's-Class III																														
6. Total Municipal Bonds																														
7. Corporate Obligation Bonds																														
Class I																														
8. Corporate Obligation Bonds																														
Class II																														
9. Corporate Obligation Bonds																														
Class III																														
10. Consumer Debt Obligations																														
11. Pass Through Securities																														
12. Limited Partnerships																														
13. Other Non-Investment Grade Obligations																														
14. All Other Non-Municipal																														
15. Total Non-Municipal Bonds																														
16. Totals																														

FG-15

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALABAMA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360AL

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALASKA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360AK

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ARIZONA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360AZ

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ARKANSAS

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

**NONE**

2.2 Contact Person and Phone Number: .....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CALIFORNIA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF COLORADO

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360CO

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CONNECTICUT

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360CT

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF DELAWARE

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360DE

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF DISTRICT OF COLUMBIA**

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

**NONE**

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360DC

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF FLORIDA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GEORGIA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF HAWAII

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums earned.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IDAHO

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ILLINOIS

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF INDIANA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IOWA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KANSAS

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360KS

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KENTUCKY

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360KY

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF LOUISIANA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

3601A

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MAINE

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360ME

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MARYLAND

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360MD

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MASSACHUSETTS

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned				17 Percent of Premiums Earned		

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: \_\_\_\_\_

2.2 Contact Person and Phone Number: \_\_\_\_\_

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: \_\_\_\_\_

3.2 Contact Person and Phone Number: \_\_\_\_\_

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MICHIGAN

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) .....

**NONE**

PERSON COMPLETING THIS EXHIBIT .....

TITLE .....

TELEPHONE NUMBER .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MINNESOTA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

36009

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSISSIPPI

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360MS

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSOURI

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360MO

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MONTANA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEBRASKA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEVADA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	
<b>NONE</b>																

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW HAMPSHIRE

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

36096  
HN096

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW JERSEY

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

**NONE**

2.2 Contact Person and Phone Number: .....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360NU

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW MEXICO

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360NM

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW YORK

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH CAROLINA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360NC

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH DAKOTA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002		
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360ND

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OHIO

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	
<b>NONE</b>																

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

3600H

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OKLAHOMA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

3600K

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OREGON

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

3600R

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH CAROLINA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH DAKOTA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TENNESSEE

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360TN

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TEXAS

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
<b>NONE</b>																			

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360TX

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF UTAH

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....

360UT

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VERMONT

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VIRGINIA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
<b>NONE</b>																			

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WASHINGTON

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WEST VIRGINIA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: \_\_\_\_\_

2.2 Contact Person and Phone Number: \_\_\_\_\_

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: \_\_\_\_\_

3.2 Contact Person and Phone Number: \_\_\_\_\_

4. Explain any policies identified above as policy type "O"

360WV

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WISCONSIN

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360WI

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WYOMING

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"

360WY

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF AMERICAN SAMOA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GUAM

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....

360GU

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PUERTO RICO

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: .....

2.2 Contact Person and Phone Number: .....

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address: .....

3.2 Contact Person and Phone Number: .....

4. Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF U.S. VIRGIN ISLANDS

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

# NONE

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details  
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**  
2.1 Address: .....  
2.2 Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)  
3.1 Address: .....  
3.2 Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"  
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CANADA

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Inurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

# NONE

### GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF OTHER ALIEN**

NAIC Group Code 0148

NAIC Company Code 10937

ADDRESS (City, State and Zip Code) \_\_\_\_\_

**NONE**

PERSON COMPLETING THIS EXHIBIT \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

**NONE**

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

**NONE**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

4. Explain any policies identified above as policy type "O"

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P/C



**PREMIUMS ATTRIBUTED TO PROTECTED CELL EXHIBIT  
FOR THE YEAR ENDED DECEMBER 31, 2002**

Of The OHIO CASUALTY OF NEW JERSEY, INC.

NAIC Group Code: 0148

NAIC Company Code: 10937

Employer's ID Number:

Line of Business	Premiums				Losses					Loss Adjustment Expenses			
	1 Attributed	Unearned December 31		4 Earned Premium	5 Paid	Unpaid December 31			9 Incurred	10 Paid	Unpaid December 31		13 Incurred
		2 Prior Year	3 Current Year			6 Adjusted or in Process	7 Incurred But not Reported	8 Prior Year Total			11 Current Year	12 Prior Year	
<b>NONE</b>													
1. Fire													
2. Allied lines													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5. Commercial multiple peril													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11.1. Medical malpractice - occurrence													
11.2. Medical malpractice - claims-made													
12. Earthquake													
13. Group accident and health													
14. Credit accident and health (group and individual)													
15. Other accident and health													
16. Workers' compensation													
17.1. Other liability - occurrence													
17.2. Other liability - claims-made													
18.1. Products liability - occurrence													
18.2. Products liability - claims-made													
19.1, 19.2 Private passenger auto liability													
19.3, 19.4 Commercial auto liability													
21. Auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
29. International													
30. Reinsurance - Nonproportional Assumed Property													
31. Reinsurance - Nonproportional Assumed Liability													
32. Reinsurance - Nonproportional Assumed Financial Lines													
33. Aggregate write-ins for other lines of business													
34. TOTALS													
DETAILS OF WRITE-INS													
3301.													
3302.													
3303.													
3398. Summary of remaining write-ins for Line 33 from overflow page													
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)													



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO CASUALTY OF NEW JERSEY, INC.

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

The type of health care providers reported on this page is:

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U. S. Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT								
58. Totals								
<b>NONE</b>								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Line 5701 through Line 5703 plus Line 5798) (Line 57 above)								



PROPERTY AND CASUALTY SUPPLEMENT FOR THE YEAR 2002  
OF THE U.S. BRANCH OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**TRUSTEED SURPLUS STATEMENT**

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

being duly sworn, says that he/she is the of the OHIO CASUALTY OF NEW JERSEY, INC., a corporation organized under the laws of , entered to transact business in the United States through the State of , that this trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this  
day of A.D., 2002

AFFIDAVIT OF TRUSTEE - SCHEDULE B

being sworn, say that it is the Trustee of the OHIO CASUALTY OF NEW JERSEY, INC., a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this  
day of A.D., 2002

**NONE**

AFFIDAVIT OF TRUSTEE - SCHEDULE C

being sworn, say that it is the Trustee of the OHIO CASUALTY OF NEW JERSEY, INC., a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this  
day of A.D., 2002

AFFIDAVIT OF TRUSTEE - SCHEDULE D

being sworn, say that it is the Trustee of the OHIO CASUALTY OF NEW JERSEY, INC., a corporation organized under the laws of , entered to transact business in the United States through the State of , located at , that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this  
day of A.D., 2002

PROPERTY AND CASUALTY SUPPLEMENT FOR THE YEAR 2002  
OF THE U.S. BRANCH OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**TRUSTEED SURPLUS STATEMENT (Continued)**  
**ASSETS**

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
------------------	------------------	------------------------------	----------------	-----------------

NONE

SCHEDULE B - DEPOSITS WITH UNITED STATES TRUSTEE

2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investment			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		XXX	XXX
2.99	Totals			

SCHEDULE C - DEPOSITS WITH UNITED STATES TRUSTEE

3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investment			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		XXX	XXX
3.99	Totals			

SCHEDULE D - DEPOSITS WITH UNITED STATES TRUSTEE

4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investment			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		XXX	XXX
4.99	Totals			

PROPERTY AND CASUALTY SUPPLEMENT FOR THE YEAR 2002  
OF THE U.S. BRANCH OF THE OHIO CASUALTY OF NEW JERSEY, INC.

**TRUSTEED SURPLUS STATEMENT (Continued)**

LIABILITIES AND TRUSTEED SURPLUS	1 Current Year
1. Total liabilities .....	
ADDITIONS TO LIABILITIES:	
2. Ceded reinsurance balances payable .....	
3. Agents' credit balances .....	
4. Aggregate write-ins for other additions to liabilities .....	
5. Total additions (Line 2 plus Line 3 plus Line 4) .....	
6. Total (Line 1 plus Line 5) .....	
DEDUCTIONS FROM LIABILITIES:	
7. Reinsurance recoverable on paid losses and loss adjustment expenses:	
7.1 Authorized companies .....	
7.2 Unauthorized companies .....	
8. Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1 Special state deposits (submit schedule) .....	
8.2 Accrued interest on special state deposits .....	
9. Agents' balances or uncollected premiums not more than	
10. Unpaid reinsurance premiums receivable, not exceeding	
10.1 Authorized companies .....	
10.2 Unauthorized companies .....	
11. Aggregate write-ins for other deductions from liabilities .....	
12. Total deductions (Line 7 through Line 11) .....	
13. Total adjusted liabilities (Line 6 minus Line 12) .....	
14. Trusteed surplus .....	
15. Total .....	
DETAILS OF WRITE-INS	
0401. ....	
0402. ....	
0403. ....	
0498. Summary of remaining write-ins for Line 4 from overflow page .....	
0499. Totals (Line 0401 through Line 0403 plus Line 0498) (Line 4 above) .....	
1101. ....	
1102. ....	
1103. ....	
1198. Summary of remaining write-ins for Line 11 from overflow page .....	
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above) .....	

NONE