



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

OHIO SECURITY INSURANCE COMPANY

NAIC Group Code 0148 0148 NAIC Company Code 24082 Employer's ID Number 31-0541777
(Current Period) (Prior Period)

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

Country of Domicile US

Incorporated November 1, 1950 Commenced Business February 11, 1951

Statutory Home Office 9350 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	John Stanley Busby
Exec. VP / COO	Jeffery Linn Haniewich
Exec. VP / COO	Elizabeth Margaret Riczko
Sr. VP / Genl Counsel / Secretary	#Debra Kay Crane
Sr. Vice President	John Edward Bade, Jr.
Sr. Vice President	Ralph Glass Goode
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
 Phillip Michael Boyd
 Michael Joseph Brennan
 Betsy Torrans Douglass
 Lloyd Edwin Geary
 Harold Michael Good
 David Jary Hasler
 George Herbert Henehan 2
 Daniel Fred Henke
 Richard Paul Hildbold
 Harry Elvin Hunter

Russell Francis Kelly
 George Richard Kesl
 Kurt Frederick Krueger
 Judith Mildred Kuschill
 Philip Russell Lucca
 Jerry Wilson Phillips
 Bruce Arthur Rutherford
 Derrick Dewayne Shannon
 Michael Eugene Sullivan
 Jane Cochran White
 Stephen Thomas Williams

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	92,003	83,871		60,480	1,184	117,362	122,900	26	7,820	8,335	7,232	5,197
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	528	1,790				(177)	271	(15)		30	59	26
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	180	1,286			438	400	(58)	1		1	20	9
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	14	14										
34. TOTALS (a)	92,725	86,961		60,480	1,622	117,585	123,113	26	7,806	8,366	7,311	5,232
DETAILS OF WRITE-INS												
3301. UBS	14	14										
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)	14	14										

(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 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	11	11										2,475
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)	11	11										2,475
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	(115)	(15)		226		(1)	38	(1)	2	(74)	(5)	
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	27,001	33,696		16,451	88,518	12,239	5,227	476	(7,868)	637	731	8,617
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	20,988	28,286		13,988	21,675	20,646	(1,133)	165	160	17	568	6,698
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	786	786										
34. TOTALS (a)	48,660	62,753		30,665	110,193	32,884	4,132	641	(7,709)	656	1,225	15,310
DETAILS OF WRITE-INS												
3301. UBS	786	786										
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)	786	786										

(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												
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												1,362
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												4
19.2 Other private passenger auto liability												37
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												26
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)												1,429
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												
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 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)	272	378		48	(75)	(348)	(99)		(14)	20	36	113
19.2 Other private passenger auto liability	540	692		83	(600)	(778)	187		(20)	20	72	224
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	1,375	1,410		154	(886)	(930)	(41)			1	184	571
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	36	36										
34. TOTALS (a)	2,223	2,516		285	(1,561)	(2,056)	47		(34)	41	292	908
DETAILS OF WRITE-INS												
3301. UBS	36	36										
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)	36	36										

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

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P/C



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	1,243,014	1,269,664	11,257	457,863	593,807	1,233,582	1,489,863	18,661	56,222	103,405	95,899	50,916
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)					21,153	20,160	(236)	2,919	2,837	41		
19.2 Other private passenger auto liability	408	162,680		6,118	305,870	(63,717)	380,889	30,069	(4,358)	46,160	9	19
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	4,493	143,164		5,904	90,293	68,953	(11,669)	300	(934)	176	97	209
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	3,972	3,972										
34. TOTALS (a)	1,251,887	1,579,480	11,257	469,885	1,011,123	1,258,978	1,858,847	51,949	53,767	149,782	96,005	51,144
DETAILS OF WRITE-INS												
3301. UBS	3,972	3,972										
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)	3,972	3,972										

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

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P/C



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 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	58,176	35,401		28,100	5,619	74,970	69,712		4,673	4,702	6,507	
17. Other liability												1,854
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	10,813	12,593		5,190	27,717	17,635	(6,744)	625	1,111	1,065	377	
19.2 Other private passenger auto liability	49,343	57,473		24,874	69,759	215,386	247,759	3,357	22,657	29,999	1,721	238
19.3 Commercial auto no-fault (personal injury protection)												1,085
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	43,714	50,586		20,934	35,993	38,919	1,313		206	332	1,525	
21.2 Commercial auto physical damage												961
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	1,868	1,868										
34. TOTALS (a)	163,914	157,921		79,098	139,088	346,910	312,040	3,982	28,647	36,098	10,130	4,138
DETAILS OF WRITE-INS												
3301. UBS	1,868	1,868										
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)	1,868	1,868										

(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										
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	184,950	113,164		84,600	9,578	43,196	52,588	292	2,477	3,677	13,591	3,312
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)	184,950	113,164		84,600	9,578	43,196	52,588	292	2,477	3,677	13,591	3,312
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 \$

24DC

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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										
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												5,903
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												16
19.2 Other private passenger auto liability												162
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												114
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)												6,195
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	327,577	303,334		118,425	62,402	624,989	584,765	2,592	40,733	39,929	29,579	35,710
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	11,345	14,101		2,541	13,033	16,527	10,388	95	641	1,318	1,498	1,138
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	8,964	13,067		1,700	850	1,631	(446)		(131)	9	1,184	899
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	174	174										
34. TOTALS (a)	348,060	330,676		122,666	76,285	643,147	594,707	2,687	41,243	41,256	32,261	37,747
DETAILS OF WRITE-INS												
3301. UBS	174	174										
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)	174	174										

(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 \$

24H1

P/C



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	316	250		66		14	14		1	1	49	3,071
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)	316	250		66		14	14		1	1	49	3,071
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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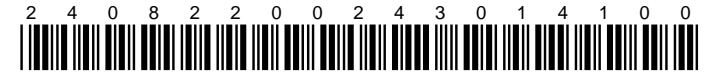


EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2002

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 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	2,263,373	2,112,675		1,202,042	407,343	349,375	942,129	11,612	(665)	66,367	228,083	42,271
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)		16				(17)	(7)					
19.2 Other private passenger auto liability	9,265	10,878		2,115	1,200	337	1,323		(95)	155	1,050	172
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	7,334	7,726		1,802	1,374	1,191	(235)			5	866	136
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	75	75										
34. TOTALS (a)	2,280,047	2,131,370		1,205,959	409,917	350,886	943,210	11,612	(760)	66,527	229,999	42,579
DETAILS OF WRITE-INS												
3301. UBS	75	75										
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)	75	75										

(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 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	(30,914)	(177,953)		152,552	35,576	35,074	12,416	95	(155)	767	138	1,810
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	8,215	10,189		3,194	10,350	2,764	1,837		(848)	222	936	(481)
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	22	1,221		232		(26)	(2)		(4)		29	(1)
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	90	90										
34. TOTALS (a)	(22,587)	(166,453)		155,978	45,926	37,812	14,251	95	(1,007)	989	1,103	1,328
DETAILS OF WRITE-INS												
3301. UBS	90	90										
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)	90	90										

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

24IN

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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	31,188	13,292		20,710		732	972	55	76	1,781	8,779	
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	605	1,471		22	40,968	(14,446)	354	(6,020)	39	17	170	
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	210	193		18		6	4			11	59	
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	45	45										
34. TOTALS (a)	32,048	15,001		20,750	40,968	(13,708)	1,330	(5,965)	115	1,809	9,008	
DETAILS OF WRITE-INS												
3301. UBS	45	45										
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)	45	45										

(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 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	2,102	88		2,014		5	5				128	5,537
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	360	378		64		(68)	(25)		(1)	4	22	950
19.2 Other private passenger auto liability	3,443	3,626		526		(191)	315		(17)	34	210	9,068
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	2,134	2,452		269		(68)	(86)		1	1	130	5,620
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	54	54										
34. TOTALS (a)	8,093	6,598		2,873		(322)	209		(17)	39	490	21,175
DETAILS OF WRITE-INS												
3301. UBS	54	54										
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)	54	54										

(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	260,947	328,715		74,440	20,861	(27,726)	67,875	654	(3,261)	5,273	20,481	26,095
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	26,953	28,197		7,578	2,700	(31,495)	(12,920)	55	(1,569)	2,059	3,300	2,690
19.2 Other private passenger auto liability	141,923	152,592		38,808	73,895	145,776	222,816	9,233	20,680	27,396	17,016	14,166
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	67,310	70,844		19,500	20,171	17,182	(1,646)		(135)	48	7,957	6,719
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	2,280	2,280										
34. TOTALS (a)	499,413	582,628		140,326	117,627	103,737	276,125	9,942	15,715	34,776	48,754	49,670
DETAILS OF WRITE-INS												
3301. UBS	2,280	2,280										
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)	2,280	2,280										

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

24KY

P/C



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												549
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												1
19.2 Other private passenger auto liability												15
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												11
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)												576
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

P/C



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

P/C



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 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	3,718,854	2,986,715	60,369	1,578,509	667,105	1,730,259	2,454,334	44,553	107,053	171,353	303,051	168,337
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability					(550)	(550)						
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)	3,718,854	2,986,715	60,369	1,578,509	666,555	1,729,709	2,454,334	44,553	107,053	171,353	303,051	168,337
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	50,273	39,371		11,223	61	2,224	2,266	9	178	177	3,825	1,031
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)	50,273	39,371		11,223	61	2,224	2,266	9	178	177	3,825	1,031
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	386,591	385,845		168,018	99,539	30,609	326,472	10,797	2,938	23,188	26,680	19,999
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)	386,591	385,845		168,018	99,539	30,609	326,472	10,797	2,938	23,188	26,680	19,999
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 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	837,193	90,673		775,765	4,619	13,567	30,455	76	550	2,171	90,637	30,808
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	4,279	8,684		1,261	2,461	665	(1,017)		19	172	53	128
19.2 Other private passenger auto liability	10,168	20,788		3,024	7,318	(2,286)	2,742		(1,018)	327	126	305
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	10,874	23,386		4,151	13,415	12,985	(1,260)		(116)	13	135	326
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	696	696										
34. TOTALS (a)	863,210	144,227		784,201	27,813	24,931	30,920	76	(565)	2,683	90,951	31,567
DETAILS OF WRITE-INS												
3301. UBS	696	696										
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)	696	696										

(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	28,396	12,486		22,945	266	1,859	1,761	17	135	131	1,602	3,802
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)	28,396	12,486		22,945	266	1,859	1,761	17	135	131	1,602	3,802
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	127,282	133,851		33,599	12,816	72,171	234,046	1,103	3,688	16,294	9,253	6,284
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability						(38)	3		(5)			25
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)	127,282	133,851		33,599	12,816	72,133	234,049	1,103	3,683	16,294	9,253	6,309
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												1,811
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												5
19.2 Other private passenger auto liability												50
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												35
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)												1,901
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	181,420	161,794		108,852	27,297	(14,102)	56,356	1,206	(2,151)	4,160	12,343	6,268
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)	181,420	161,794		108,852	27,297	(14,102)	56,356	1,206	(2,151)	4,160	12,343	6,268
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	46,530	38,150		26,527	55,093	(109,305)	8,088	9,551	(3,377)	577	2,607	5,129
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)	46,530	38,150		26,527	55,093	(109,305)	8,088	9,551	(3,377)	577	2,607	5,129
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	1,234,175	1,785,531		534,889	480,905	1,288,196	2,008,815	44,982	90,777	140,103	124,918	94,953
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)	1,234,175	1,785,531		534,889	480,905	1,288,196	2,008,815	44,982	90,777	140,103	124,918	94,953
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 \$

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 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												100
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												100
17. Other liability												100
18. Products liability												100
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	8,530	9,149		2,100	(386)	(1,102)	5,434	(13)	661	1,001		4,490
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	3,085	3,689		462		(81)	(86)	2	2	363		1,624
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	174	174										
34. TOTALS (a)	11,789	13,012		2,562	(386)	(1,183)	5,348	(11)	663	1,364		6,514
DETAILS OF WRITE-INS												
3301. UBS	174	174										
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)	174	174										

(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 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	418,007	470,707		69,488	54,222	275,478	252,547	1,743	16,794	17,510	23,341	35,611
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)	418,007	470,707		69,488	54,222	275,478	252,547	1,743	16,794	17,510	23,341	35,611
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 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	1,472,013	1,289,811		790,784	188,832	503,754	601,228	2,768	22,409	42,222	105,386	121,232
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)	1,472,013	1,289,811		790,784	188,832	503,754	601,228	2,768	22,409	42,222	105,386	121,232
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 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												834
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												2
19.2 Other private passenger auto liability												23
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												16
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)												875
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	1	1				17	24					
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	146,432	143,105		49,620	37,558	154,772	152,773	176	15,022	18,760	17,385	39,040
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	109,000	102,472		38,436	42,289	43,369	312		(42)	168	13,048	29,060
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	1,026	1,026										
34. TOTALS (a)	256,459	246,604		88,056	79,847	198,158	153,109	176	14,980	18,928	30,433	68,100
DETAILS OF WRITE-INS												
3301. UBS	1,026	1,026										
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)	1,026	1,026										

(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 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												96
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation	257	197		96		11	14		1	1	18	
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												8,192
19.2 Other private passenger auto liability	23,870	25,496		8,643	18,761	4,240	29,032	920	(171)	3,508	1,660	
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												5,575
21.1 Private passenger auto physical damage	16,246	16,570		4,917	19,400	17,334	(538)		(254)	11	1,140	
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	567	567										
34. TOTALS (a)	40,940	42,830		13,656	38,161	21,585	28,508	920	(424)	3,520	2,818	13,863
DETAILS OF WRITE-INS												
3301. UBS	567	567										
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)	567	567										

(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	113	108		5		6	6				8	(995)
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)					(27,493)	(32,095)	(1,330)	1,711	1,249	182		
19.2 Other private passenger auto liability					218,569	(37,212)	138,522	70,920	45,058	16,562		
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage					(2,802)	(2,801)			(1)			
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)	113	108		5	188,274	(72,102)	137,198	72,631	46,306	16,744	8	(995)
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	5,774,998	5,226,055		2,344,709	991,021	5,116,515	5,144,071	26,144	292,008	346,975	420,983	105,574
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)	5,774,998	5,226,055		2,344,709	991,021	5,116,515	5,144,071	26,144	292,008	346,975	420,983	105,574
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												455
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												1
19.2 Other private passenger auto liability												11
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												8
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)												475
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	187,967	271,253		52,382	102,077	133,784	224,380	7,972	8,689	15,844	12,598	52,162
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												200
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)	187,967	271,253		52,382	102,077	133,784	224,380	7,972	8,689	15,844	12,598	52,362
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												1,876
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												5
19.2 Other private passenger auto liability												51
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												36
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)												1,968
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	233,726	224,704		70,738	198,768	336,555	577,449	4,486	10,482	40,440	17,996	16,431
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	10,926	11,831		3,069	11,080	(7,273)	1,608	(1,966)	189	1,248	527	
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	7,365	8,954		1,501	(1,163)	(941)	(328)	(40)	6	831	355	
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	225	225										
34. TOTALS (a)	252,242	245,714		75,308	208,685	328,341	578,729	4,486	8,476	40,635	20,075	17,313
DETAILS OF WRITE-INS												
3301. UBS	225	225										
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)	225	225										

(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	863,964	575,917		422,707	44,502	202,878	224,841	1,518	12,286	16,049	71,827	10,148
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)	863,964	575,917		422,707	44,502	202,878	224,841	1,518	12,286	16,049	71,827	10,148
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					250	292	1,673		(5)	126		
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	12,118	19,567		5,877	16,600	(2,067)	(5,631)	188	(1,484)	639	392	203
19.2 Other private passenger auto liability	104,672	169,663		50,948	135,455	166,362	251,924	3,895	11,244	31,200	3,382	1,753
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	93,050	157,504		42,538	86,695	86,099	(5,236)		(541)	146	3,006	1,558
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	4,662	4,662										
34. TOTALS (a)	214,502	351,396		99,363	239,000	250,686	242,730	4,083	9,214	32,111	6,780	3,514
DETAILS OF WRITE-INS												
3301. UBS	4,662	4,662										
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)	4,662	4,662										

(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	695,254	639,179		178,668	181,487	1,039,489	977,869	4,116	61,480	66,793	54,083	25,426
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)	695,254	639,179		178,668	181,487	1,039,489	977,869	4,116	61,480	66,793	54,083	25,426
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 \$

24VA

P/C



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	24					
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	1,500	3,250		43	(9,325)	(15,417)	(621)	20	(835)	118	155	109
19.2 Other private passenger auto liability	15,703	30,633		330	89,440	34,416	137,441	3,041	(1,376)	16,568	1,667	1,136
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	6,797	12,938		205	3,871	4,621	649		23	40	742	492
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	642	642										
34. TOTALS (a)	24,642	47,463		578	83,986	23,637	137,493	3,061	(2,188)	16,726	2,564	1,737
DETAILS OF WRITE-INS												
3301. UBS	642	642										
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)	642	642										

(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 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	10	10										1,765
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)	10	10										1,765
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	115,481	110,825		6,302	391	6,469	6,216	9	485	487	12,234	3,922
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	2,488	2,734		767	(1,700)	(2,344)	290	2,035	1,959	32	265	85
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	1,261	1,247		480	599	574	(20)				134	43
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	60	60										
34. TOTALS (a)	119,290	114,866		7,549	(710)	4,699	6,486	2,044	2,444	519	12,633	4,050
DETAILS OF WRITE-INS												
3301. UBS	60	60										
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)	60	60										

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

24WI



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												2,808
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												8
19.2 Other private passenger auto liability												77
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												54
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)												2,947
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

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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												100
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												96
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation	20,805,133	18,525,680	71,626	9,397,723	4,245,620	13,082,314	16,476,212	194,979	732,316	1,137,135	1,696,780	908,758
17. Other liability												1,949
18. Products liability												100
19.1 Private passenger auto no-fault (personal injury protection)	56,296	73,063		20,060	33,737	(43,048)	(28,630)	5,517	1,312	4,300	4,334	12,427
19.2 Other private passenger auto liability	575,404	862,588		213,233	1,118,538	622,705	1,591,135	124,216	93,470	193,817	50,053	72,727
19.3 Commercial auto no-fault (personal injury protection)												9,702
19.4 Other commercial auto liability												5,575
21.1 Private passenger auto physical damage	404,402	646,995		157,190	332,211	309,062	(20,506)	465	(1,805)	976	31,968	47,979
21.2 Commercial auto physical damage												7,659
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	17,446	17,446										
34. TOTALS (a)	21,858,681	20,125,772	71,626	9,788,206	5,730,106	13,971,033	18,018,211	325,177	825,293	1,336,228	1,783,135	1,067,072
DETAILS OF WRITE-INS												
3301. UBS	17,446	17,446										
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)	17,446	17,446										

(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 SECURITY INSURANCE COMPANY

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)
1. U. S. Governments, Schedules D and DA (Group 1)											
1.1 Class 1	496,550	1,104,249	784,438			2,385,237	4.8	3,778,677	6.7	2,385,238	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	496,550	1,104,249	784,438			2,385,237	4.8	3,778,677	6.7	2,385,238	
2. All Other Governments, Schedules D and DA (Group 2)											
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											
3. States, Territories and Possessions etc., Guaranteed, Schedules D and DA (Group 3)											
3.1 Class 1		1,059,960				1,059,960	2.1			1,059,960	
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals		1,059,960				1,059,960	2.1			1,059,960	
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1			1,042,865			1,042,865	2.1	1,047,410	1.9	1,042,865	
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals			1,042,865			1,042,865	2.1	1,047,410	1.9	1,042,865	
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1	526,966	1,821,771	1,243,357	185,505		3,777,599	7.6	1,658,881	3.0	3,777,599	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals	526,966	1,821,771	1,243,357	185,505		3,777,599	7.6	1,658,881	3.0	3,777,599	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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)
6. Public Utilities (Unaffiliated), Schedules D and DA (Group 6)											
6.1 Class 1					1,015,745	1,015,745	2.0	1,277,146	2.3	1,015,745	
6.2 Class 2								998,032	1.8		
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals					1,015,745	1,015,745	2.0	2,275,178	4.0	1,015,745	
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)											
7.1 Class 1	4,553,070	8,405,532	16,309,915	1,038,357	1,000,000	31,306,874	63.2	35,468,663	63.1	29,026,864	2,280,011
7.2 Class 2		2,348,772	5,052,877			7,401,649	14.9	10,165,402	18.1	6,972,667	428,982
7.3 Class 3		1,559,023				1,559,023	3.1	1,793,040	3.2	1,559,023	
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals	4,553,070	12,313,327	21,362,792	1,038,357	1,000,000	40,267,546	81.3	47,427,105	84.4	37,558,554	2,708,993
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
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											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
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 SECURITY INSURANCE COMPANY

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)
10. Total Bonds Current Year											
10.1 Class 1	5,576,586	12,391,512	19,380,575	1,223,862	2,015,745	40,588,280	81.9	XXX	XXX	38,308,271	2,280,011
10.2 Class 2		2,348,772	5,052,877			7,401,649	14.9	XXX	XXX	6,972,667	428,982
10.3 Class 3		1,559,023				1,559,023	3.1	XXX	XXX	1,559,023	
10.4 Class 4								XXX	XXX		
10.5 Class 5								XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
10.7 Totals	5,576,586	16,299,307	24,433,452	1,223,862	2,015,745	(b) 49,548,952	100.0	XXX	XXX	46,839,961	2,708,993
10.8 Line 10.7 as a % of Column 6	11.3	32.9	49.3	2.5	4.1	100.0	XXX	XXX	XXX	94.5	5.5
11. Total Bonds Prior Year											
11.1 Class 1	6,154,809	12,050,553	20,198,621	2,549,648	2,277,146	XXX	XXX	43,230,777	76.9	40,704,575	2,526,207
11.2 Class 2	999,949	2,913,774	7,249,711			XXX	XXX	11,163,434	19.9	9,933,878	1,229,556
11.3 Class 3		1,793,040				XXX	XXX	1,793,040	3.2	1,793,040	
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	7,154,758	16,757,367	27,448,332	2,549,648	2,277,146	XXX	XXX	(b) 56,187,251	100.0	52,431,493	3,755,763
11.8 Line 11.7 as a % of Column 8	12.7	29.8	48.9	4.5	4.1	XXX	XXX	100.0	XXX	93.3	6.7
12. Total Publicly Traded Bonds											
12.1 Class 1	5,154,058	11,546,306	18,368,299	1,223,863	2,015,745	38,308,271	77.3	40,704,574	72.4	38,308,271	XXX
12.2 Class 2		1,919,789	5,052,877			6,972,666	14.1	9,933,879	17.7	6,972,667	XXX
12.3 Class 3		1,559,023				1,559,023	3.1	1,793,040	3.2	1,559,023	XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals	5,154,058	15,025,118	23,421,176	1,223,863	2,015,745	46,839,960	94.5	52,431,493	93.3	46,839,961	XXX
12.8 Line 12.7 as a % of Column 6	11.0	32.1	50.0	2.6	4.3	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	10.4	30.3	47.3	2.5	4.1	94.5	XXX	XXX	XXX	94.5	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	422,527	845,206	1,012,276			2,280,009	4.6	2,526,206	4.5	XXX	2,280,011
13.2 Class 2		428,982				428,982	0.9	1,229,556	2.2	XXX	428,982
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals	422,527	1,274,188	1,012,276			2,708,991	5.5	3,755,762	6.7	XXX	2,708,993
13.8 Line 13.7 as a % of Column 6	15.6	47.0	37.4			100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10	0.9	2.6	2.0			5.5	XXX	XXX	XXX	XXX	5.5

(a) Includes \$ 1,267,734 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 1,270,982 current year, \$ 1,556,106 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.

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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	496,550	1,104,249	784,438			2,385,237	4.8	3,778,677	6.7	2,385,238	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals	496,550	1,104,249	784,438			2,385,237	4.8	3,778,677	6.7	2,385,238	
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		1,059,960				1,059,960	2.1			1,059,960	
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		1,059,960				1,059,960	2.1			1,059,960	
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations			1,042,865			1,042,865	2.1	1,047,410	1.9	1,042,865	
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			1,042,865			1,042,865	2.1	1,047,410	1.9	1,042,865	
5. Special Revenue and Special Assessment Obligations etc. , Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations	78,711	363,511	564,875			1,007,097	2.0			1,007,098	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	4,058	18,654	278,481			301,193	0.6			301,194	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	444,197	1,439,606	400,000	185,505		2,469,308	5.0	1,658,881	3.0	2,469,309	
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals	526,966	1,821,771	1,243,356	185,505		3,777,598	7.6	1,658,881	3.0	3,777,601	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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					1,015,745	1,015,745	2.0	2,275,178	4.0	1,015,745	
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					1,015,745	1,015,745	2.0	2,275,178	4.0	1,015,745	
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)											
7.1 Issuer Obligations		8,280,783	19,051,040	1,038,357	1,000,000	29,370,180	59.3	30,734,565	54.7	28,357,905	1,012,276
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds		673,755				673,755	1.4	760,167	1.4	673,755	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	3,909,023	1,198,525				5,107,548	10.3	9,296,757	16.5	5,107,548	
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined	60,000	240,000	209,144			509,144	1.0	1,037,527	1.8	509,144	
7.6 Other	584,046	1,920,263	2,102,607			4,606,916	9.3	5,598,089	10.0	2,910,200	1,696,716
7.7 Totals	4,553,069	12,313,326	21,362,791	1,038,357	1,000,000	40,267,543	81.3	47,427,105	84.4	37,558,552	2,708,992
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 SECURITY INSURANCE COMPANY

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
10. Total Bonds Current Year											
10.1 Issuer Obligations	575,261	10,808,503	21,443,218	1,038,357	2,015,745	35,881,084	72.4	X X X	X X X	34,868,811	1,012,276
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds	4,058	692,409	278,481			974,948	2.0	X X X	X X X	974,949	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	4,353,220	2,638,131	400,000	185,505		7,576,856	15.3	X X X	X X X	7,576,857	
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	60,000	240,000	209,144			509,144	1.0	X X X	X X X	509,144	
10.6 Other	584,046	1,920,263	2,102,607			4,606,916	9.3	X X X	X X X	2,910,200	1,696,716
10.7 Totals	5,576,585	16,299,306	24,433,450	1,223,862	2,015,745	49,548,948	100.0	X X X	X X X	46,839,961	2,708,992
10.8 Line 10.7 as a % of Column 6	11.3	32.9	49.3	2.5	4.1	100.0	X X X	X X X	X X X	94.5	5.5
11. Total Bonds Prior Year											
11.1 Issuer Obligations	2,779,778	8,934,794	21,804,406	2,039,706	2,277,146	X X X	X X X	37,835,830	67.3	36,817,627	1,018,205
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds			760,167			X X X	X X X	760,167	1.4	760,167	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	4,134,820	3,797,578	2,513,298	509,942		X X X	X X X	10,955,638	19.5	10,955,643	
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	109,127	436,508	491,892			X X X	X X X	1,037,527	1.8	1,037,527	
11.6 Other	131,034	3,588,487	1,878,568			X X X	X X X	5,598,089	10.0	2,860,532	2,737,558
11.7 Totals	7,154,759	16,757,367	27,448,331	2,549,648	2,277,146	X X X	X X X	56,187,251	100.0	52,431,496	3,755,763
11.8 Line 11.7 as a % of Column 8	12.7	29.8	48.9	4.5	4.1	X X X	X X X	100.0	X X X	93.3	6.7
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	575,261	10,808,505	20,430,943	1,038,357	2,015,745	34,868,811	70.4	36,817,627	65.5	34,868,811	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds	4,058	692,410	278,481			974,949	2.0	760,167	1.4	974,949	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	4,353,221	2,638,131	400,000	185,505		7,576,857	15.3	10,955,641	19.5	7,576,857	X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	60,000	240,000	209,144			509,144	1.0	1,037,527	1.8	509,144	X X X
12.6 Other	161,518	646,074	2,102,607			2,910,199	5.9	2,860,531	5.1	2,910,200	X X X
12.7 Totals	5,154,058	15,025,120	23,421,175	1,223,862	2,015,745	46,839,960	94.5	52,431,493	93.3	46,839,961	X X X
12.8 Line 12.7 as a % of Column 6	11.0	32.1	50.0	2.6	4.3	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	10.4	30.3	47.3	2.5	4.1	94.5	X X X	X X X	X X X	94.5	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations			1,012,276			1,012,276	2.0	1,018,205	1.8	X X X	1,012,276
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other	422,527	1,274,189				1,696,716	3.4	2,737,557	4.9	X X X	1,696,716
13.7 Totals	422,527	1,274,189	1,012,276			2,708,992	5.5	3,755,762	6.7	X X X	2,708,992
13.8 Line 13.7 as a % of Column 6	15.6	47.0	37.4			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	0.9	2.6	2.0			5.5	X X X	X X X	X X X	X X X	5.5

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 SECURITY INSURANCE COMPANY

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. Intercompany Pooling													
31-0396250	24074	The Ohio Casualty Insurance Company	Hamilton, OH	14,245	7,335	7,335	7,335	310			6,230		
0199999 - Subtotal - Affiliates - U. S. Intercompany Pooling				14,245	7,335	7,335	7,335	310			6,230		
0499999 - Subtotal - Affiliates				14,245	7,335	7,335	7,335	310			6,230		
9999999 - TOTAL - Schedule F, Part 1				14,245	7,335	7,335	7,335	310			6,230		

Page 39

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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. Intercompany Pooling																		
31-0396250	24074	The Ohio Casualty Insurance Company	Fairfield, OH		20,871			6,049	485	10,089	845	9,325	381	27,174	886		26,287	60
0199999 - Subtotal - Authorized - Affiliates - U. S. Intercompany Pooling					20,871		6,049	485	10,089	845	9,325	381	27,174	886		26,287	60	
0499999 - Subtotal - Authorized - Affiliates					20,871		6,049	485	10,089	845	9,325	381	27,174	886		26,287	60	
Authorized - Other U. S. Unaffiliated Insurers																		
13-4924125	10227	American Re Insurance Company	Wilmington, DE		38					4		18		21	2		20	
47-0574325	32603	Berkley Insurance Company (Signet Star)	Wilmington, DE															
31-0542366	10677	Cincinnati Insurance Company	Cincinnati, OH														(3)	
36-2114545	20443	Continental Casualty Company	Chicago, IL												3			
38-2145898	33499	Dorinco Reinsurance	Midland, MI												1			
42-0234980	21415	Employers Mutual Casualty Company	Des Moines, IA															
48-0921045	39845	Employers Reinsurance Corp.	Jefferson City, MO		23					222		10		233	15		218	
22-2005057	26921	Everest Reinsurance Corporation	Newark, NJ												2		(2)	
14-1415410	13803	Farm Family Casualty Insurance	Glenmont, NY															
13-1963496	20281	Federal Insurance Company	Indianapolis, IN															
13-2997499	38776	Folksamerica Reinsurance Company	New York, NY		144				1	373	1	61		435	37		398	
36-2667627	22969	GE Reinsurance	Long Grove, IL		12					222		5		227	16		211	
13-5123390	64246	Guardian Life Insurance Company	New York, NY												3		(2)	
04-1543470	23043	Liberty Mutual Insurance Company	Boston, MA															
13-1290712	20583	NAC Reinsurance Corporation	New York, NY		(1)					1				1			1	
13-2781282	25070	Odyssey Reinsurance Corporation	Wilmington, DE		71					187		31		218	18		200	
23-2745904	10019	Overseas Partners US Rein (Reliance Re)	Wilmington, DE		146					98		64		162	18		144	
13-3031176	38636	Partner Reinsurance	New York, NY		175				1	756	1	73		831	52		779	
23-1641984	10219	QBE Reinsurance	Philadelphia, PA		56					6		24		30	17		13	
41-0451140	67105	Reliastar Life Insurance	Minneapolis, MN		1					1				1	10		(10)	
41-0406690	24767	St. Paul Fire and Marine Insurance Co.	St. Paul, MN															
13-1675535	25364	Swiss Re America	New York, NY		36					1		18		20			20	
13-5616275	19453	Transatlantic Reinsurance Co	New York, NY							1				1	12		(10)	
06-1117063	34894	Trenwick Reinsurance	Stamford, CT												3		(3)	
0599999 - Subtotal - Authorized - Other U. S. Unaffiliated Insurers					700			3	1,873	3	303		2,182	208		1,974		
Authorized - Pools - Mandatory Pools																		
AA-9991423	00000	Minnesota Workers' Compensation	Minnesota		50					1		48		49	51		(2)	
0699999 - Subtotal - Authorized - Pools - Mandatory Pools					50					1		48		49	51		(2)	

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 SECURITY INSURANCE COMPANY

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		
0899998 - Other Non-U. S. Insurers (Under \$100,000)					108					3		51		54	(8)		63	
0899999 - Subtotal - Authorized - Other Non-U. S. Insurers					108					3		51		54	(8)		63	
0999999 - Subtotal - Authorized					21,730		6,049	488	11,965	848	9,727	381	29,459	1,137		28,322	60	
Unauthorized - Other U. S. Unaffiliated Insurers																		
74-2195939	42374	Houston Casualty Co.	Houston, TX											7		(6)		
1499999 - Subtotal - Unauthorized - Other U. S. Unaffiliated Insurers														7		(6)		
Unauthorized - Other Non-U. S. Insurers																		
AA-3190770	00000	ACE: Tempest Re	Bermuda		93					2		43		46	(7)		53	
AA-1340125	00000	Hannover Ruckversicherungs AG	Hannover, Germany		31					1		15		16			16	
AA-1121425	00000	Terra Nova Reinsurance	London, England		5							3		3			3	
1799999 - Subtotal - Unauthorized - Other Non-U. S. Insurers					129					3		61		65	(8)		72	
1899999 - Subtotal - Unauthorized					129					4		61		65	(1)		66	
1999999 - Subtotal - Authorized and Unauthorized					21,859		6,049	488	11,969	848	9,788	381	29,524	1,136		28,388	60	
9999999 - TOTAL - Schedule F, Part 3					21,859		6,049	488	11,969	848	9,788	381	29,524	1,136		28,388	60	

Page 41

Sch. F, Pt. 4, Aging of Ceded Reinsurance

NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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				7									
0599999 - Subtotal Other U. S. Unaffiliated Insurers							7									
Other Non-U. S. Insurers																
AA-3190770	00000	ACE: Tempest Re	Bermuda	46			(7)			(7)	53					46
AA-1340125	00000	Hannover Ruckersicherungs AG	Hannover, Germany	16							16					16
AA-1121425	00000	Terra Nova Reinsurance	UK	3							3					3
0899999 - Subtotal Other Non-U. S. Insurers				65			(8)			(8)	72					65
0999999 - Subtotal Affiliates and Others				65			(1)			(7)	72					65
9999999 - TOTAL - Schedule F, Part 5				65			(1)			(7)	72					65

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	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 9)	54,091,253		54,091,253
2. Agents' balances or uncollected premiums (Line 10)	3,278,838		3,278,838
3. Funds held by or deposited with reinsured companies (Line 11)			
4. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14)			
5. Other assets (Lines 12 and 13 and 15 through 25)	4,976,509		4,976,509
6. Net amount recoverable from reinsurers		14,511,123	14,511,123
7. Totals (Line 28)	62,346,600	14,511,123	76,857,723
LIABILITIES (Page 3)			
8. Losses and loss adjustment expenses (Lines 1 through 3)	16,827,419	12,018,853	28,846,272
9. Taxes, expenses, and other obligations (Lines 4 through 8)	1,142,598	649,239	1,791,837
10. Unearned premiums (Line 9)	6,229,832	3,510,276	9,740,108
11. Advance premiums (Line 10)	85,190		85,190
12. Dividends declared and unpaid (Line 11.1 and Line 11.2)	32,493	27,307	59,800
13. Ceded reinsurance premiums payable (net of ceded commissions) (Line 12)	1,135,753	(1,085,002)	50,751
14. Funds held by company under reinsurance treaties (Line 13)	60,009	(60,009)	
15. Amounts withheld or retained by company for account of others (Line 14)	392,552		392,552
16. Provision for reinsurance (Line 16)	65,000	(65,000)	
17. Other liabilities (Line 15 and Line 17 through Line 23)	2,211,530	(484,541)	1,726,989
18. Total liabilities (Line 26 minus Line 25)	28,182,376	14,511,123	42,693,499
19. Surplus as regards policyholders (Line 35)	34,164,223	X X X	34,164,223
20. Totals (Line 36)	62,346,599	14,511,123	76,857,722

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

Yes (X) No ()

If yes, give full explanation:

Under terms of the agreement, all underwriting transactions are pooled. Subsidiaries cede 100% of transactions to OC (parent Co.) . OC retains 46.75% & cedes remainder (53.25%) to sub companies.

.....

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancellable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1. Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	213																	213
4. Increase in contract reserves																		
5. Commissions (a)																		
6. General insurance expenses																		
7. Taxes, licenses and fees																		
8. Total expenses incurred																		
9. Aggregate write-ins for deductions																		
10. Gain from underwriting before dividends or refunds	(213)																	(213)
11. Dividends or refunds																		
12. Gain from underwriting after dividends or refunds	(213)																	(213)
DETAILS OF WRITE-INS																		
0901.																		
0902.																		
0903.																		
0998. Summary of remaining write-ins for Line 9 from overflow page																		
0999. Totals (Lines 0901 through 0903 plus Line 0998) (Line 9 above)																		

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancellable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other

PART 2 - RESERVES AND LIABILITIES

A. Premium Reserves:									
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional reserves									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims paid during the year:									
1.1 On claims incurred prior to current year	213								213
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and Line 2.1	213								213
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2	213								213

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims	213								213
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Claims incurred				
2. Beginning claim reserve				
3. Ending claim reserve				
4. Claims paid				
B. Assumed Reinsurance:				
5. Claims incurred			213	213
6. Beginning claim reserve				
7. Ending claim reserve				
8. Claims paid			213	213
C. Ceded Reinsurance:				
9. Claims incurred				
10. Beginning claim reserve				
11. Ending claim reserve				
12. Claims paid				
D. Net:				
13. Claims incurred			213	213
14. Beginning claim reserve				
15. Ending claim reserve				
16. Claims paid			213	213

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$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	1							1	XXX
2. 1993	1,761	84	1,677	1,283	5	74		91		14	1,443	679
3. 1994	1,671	90	1,581	1,372	1	75		109		17	1,555	726
4. 1995	1,695	84	1,611	1,107		60		84		12	1,251	550
5. 1996	1,706	50	1,656	1,572		74		124		14	1,770	733
6. 1997	1,727	62	1,665	1,116		41		97		13	1,254	484
7. 1998	1,844	66	1,778	1,330	1	15		126		14	1,470	543
8. 1999	1,885	70	1,815	1,407		16		141		16	1,564	508
9. 2000	1,877	112	1,765	1,371		14		122		16	1,507	461
10. 2001	1,812	92	1,720	1,259		5		133		9	1,397	408
11. 2002	1,645	79	1,566	771		1		86		2	858	283
12. Totals	XXX	XXX	XXX	12,589	7	375		1,113		127	14,070	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. ...	1											1	
2. ...	1											1	
3. ...	2											2	
4. ...	2						1					3	
5. ...	2						1					3	
6. ...	3						1				1	4	
7. ...	16		1				4		2		2	23	
8. ...	29		(1)				7		4		4	39	1
9. ...	46		13	1			12		6		6	76	2
10. ...	59		30	2			19		9		8	115	3
11. ...	210		148	10			21	1	33		12	400	27
12. ...	371		191	13			66	1	54		33	667	33

	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	
2. ...	1,449	5	1,444	82.3	6.0	86.1			1.0	1	
3. ...	1,558	1	1,557	93.2	1.1	98.5			1.0	2	
4. ...	1,254		1,254	74.0		77.8			1.0	2	1
5. ...	1,773		1,773	103.9		107.1			1.0	2	1
6. ...	1,258		1,258	72.8		75.6			1.0	3	1
7. ...	1,494	1	1,493	81.0	1.5	84.0			1.0	17	6
8. ...	1,603		1,603	85.0		88.3			1.0	28	11
9. ...	1,584	1	1,583	84.4	0.9	89.7			1.0	58	18
10. ...	1,514	2	1,512	83.6	2.2	87.9			1.0	87	28
11. ...	1,270	12	1,258	77.2	15.2	80.3			1.0	348	52
12. ...	XXX	XXX	XXX	XXX	XXX	XXX			XXX	549	118

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	28	25	3	3	3	3	1	6	XXX
2. 1993	3,343	122	3,221	2,530	50	165	(1)	217	(1)	58	2,864	549
3. 1994	3,201	126	3,075	2,434	43	156	(3)	229	(3)	47	2,782	531
4. 1995	3,051	77	2,974	2,338	22	150	(5)	229	(7)	49	2,707	488
5. 1996	2,901	77	2,824	2,273	12	134	(7)	259	(16)	39	2,677	472
6. 1997	2,864	93	2,771	2,148	(5)	115	(7)	244	(29)	44	2,548	454
7. 1998	3,022	194	2,828	2,168	65	96	7	277	(31)	48	2,500	457
8. 1999	2,714	309	2,405	1,863	218	73	15	259	2	47	1,960	442
9. 2000	2,245	127	2,118	1,389	37	34	1	197		45	1,582	403
10. 2001	1,977	51	1,926	993	24	14	1	176		25	1,158	332
11. 2002	1,694	24	1,670	497	18	2		115		7	596	266
12. Totals	XXX	XXX	XXX	18,661	509	942	4	2,205	(85)	410	21,380	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.	131	106	37	11			8	2	14	1	2	70	1
2.	3	1	5	3			1	1	1	1	1	4	
3.	21	9	3	2			2	1	2	1	1	15	
4.	15	7	8	3			2	2	2	1	1	14	
5.	25	8	5	6			4	3	3	4	1	16	
6.	41	20	6	10			6	4	4	7	2	16	1
7.	85	38	7	12			13	8	8	10	3	45	2
8.	157	27	14	19			41	10	16	9	7	163	5
9.	237	5	54	9			64	3	26	1	11	363	11
10.	342	13	142	32			55	3	41	(3)	20	535	21
11.	442	23	471	137			69	6	72	(9)	28	897	73
12.	1,499	257	752	244			265	43	189	23	77	2,138	114

	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	51	19
2.	2,922	54	2,868	87.4	44.3	89.0			1.0	4	
3.	2,847	50	2,797	88.9	39.7	91.0			1.0	13	2
4.	2,744	23	2,721	89.9	29.9	91.5			1.0	13	1
5.	2,703	10	2,693	93.2	13.0	95.4			1.0	16	
6.	2,564		2,564	89.5		92.5			1.0	17	(1)
7.	2,654	109	2,545	87.8	56.2	90.0			1.0	42	3
8.	2,423	300	2,123	89.3	97.1	88.3			1.0	125	38
9.	2,001	56	1,945	89.1	44.1	91.8			1.0	277	86
10.	1,763	70	1,693	89.2	137.3	87.9			1.0	439	96
11.	1,668	175	1,493	98.5	729.2	89.4			1.0	753	144
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,750	388

**SCHEDULE P - PART 1C
COMMERCIAL AUTO/TRUCK 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	8	1	2				1	9	XXX
2. 1993	1,299	42	1,257	785	10	75	3	57		8	904	138
3. 1994	1,241	43	1,198	914	16	78	1	69		8	1,044	139
4. 1995	1,182	39	1,143	736	20	59		65		7	840	124
5. 1996	1,115	30	1,085	701	26	58	1	69		5	801	125
6. 1997	1,082	26	1,056	734	14	45		72		7	837	117
7. 1998	1,075	24	1,051	658	15	38	1	81		5	761	112
8. 1999	1,333	54	1,279	826	19	44	1	96		8	946	133
9. 2000	1,399	99	1,300	646	22	26	1	73		8	722	135
10. 2001	1,423	74	1,349	380	8	11	1	61	1	5	442	116
11. 2002	1,572	78	1,494	171	5	2		40		2	208	98
12. Totals	XXX	XXX	XXX	6,559	156	438	9	683	1	64	7,514	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. 12			19				16		1			48	
2. 3			5						1			9	
3. 2			9				1		1			13	
4. 23			5				2		2			32	
5. 19			8				2		2			31	
6. 18			18				4		2			42	
7. 44	1		21				8		5			77	1
8. 107	1		39				20		14		1	179	2
9. 202	2		100	1			35		28		1	362	5
10. 195	6		245	2			45	1	33	1	3	508	8
11. 201	3		540	5			75	1	50	1	4	856	23
12. 826	13		1,009	8			208	2	139	2	9	2,157	39

	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			XXX	31	17
2. 926	13	913	71.3	31.0	72.6			1.0	1.0	8	1
3. 1,074	17	1,057	86.5	39.5	88.2			1.0	1.0	11	2
4. 892	20	872	75.5	51.3	76.3			1.0	1.0	28	4
5. 859	27	832	77.0	90.0	76.7			1.0	1.0	27	4
6. 893	14	879	82.5	53.8	83.2			1.0	1.0	36	6
7. 855	17	838	79.5	70.8	79.7			1.0	1.0	64	13
8. 1,146	21	1,125	86.0	38.9	88.0			1.0	1.0	145	34
9. 1,110	26	1,084	79.3	26.3	83.4			1.0	1.0	299	63
10. 970	20	950	68.2	27.0	70.4			1.0	1.0	432	76
11. 1,079	15	1,064	68.6	19.2	71.2			1.0	1.0	733	123
12. XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,814	343

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(\$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	131	31	12	5	9		11	116	XXX
2. 1993	1,857	24	1,833	1,006	5	71		57		22	1,129	176
3. 1994	1,532	20	1,512	709		49		47		20	805	140
4. 1995	1,437	17	1,420	643		43		53		14	739	118
5. 1996	1,247	6	1,241	536	2	42		48		14	624	109
6. 1997	1,039	4	1,035	502		41	1	53		17	595	101
7. 1998	1,015	12	1,003	450	20	33	2	62		8	523	96
8. 1999	2,081	123	1,958	1,029	58	81	4	104		18	1,152	265
9. 2000	2,177	199	1,978	1,208	58	71	4	122		18	1,339	232
10. 2001	1,746	83	1,663	577	3	28		83		4	685	135
11. 2002	1,500	65	1,435	209		6		41		1	256	87
12. Totals	XXX	XXX	XXX	7,000	177	477	16	679		147	7,963	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. ...	1,025	289	400	76			55	5	71	14	10	1,167	7
2. ...	106	16	68	13			8	1	7	1	2	158	1
3. ...	79		56	11			8	1	5		2	136	1
4. ...	108	24	42	8			7	1	7	1	2	130	
5. ...	66		42	8			8	1	6		3	113	1
6. ...	64	4	45	9			10	1	6		4	111	1
7. ...	64	8	73	12			11	1	8		5	135	1
8. ...	268	14	267	16			45	1	47	1	18	595	7
9. ...	329	32	397	28			66	2	61	2	31	789	11
10. ...	266	3	535	92			71	5	43		43	815	12
11. ...	278		777	141			103	9	47		31	1,055	38
12. ...	2,653	390	2,702	414			392	28	308	19	151	5,204	80

	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	1,060	107
2. ...	1,323	36	1,287	71.2	150.0	70.2			1.0	145	13
3. ...	953	12	941	62.2	60.0	62.2			1.0	124	12
4. ...	903	34	869	62.8	200.0	61.2			1.0	118	12
5. ...	748	11	737	60.0	183.3	59.4			1.0	100	13
6. ...	721	15	706	69.4	375.0	68.2			1.0	96	15
7. ...	701	43	658	69.1	358.3	65.6			1.0	117	18
8. ...	1,841	94	1,747	88.5	76.4	89.2			1.0	505	90
9. ...	2,254	126	2,128	103.5	63.3	107.6			1.0	666	123
10. ...	1,603	103	1,500	91.8	124.1	90.2			1.0	706	109
11. ...	1,461	150	1,311	97.4	230.8	91.4			1.0	914	141
12. ...	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,551	653

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$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	4	(14)	15	(8)	1	1	8	41	XXX
2. 1993	1,464	57	1,407	817	1	118	9	52		24	977	196
3. 1994	1,432	65	1,367	846	8	106	2	57		38	999	197
4. 1995	1,396	67	1,329	732	2	88		55		17	873	172
5. 1996	1,368	46	1,322	873	7	98		60		19	1,024	181
6. 1997	1,420	50	1,370	831	39	88	4	57		16	933	157
7. 1998	1,566	59	1,507	1,021	22	81	5	95		17	1,170	175
8. 1999	2,378	133	2,245	1,455	111	121	2	118	1	19	1,580	235
9. 2000	2,591	219	2,372	1,365	110	95	11	104	1	28	1,442	216
10. 2001	2,530	144	2,386	912	39	24	1	94	1	11	989	171
11. 2002	2,795	143	2,652	494	18	6		60		6	542	129
12. Totals	XXX	XXX	XXX	9,350	343	840	26	753	4	203	10,570	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.	29	3	65				96		5			192	
2.	2		8				5		1			16	
3.	2		7				4		1			14	
4.	2		12				6		1			21	
5.	13		12				10		2			37	
6.	21		15	1			15		2			52	1
7.	33		32	1			26	1	5		1	94	1
8.	146		56	1			83	1	18		3	301	5
9.	312	78	128	3			130	2	30		9	517	8
10.	226	15	209	7			147	4	30		12	586	10
11.	280	3	567	21			183	6	57		17	1,056	30
12.	1,066	99	1,111	34			705	14	152	1	42	2,886	55

	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	91	101
2.	1,003	10	993	68.5	17.5	70.6			1.0	10	6
3.	1,023	10	1,013	71.4	15.4	74.1			1.0	9	5
4.	896	2	894	64.2	3.0	67.3			1.0	14	7
5.	1,068	7	1,061	78.1	15.2	80.3			1.0	25	12
6.	1,029	44	985	72.5	88.0	71.9			1.0	35	17
7.	1,293	29	1,264	82.6	49.2	83.9			1.0	64	30
8.	1,997	116	1,881	84.0	87.2	83.8			1.0	201	100
9.	2,164	205	1,959	83.5	93.6	82.6			1.0	359	158
10.	1,642	67	1,575	64.9	46.5	66.0			1.0	413	173
11.	1,647	49	1,598	58.9	34.3	60.3			1.0	823	233
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,044	842

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

**SCHEDULE P - PART 1G - SPECIAL LIABILITY
(OCEAN, MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

(\$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												XXX
3. 1994												XXX
4. 1995												XXX
5. 1996												XXX
6. 1997	1	1										XXX
7. 1998	2	1	1		1						(1)	XXX
8. 1999	13	6	7	5	1						4	XXX
9. 2000	19	11	8	4	2						2	XXX
10. 2001	9	5	4	1							1	XXX
11. 2002	5	4	1									XXX
12. Totals	XXX	XXX	XXX	10	4						6	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.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	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		
2.									1.0		
3.									1.0		
4.									1.0		
5.									1.0		
6.									1.0		
7.		1	(1)		100.0	(100.0)			1.0		
8.	5	1	4	38.5	16.7	57.1			1.0		
9.	4	2	2	21.1	18.2	25.0			1.0		
10.	1		1	11.1		25.0			1.0		
11.									1.0		
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**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	45	21	(8)	5	(2)	2		7	XXX
2. 1993	1,110	20	1,090	432	24	158	6	61		6	621	67
3. 1994	1,125	20	1,105	386	18	99	1	63		6	529	66
4. 1995	1,115	19	1,096	316		84	4	46		5	442	58
5. 1996	1,048	11	1,037	308	7	87		62		5	450	57
6. 1997	989	7	982	313	2	82	2	49		9	440	53
7. 1998	973	22	951	304	12	61		56		5	409	51
8. 1999	1,428	92	1,336	422	88	63	1	70		6	466	54
9. 2000	1,692	286	1,406	303	77	35	1	55		3	315	51
10. 2001	1,997	358	1,639	171	28	16	1	43		2	201	44
11. 2002	2,416	552	1,864	44		1		29		1	74	26
12. Totals	XXX	XXX	XXX	3,044	277	678	21	532	2	48	3,954	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.	119	70	46	8			77	1	2	2		163	
2.	13	10	8	4			6	1	1			13	
3.	4		14	6			5	1	2			18	
4.	11		18	8			8	1	2			30	
5.	11		26	11			11	2	3		1	38	
6.	29		33	14			18	3	5		1	68	1
7.	35		80	36			37	6	10		1	120	2
8.	290	162	246	127			78	9	33	3	2	346	2
9.	123	15	534	270			106	13	45	1	3	509	4
10.	185	63	929	405			134	22	107	3	4	862	5
11.	130	50	1,333	566			144	25	158	4	5	1,120	8
12.	950	370	3,267	1,455			624	84	368	13	17	3,287	22

	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	87	76
2.	679	45	634	61.2	225.0	58.2			1.0	7	6
3.	573	26	547	50.9	130.0	49.5			1.0	12	6
4.	485	13	472	43.5	68.4	43.1			1.0	21	9
5.	508	20	488	48.5	181.8	47.1			1.0	26	12
6.	529	21	508	53.5	300.0	51.7			1.0	48	20
7.	583	54	529	59.9	245.5	55.6			1.0	79	41
8.	1,202	390	812	84.2	423.9	60.8			1.0	247	99
9.	1,201	377	824	71.0	131.8	58.6			1.0	372	137
10.	1,585	522	1,063	79.4	145.8	64.9			1.0	646	216
11.	1,839	645	1,194	76.1	116.8	64.1			1.0	847	273
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,392	895

**SCHEDULE P - PART 1H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE**

(\$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	1		1	1								1
3. 1994	2		2			3						3
4. 1995	4	1	3	3		2		1				6
5. 1996	8	3	5									
6. 1997	10	4	6									
7. 1998	12	4	8									
8. 1999	17	9	8									
9. 2000	17	6	11									
10. 2001	16	7	9	4	1	1		2				2
11. 2002	18	8	10			2						2
12. Totals	XXX	XXX	XXX	8	1	8	2	1			14	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.													
2.													
3.													
4.													
5.													
6.								1				1	
7.								1	1				
8.			1					1	1				1
9.			1	1				2	2				
10.	9	7	5	3				4	3	1			6
11.	36	30	8	4				4	3	2	2		11
12.	45	37	15	8				13	10	3	2		19

	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		
2.	1		1	100.0		100.0			1.0		
3.	3		3	150.0		150.0			1.0		
4.	6		6	150.0		200.0			1.0		
5.									1.0		
6.	1		1	10.0		16.7			1.0		1
7.	1	1		8.3	25.0				1.0		
8.	2	1	1	11.8	11.1	12.5			1.0	1	
9.	3	3		17.6	50.0				1.0		
10.	24	16	8	150.0	228.6	88.9			1.0	4	2
11.	52	39	13	288.9	487.5	130.0			1.0	10	1
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	15	4

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY
**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED
LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

(\$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	18	3	2		2		5	19	XXX
2. 2001	748	54	694	372	31	1	1	39	1	8	379	XXX
3. 2002	701	38	663	197				21		2	218	XXX
4. Totals	XXX	XXX	XXX	587	34	3	1	62	1	15	616	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.	8		4				4		1		3	17	1
2.	20	14	4				3		3	1	4	15	1
3.	48	2	31	2			6	1	9		4	89	6
4.	76	16	39	2			13	1	13	1	11	121	8

	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	12	5
2.	442	48	394	59.1	88.9	56.8			1.0	10	5
3.	312	5	307	44.5	13.2	46.3			1.0	75	14
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	97	24

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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	(29)	(2)	2		(2)		34	(27)	XXX
2. 2001	2,026		2,026	1,269	7	1		191		181	1,454	897
3. 2002	1,918		1,918	988	12			155		85	1,131	678
4. Totals	XXX	XXX	XXX	2,228	17	3		344		300	2,558	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.	1		(24)					2		1		27	(20)	1
2.	1		(22)					2		1		26	(18)	1
3.	95	1	(47)					2		51		85	100	56
4.	97	1	(93)					6		53		138	62	58

	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	(23)	3
2.	1,443	7	1,436	71.2		70.9			1.0	(21)	3
3.	1,244	13	1,231	64.9		64.2			1.0	47	53
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	59

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

SCHEDULE P - PART 1K - FIDELITY / SURETY

(\$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	8	(1)	5	4	2	1	3	11	XXX
2. 2001	391	7	384	34	1	3	3	9	9	157	45	XXX
3. 2002	401	(38)	439	32		1		10		1	43	XXX
4. Totals	XXX	XXX	XXX	74		9	4	21	1	161	99	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.	34	12	(20)			10	2	3	1	26	12	1	
2.	25	2	(4)			9	2	3	3	13	29	1	
3.	59	14	29	2		20	3	8	1	18	96	4	
4.	118	28	5	2		39	7	14	2	57	137	6	

	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	2	10
2.	79	5	74	20.2	71.4	19.3			1.0	19	10
3.	159	20	139	39.7	(52.6)	31.7			1.0	72	24
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	93	44

**SCHEDULE P - PART 1L - OTHER
(INCLUDING CREDIT, ACCIDENT AND HEALTH)**

(\$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. 2001	2	2										XXX
3. 2002	1	1		2	2							XXX
4. Totals	XXX	XXX	XXX	2	2							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.													
2.													
3.	6	6	2	2									
4.	6	6	2	2									

	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		
2.									1.0		
3.	10	10		1,000.0	1,000.0				1.0		
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

**SCHEDULE P - PART 1R - SECTION 1
PRODUCTS 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	1	(15)	8	3				21	XXX
2. 1993	61	1	60	32		22		4			58	1
3. 1994	12		12	9		7		4			20	2
4. 1995	5		5	10		4		13			27	1
5. 1996	4		4	13		8		9			30	1
6. 1997	4		4	8		3		22			16	1
7. 1998	11		11	94	33	11		5		1	94	5
8. 1999	75	1	74	13		3		5			21	1
9. 2000	102	5	97	9		3		4			16	1
10. 2001	91	4	87	8		1		5			14	1
11. 2002	70	2	68	1				5			6	
12. Totals	XXX	XXX	XXX	198	18	70	3	76		1	323	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.	1						2					3	
2.	1						1					2	
3.	1											1	
4.	1						1					2	
5.	1		1				1					3	
6.	7		1				1		2			11	
7.	25	8	1				2		7	2		25	2
8.	6		2				3		2			13	
9.	8		5				5		3			21	
10.	4		17	1			8	1	4			31	
11.	1		26	1			10	1	5			40	
12.	56	8	53	2			34	2	23	2		152	2

	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	2
2.	60		60	98.4		100.0			1.0	1	1
3.	21		21	175.0		175.0			1.0	1	1
4.	29		29	580.0		580.0			1.0	1	1
5.	33		33	825.0		825.0			1.0	2	1
6.	27		27	675.0		675.0			1.0	8	3
7.	162	43	119	1,472.7		1,081.8			1.0	18	7
8.	34		34	45.3		45.9			1.0	8	5
9.	37		37	36.3		38.1			1.0	13	8
10.	47	2	45	51.6	50.0	51.7			1.0	20	11
11.	48	2	46	68.6	100.0	67.6			1.0	26	14
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	99	53

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	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior	276	270	228	204	198	204	204	200	202	203	1	3
2. 1993	1,430	1,362	1,355	1,354	1,363	1,362	1,357	1,353	1,354	1,354		1
3. 1994	XXX	1,546	1,482	1,460	1,452	1,451	1,452	1,450	1,451	1,449	(2)	(1)
4. 1995	XXX	XXX	1,256	1,160	1,167	1,173	1,178	1,171	1,171	1,168	(3)	(3)
5. 1996	XXX	XXX	XXX	1,694	1,644	1,642	1,654	1,652	1,649	1,650	1	(2)
6. 1997	XXX	XXX	XXX	XXX	1,197	1,167	1,175	1,166	1,165	1,160	(5)	(6)
7. 1998	XXX	XXX	XXX	XXX	XXX	1,375	1,347	1,367	1,365	1,364	(1)	(3)
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,476	1,490	1,467	1,458	(9)	(32)
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,367	1,449	1,454	5	87
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,350	1,369	19	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,141	XXX	XXX
12. Totals											6	44

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

1. Prior	1,832	1,866	1,849	1,845	1,808	1,809	1,799	1,828	1,828	1,804	(24)	(24)
2. 1993	2,781	2,633	2,682	2,674	2,681	2,668	2,659	2,660	2,660	2,652	(8)	(8)
3. 1994	XXX	2,688	2,486	2,590	2,560	2,572	2,569	2,565	2,566	2,564	(2)	(1)
4. 1995	XXX	XXX	2,494	2,499	2,510	2,492	2,487	2,489	2,484	2,484		(5)
5. 1996	XXX	XXX	XXX	2,439	2,438	2,400	2,425	2,429	2,427	2,419	(8)	(10)
6. 1997	XXX	XXX	XXX	XXX	2,419	2,362	2,298	2,318	2,310	2,292	(18)	(26)
7. 1998	XXX	XXX	XXX	XXX	XXX	2,347	2,239	2,251	2,252	2,240	(12)	(11)
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,851	1,839	1,855	1,859	4	20
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,731	1,679	1,723	44	(8)
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,475	1,474	(1)	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,298	XXX	XXX
12. Totals											(25)	(73)

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

1. Prior	1,061	1,060	1,041	983	998	1,004	1,013	999	997	1,031	34	32
2. 1993	827	800	875	857	846	846	847	846	848	854	6	8
3. 1994	XXX	903	969	978	960	961	975	976	978	987	9	11
4. 1995	XXX	XXX	822	828	807	787	793	786	793	805	12	19
5. 1996	XXX	XXX	XXX	766	771	738	758	746	753	760	7	14
6. 1997	XXX	XXX	XXX	XXX	819	765	782	768	780	805	25	37
7. 1998	XXX	XXX	XXX	XXX	XXX	738	728	705	699	752	53	47
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	867	979	983	1,014	31	35
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,016	961	983	22	(33)
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	896	858	(38)	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	976	XXX	XXX
12. Totals											161	170

SCHEDULE P - PART 2D - WORKERS' COMPENSATION

1. Prior	3,094	3,102	3,104	3,157	3,270	3,349	3,523	3,687	3,633	3,780	147	93
2. 1993	1,412	1,192	1,169	1,159	1,213	1,211	1,203	1,208	1,199	1,224	25	16
3. 1994	XXX	1,040	901	985	937	914	890	895	875	890	15	(5)
4. 1995	XXX	XXX	1,069	917	865	856	819	818	794	811	17	(7)
5. 1996	XXX	XXX	XXX	796	752	705	683	691	675	682	7	(9)
6. 1997	XXX	XXX	XXX	XXX	608	669	648	656	641	647	6	(9)
7. 1998	XXX	XXX	XXX	XXX	XXX	659	695	617	574	590	16	(27)
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,239	1,571	1,643	1,597	(46)	26
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,939	2,077	1,947	(130)	8
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,472	1,372	(100)	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,224	XXX	XXX
12. Totals											(43)	86

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	1,341	1,130	1,043	1,217	1,012	1,065	1,130	1,103	1,113	1,187	74	84
2. 1993	1,146	1,111	1,015	966	987	967	975	955	943	938	(5)	(17)
3. 1994	XXX	1,139	1,120	982	972	959	986	954	958	955	(3)	1
4. 1995	XXX	XXX	1,019	877	913	853	865	848	843	838	(5)	(10)
5. 1996	XXX	XXX	XXX	1,039	1,091	1,037	1,039	1,012	1,006	998	(8)	(14)
6. 1997	XXX	XXX	XXX	XXX	1,076	970	946	928	924	926	2	(2)
7. 1998	XXX	XXX	XXX	XXX	XXX	1,184	1,206	1,169	1,132	1,164	32	(5)
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,668	1,764	1,727	1,746	19	(18)
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,759	1,817	1,826	9	67
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,532	1,452	(80)	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,482	XXX	XXX
12. Totals											35	86

**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
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
12. Totals												

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

1. Prior	1	1	1	1	1	1	1	1	1	1	1	
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		(1)	(1)				
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	4	4	5	5		1
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX		2	2	2		
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1		XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		XXX
12. Totals												1

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

1. Prior	1,966	1,847	1,706	1,814	1,935	2,016	2,086	2,118	2,134	2,204	70	86
2. 1993	882	678	737	539	552	577	555	565	556	572	16	7
3. 1994	XXX	814	635	597	509	484	485	492	486	482	(4)	(10)
4. 1995	XXX	XXX	741	579	481	425	379	398	419	423	4	25
5. 1996	XXX	XXX	XXX	536	540	455	417	435	422	423	1	(12)
6. 1997	XXX	XXX	XXX	XXX	516	424	414	412	418	453	35	41
7. 1998	XXX	XXX	XXX	XXX	XXX	488	396	426	416	463	47	37
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	600	638	645	712	67	74
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	716	672	724	52	8
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	868	916	48	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,011	XXX	XXX
12. Totals											336	256

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

1. Prior												
2. 1993	1	1	1	1	1	1	1	1	1	1		
3. 1994	XXX	4	1	3	3	3	3	3	3	3		
4. 1995	XXX	XXX	9	5	5	4	4	4	4	4		
5. 1996	XXX	XXX	XXX	7	1	1	1	1	1	1		
6. 1997	XXX	XXX	XXX	XXX	1	1	1	1	1	1		
7. 1998	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1		
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX		2	1	1		(1)
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2		
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9	1	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	XXX	XXX
12. Totals											1	(1)

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	134	140	6	31
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	362	355	(7)	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	277	XXX	XXX
4. Totals											(1)	31

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	18	2	(16)	(40)
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,284	1,244	(40)	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,024	XXX	XXX
4. Totals											(56)	(40)

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77	50	44	(6)	(33)
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	64	(21)	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	XXX	XXX
4. Totals											(27)	(33)

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 1993												
3. 1994												
4. 1995	XXX											
5. 1996	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								XXX	XXX
12. Totals												

NONE

Page 75

Sch. P, Pt. 2N, Reinsurance
NONE

Sch. P, Pt. 2O, Reinsurance
NONE

Sch. P, Pt. 2P, Reinsurance
NONE

**SCHEDULE P - PART 2R - SECTION 1
PRODUCTS LIABILITY - 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	90	148	262	343	400	453	456	473	485	509	24	36
2. 1993	19	6	12	29	33	42	46	46	55	55		9
3. 1994	XXX	9	12	14	15	16	16	17	17	18	1	1
4. 1995	XXX	XXX	5	9	10	11	13	16	15	15		(1)
5. 1996	XXX	XXX	XXX	7	11	11	13	16	22	23	1	7
6. 1997	XXX	XXX	XXX	XXX	6	7	10	12	14	20	6	8
7. 1998	XXX	XXX	XXX	XXX	XXX	17	19	31	74	93	19	62
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	12	14	19	27	8	13
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	22	29	7	9
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	37	12	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	XXX	XXX
12. Totals										78	144	

**SCHEDULE P - PART 2R - SECTION 2
PRODUCTS LIABILITY - CLAIMS-MADE**

1. Prior												
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)									XXX
11. 2002	XXX	XXX	XX)						X		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2S
FINANCIAL GUARANTY / MORTGAGE GUARANTY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	NONE	XXX	XXX		XXX	XXX
4. Totals												

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	90	140	173	182	193	194	196	199	201		
2. 1993	989	1,233	1,285	1,312	1,328	1,339	1,347	1,348	1,351	1,352	531	147
3. 1994	XXX	1,124	1,357	1,403	1,421	1,433	1,440	1,445	1,445	1,447	566	159
4. 1995	XXX	XXX	832	1,064	1,107	1,142	1,158	1,164	1,165	1,166	427	123
5. 1996	XXX	XXX	XXX	1,255	1,545	1,595	1,625	1,635	1,640	1,646	576	157
6. 1997	XXX	XXX	XXX	XXX	827	1,059	1,110	1,131	1,152	1,157	368	116
7. 1998	XXX	XXX	XXX	XXX	XXX	1,010	1,250	1,302	1,332	1,344	414	128
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,100	1,359	1,398	1,423	387	119
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	990	1,331	1,385	352	106
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	953	1,264	312	93
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	772	193	63

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

1. Prior	0 0 0	919	1,369	1,562	1,632	1,692	1,720	1,739	1,743	1,746		
2. 1993	898	1,752	2,180	2,418	2,556	2,624	2,635	2,644	2,646	2,647	412	137
3. 1994	XXX	845	1,655	2,104	2,331	2,508	2,534	2,545	2,547	2,550	394	136
4. 1995	XXX	XXX	839	1,597	2,017	2,365	2,426	2,449	2,462	2,471	363	125
5. 1996	XXX	XXX	XXX	816	1,523	2,164	2,291	2,370	2,396	2,401	350	122
6. 1997	XXX	XXX	XXX	XXX	812	1,850	2,072	2,202	2,259	2,274	336	117
7. 1998	XXX	XXX	XXX	XXX	XXX	1,228	1,707	1,984	2,115	2,193	337	119
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	746	1,283	1,533	1,703	328	109
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	727	1,163	1,384	292	100
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	580	983	227	84
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	481	132	62

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

1. Prior	0 0 0	434	715	851	904	932	944	956	976	985		
2. 1993	203	432	617	723	781	812	822	827	839	846	104	33
3. 1994	XXX	218	466	690	809	896	944	957	965	975	105	34
4. 1995	XXX	XXX	210	420	568	682	738	753	769	775	93	31
5. 1996	XXX	XXX	XXX	207	393	541	642	697	721	731	95	30
6. 1997	XXX	XXX	XXX	XXX	212	399	560	667	726	765	89	28
7. 1998	XXX	XXX	XXX	XXX	XXX	196	374	500	598	679	85	26
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	241	512	703	850	103	28
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	270	462	648	100	30
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	196	382	77	31
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169	48	27

SCHEDULE P - PART 3D - WORKERS' COMPENSATION

1. Prior	0 0 0	727	1,380	1,687	1,935	2,052	2,292	2,459	2,562	2,669		
2. 1993	261	582	781	875	943	972	1,024	1,044	1,057	1,071	155	20
3. 1994	XXX	171	411	547	626	667	717	733	746	758	122	17
4. 1995	XXX	XXX	172	387	506	576	628	657	674	686	104	14
5. 1996	XXX	XXX	XXX	154	343	442	507	539	565	575	94	14
6. 1997	XXX	XXX	XXX	XXX	149	343	437	487	524	542	87	13
7. 1998	XXX	XXX	XXX	XXX	XXX	189	281	371	425	461	82	13
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	145	633	886	1,049	246	12
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	417	948	1,217	201	20
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	301	601	100	23
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	215	37	12

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	0 0 0	285	586	729	837	916	961	978	960	1,001		
2. 1993	439	639	748	830	890	915	928	927	918	924	141	55
3. 1994	XXX	471	672	758	844	882	916	925	930	942	141	56
4. 1995	XXX	XXX	414	604	686	749	790	809	815	819	122	49
5. 1996	XXX	XXX	XXX	516	724	818	881	942	956	964	131	50
6. 1997	XXX	XXX	XXX	XXX	419	626	728	804	849	876	111	45
7. 1998	XXX	XXX	XXX	XXX	XXX	537	790	914	1,002	1,075	125	49
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	806	1,152	1,291	1,464	173	58
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	753	1,137	1,339	152	56
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	622	897	107	54
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	482	62	36

**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	1	1	1	1		1	1	1	1	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	XXX
7. 1998	XXX	XXX	XXX	XXX	XXX		(1)	(1)	(1)	(1)	XXX	XXX
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	4	4	5	5	XXX	XXX
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	XXX	XXX
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	XXX	XXX
11. 2002	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	477	1,092	1,501	1,704	1,883	1,962	2,007	2,030	2,042		
2. 1993	65	178	319	408	464	499	514	541	535	559	45	21
3. 1994	XXX	52	136	256	341	371	425	449	461	466	45	21
4. 1995	XXX	XXX	51	139	194	254	314	352	390	396	39	19
5. 1996	XXX	XXX	XXX	71	136	204	295	341	372	388	38	18
6. 1997	XXX	XXX	XXX	XXX	51	115	219	287	323	390	36	16
7. 1998	XXX	XXX	XXX	XXX	XXX	46	118	196	279	353	34	16
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	63	144	247	396	34	17
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	158	260	30	17
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	158	23	16
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	12	6

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

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

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	XXX	XXX	0 0 0	108	125	XXX	XXX
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	280	343	XXX	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	197	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0 0 0	49	23	1	
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,214	1,263	737	159
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	976	501	120

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0 0 0	23	33	XXX	XXX
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	37	XXX	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0 0 0			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 3M - INTERNATIONAL

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

NONE

Page 80

Sch. P, Pt. 3N, Reinsurance
NONE

Sch. P, Pt. 3O, Reinsurance
NONE

Sch. P, Pt. 3P, Reinsurance
NONE

**SCHEDULE P - PART 3R - SECTION 1
PRODUCTS LIABILITY - 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	50	230	322	393	449	452	468	484	505		
2. 1993		1	11	28	32	41	46	45	54	54		
3. 1994	XXX	2	4	10	11	13	14	15	15	16	1	1
4. 1995	XXX	XXX	1	4	5	5	7	11	14	14	1	1
5. 1996	XXX	XXX	XXX	2	2	7	9	11	19	20	1	1
6. 1997	XXX	XXX	XXX	XXX	XXX	1	3	5	9	11	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX	11	13	17	58	72	2	1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	9	16		
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5	12	1	
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	8		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2		

**SCHEDULE P - PART 3R - SECTION 2
PRODUCTS 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		

NONE

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0 0 0			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 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	75	37	22	2						1
2. 1993	164	39	13	2	12	10	6	3	1	1
3. 1994	XXX	161	33	9	3	2		1	1	
4. 1995	XXX	XXX	154	8	6	5	2	2	2	
5. 1996	XXX	XXX	XXX	131	13	8	5	4	2	2
6. 1997	XXX	XXX	XXX	XXX	96	21	16	4	6	1
7. 1998	XXX	XXX	XXX	XXX	XXX	97	17	17	5	4
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	90	44	19	6
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	27	23
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116	46
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	159

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

1. Prior	362	131	63	82	51	37	25	54	56	33
2. 1993	858	214	72	17	27	13	5	9	9	3
3. 1994	XXX	841	201	127	38	16	11	9	9	1
4. 1995	XXX	XXX	758	306	119	19	12	10	5	5
5. 1996	XXX	XXX	XXX	745	306	22	10	10	10	1
6. 1997	XXX	XXX	XXX	XXX	776	150	7	12	12	(3)
7. 1998	XXX	XXX	XXX	XXX	XXX	476	126	36	10	
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	449	111	49	26
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	403	148	107
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	360	162
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	397

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

1. Prior	237	111	55	13	36	32	36	20	12	35
2. 1993	322	104	51	1	7	5	6	5	4	5
3. 1994	XXX	343	152	68	9	8	5	4	5	10
4. 1995	XXX	XXX	319	156	60	9	13	5	4	6
5. 1996	XXX	XXX	XXX	330	167	57	24	15	6	10
6. 1997	XXX	XXX	XXX	XXX	347	155	64	13	12	22
7. 1998	XXX	XXX	XXX	XXX	XXX	324	164	68	22	29
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	337	194	75	58
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	441	228	134
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	491	287
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	609

SCHEDULE P - PART 4D - WORKERS' COMPENSATION

1. Prior	675	470	316	250	269	241	200	349	281	375
2. 1993	632	176	112	55	108	100	49	55	44	62
3. 1994	XXX	530	160	192	102	102	47	57	38	52
4. 1995	XXX	XXX	499	224	140	110	49	55	28	41
5. 1996	XXX	XXX	XXX	410	203	116	47	54	34	41
6. 1997	XXX	XXX	XXX	XXX	232	146	62	60	32	45
7. 1998	XXX	XXX	XXX	XXX	XXX	264	210	120	60	72
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	511	466	370	295
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	824	614	433
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	755	508
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	731

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	556	314	181	292	89	91	110	101	131	160
2. 1993	374	267	94	24	23	12	22	13	11	12
3. 1994	XXX	365	242	48	37	19	34	18	11	11
4. 1995	XXX	XXX	319	117	89	39	37	26	19	18
5. 1996	XXX	XXX	XXX	235	172	84	64	34	32	21
6. 1997	XXX	XXX	XXX	XXX	335	161	91	49	33	29
7. 1998	XXX	XXX	XXX	XXX	XXX	350	205	109	49	56
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	401	268	190	136
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	507	337	253
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	503	345
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	723

**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											
2. 1993	870	591	110	50	76	58	70	56	55	113	
3. 1994	546	286	146	20	28	17	8	8	11	10	
4. 1995	XXX	548	192	200	70	39	15	16	15	12	
5. 1996	XXX	XXX	388	325	145	67	13	15	16	16	
6. 1997	XXX	XXX	XXX	362	228	109	28	43	28	23	
7. 1998	XXX	XXX	XXX	XXX	353	197	81	47	39	34	
8. 1999	XXX	XXX	XXX	XXX	XXX	314	157	96	56	75	
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	367	280	209	189	
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	472	370	356	
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	636	635	
									XXX	886	

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

1. Prior										
2. 1993	1									
3. 1994	XXX	2								
4. 1995	XXX	XXX	3							
5. 1996	XXX	XXX	XXX	2						
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	1			1
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	3
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

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	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(96)	(37)	(22)
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(38)	(20)
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(45)

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	(10)	(11)
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	4
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2001	XXX	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 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	

NONE

Page 85

Sch. P, Pt. 4N, Reinsurance

NONE

Sch. P, Pt. 4O, Reinsurance

NONE

Sch. P, Pt. 4P, Reinsurance

NONE

**SCHEDULE P - PART 4R - SECTION 1
PRODUCTS LIABILITY - 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	31	17	4							2
3. 1994	18	2	1							1
4. 1995	XXX	5	2							1
5. 1996	XXX	XXX	2	3	1			1	1	1
6. 1997	XXX	XXX	XXX	4	2	1		2	1	1
7. 1998	XXX	XXX	XXX	XXX	3	1		2	2	2
8. 1999	XXX	XXX	XXX	XXX	XXX	2		3	4	3
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	6	7	7	5
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	12	9
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	24
										34

**SCHEDULE P - PART 4R - SECTION 2
PRODUCTS 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								
11. 2002	XXX	XXX						XXX	XXX	

NONE

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2002	XXX	XXX	XXX	XXX	NONE	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

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	109	6	2	1						
2. 1993	461	525	529	530	530	530	531	531	531	531
3. 1994	XXX	497	560	564	565	565	566	566	566	566
4. 1995	XXX	XXX	359	422	425	426	427	427	427	427
5. 1996	XXX	XXX	XXX	501	569	573	575	575	576	576
6. 1997	XXX	XXX	XXX	XXX	311	363	366	367	368	368
7. 1998	XXX	XXX	XXX	XXX	XXX	352	407	412	413	414
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	329	383	386	387
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	287	350	352
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	273	312
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193

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	10	4	1							
2. 1993	61	6	2	1	1					
3. 1994	XXX	2	5	2	1	1				
4. 1995	XXX	XXX	62	5	2	1				
5. 1996	XXX	XXX	XXX	62	6	2	1			
6. 1997	XXX	XXX	XXX	XXX	51	6	2	1		
7. 1998	XXX	XXX	XXX	XXX	XXX	59	6	2	1	
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	59	5	2	1
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	4	2
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	3
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

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	148	12	6	1	1					
2. 1993	648	676	678	679	679	679	679	679	679	679
3. 1994	XXX	695	723	725	725	726	726	726	726	726
4. 1995	XXX	XXX	518	547	549	550	550	550	550	550
5. 1996	XXX	XXX	XXX	695	730	732	733	733	733	733
6. 1997	XXX	XXX	XXX	XXX	457	482	483	484	484	484
7. 1998	XXX	XXX	XXX	XXX	XXX	516	540	542	542	543
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	485	505	507	508
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	426	459	461
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	408
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	283

**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	157	37	14	7	3	1				
2. 1993	267	375	397	405	409	411	411	412	412	412
3. 1994	XXX	257	359	380	389	393	394	394	394	394
4. 1995	XXX	XXX	234	330	350	358	361	362	363	363
5. 1996	XXX	XXX	XXX	234	324	342	347	349	350	350
6. 1997	XXX	XXX	XXX	XXX	227	315	328	334	336	336
7. 1998	XXX	XXX	XXX	XXX	XXX	234	312	329	334	337
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	218	306	322	328
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201	278	292
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	163	227
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132

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	70	28	14	6	4	2	1	1	1	1
2. 1993	151	39	18	8	4	1	1			
3. 1994	XXX	145	38	17	8	2	1			
4. 1995	XXX	XXX	140	37	17	4	2	1	1	1
5. 1996	XXX	XXX	XXX	134	36	9	4	2	1	1
6. 1997	XXX	XXX	XXX	XXX	136	22	9	3	2	1
7. 1998	XXX	XXX	XXX	XXX	XXX	114	26	10	4	2
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	121	26	11	5
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	24	11
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	21
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73

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	(41)	368	27	12	5	2	1			
2. 1993	522	547	549	550	550	549	549	549	549	549
3. 1994	XXX	507	530	532	533	531	531	531	531	531
4. 1995	XXX	XXX	468	490	492	488	488	488	488	488
5. 1996	XXX	XXX	XXX	460	478	471	472	472	472	472
6. 1997	XXX	XXX	XXX	XXX	451	453	454	454	454	454
7. 1998	XXX	XXX	XXX	XXX	XXX	442	456	457	457	457
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	424	440	441	442
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	386	402	403
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	321	332
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	266

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK 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	31	10	3	1			3			
2. 1993	72	96	100	102	103	103	104	104	104	104
3. 1994	XXX	72	96	101	103	104	105	105	105	105
4. 1995	XXX	XXX	64	85	89	91	92	93	93	93
5. 1996	XXX	XXX	XXX	67	87	91	93	94	95	95
6. 1997	XXX	XXX	XXX	XXX	60	80	85	87	88	89
7. 1998	XXX	XXX	XXX	XXX	XXX	59	78	82	84	85
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	71	95	100	103
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72	95	100
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	77
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48

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	17	8	3	1	1					
2. 1993	31	9	4	2	1					
3. 1994	XXX	32	9	5	3	1	1			
4. 1995	XXX	XXX	28	8	4	2	1			
5. 1996	XXX	XXX	XXX	28	8	4	2	1		
6. 1997	XXX	XXX	XXX	XXX	29	8	4	2	1	
7. 1998	XXX	XXX	XXX	XXX	XXX	27	8	4	2	1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	29	9	5	2
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	10	5
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	8
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23

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	60	19	8	3	1	1				
2. 1993	127	136	137	138	138	138	138	138	138	138
3. 1994	XXX	129	138	139	139	139	139	139	139	139
4. 1995	XXX	XXX	114	122	123	123	124	124	124	124
5. 1996	XXX	XXX	XXX	116	123	124	124	125	125	125
6. 1997	XXX	XXX	XXX	XXX	109	116	117	117	117	117
7. 1998	XXX	XXX	XXX	XXX	XXX	104	111	112	112	112
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	120	131	133	133
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	134	135
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	116
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

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	78	16	9	2	1	1	2	2		
2. 1993	100	144	150	152	153	154	154	155	155	155
3. 1994	XXX	76	113	117	119	120	121	121	122	122
4. 1995	XXX	XXX	63	96	100	102	103	104	104	104
5. 1996	XXX	XXX	XXX	58	87	91	93	94	94	94
6. 1997	XXX	XXX	XXX	XXX	49	78	84	86	86	87
7. 1998	XXX	XXX	XXX	XXX	XXX	45	75	80	81	82
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	153	233	243	246
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134	191	201
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64	100
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37

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	59	41	22	18	15	12	9	8	7	7
2. 1993	48	12	6	4	3	2	1	1	1	1
3. 1994	XXX	39	9	5	3	2	1	1	1	1
4. 1995	XXX	XXX	33	8	4	3	2	1	1	1
5. 1996	XXX	XXX	XXX	32	8	4	2	1	1	1
6. 1997	XXX	XXX	XXX	XXX	33	9	4	2	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX	33	7	3	2	1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	52	17	10	7
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	18	11
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	12
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38

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	128	46	28	14	10	8	5	2	1	
2. 1993	163	175	176	176	176	176	176	176	176	176
3. 1994	XXX	127	138	139	139	140	140	140	140	140
4. 1995	XXX	XXX	107	117	118	118	118	118	118	118
5. 1996	XXX	XXX	XXX	99	108	108	108	108	109	109
6. 1997	XXX	XXX	XXX	XXX	91	100	100	100	100	101
7. 1998	XXX	XXX	XXX	XXX	XXX	88	95	96	96	96
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	214	261	265	265
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	199	229	232
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126	135
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

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	38	8	3	1	1		1			
2. 1993	105	133	137	139	140	140	141	141	141	141
3. 1994	XXX	105	133	137	139	140	140	141	141	141
4. 1995	XXX	XXX	89	115	119	121	122	122	122	122
5. 1996	XXX	XXX	XXX	98	124	128	129	130	131	131
6. 1997	XXX	XXX	XXX	XXX	80	104	108	110	110	111
7. 1998	XXX	XXX	XXX	XXX	XXX	91	118	122	124	125
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	124	163	169	173
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111	146	152
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	107
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62

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	15	9	4	3	2	3	3	1		
2. 1993	30	8	4	3	1	1				
3. 1994	XXX	30	8	5	2	1	1			
4. 1995	XXX	XXX	30	7	4	2	1	1		
5. 1996	XXX	XXX	XXX	29	7	4	2	1	1	
6. 1997	XXX	XXX	XXX	XXX	29	9	4	2	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX	31	8	4	2	1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	41	13	8	5
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	14	8
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	10
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30

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	72	18	8	6	2	1				
2. 1993	175	192	194	195	195	196	196	196	196	196
3. 1994	XXX	176	193	196	196	196	196	197	197	197
4. 1995	XXX	XXX	153	168	170	171	171	171	171	172
5. 1996	XXX	XXX	XXX	161	177	180	181	181	181	181
6. 1997	XXX	XXX	XXX	XXX	138	153	155	156	156	157
7. 1998	XXX	XXX	XXX	XXX	XXX	154	171	173	174	175
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	199	228	233	235
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	181	211	216
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	152	171
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129

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	22	8	3	2	1				1	
2. 1993	26	38	41	43	44	45	45	45	45	45
3. 1994	XXX	25	37	40	42	43	44	44	45	45
4. 1995	XXX	XXX	23	33	35	37	38	38	39	39
5. 1996	XXX	XXX	XXX	22	32	35	36	37	38	38
6. 1997	XXX	XXX	XXX	XXX	22	31	33	34	35	36
7. 1998	XXX	XXX	XXX	XXX	XXX	19	28	30	32	34
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	21	30	33	34
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	28	30
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	23
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

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	23	13	4	2	2	1				
2. 1993	14	6	4	3	2	1	1			
3. 1994	XXX	14	7	5	3	2	1	1		
4. 1995	XXX	XXX	11	5	4	2	2	1		
5. 1996	XXX	XXX	XXX	11	6	4	2	1	1	
6. 1997	XXX	XXX	XXX	XXX	11	5	4	2	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX	10	5	4	4	2
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	11	6	4	2
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	5	4
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	5
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

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	49	23	12	5	2	2	2			
2. 1993	50	61	64	65	66	66	66	67	67	67
3. 1994	XXX	49	60	64	65	66	66	66	66	66
4. 1995	XXX	XXX	43	52	55	56	57	58	58	58
5. 1996	XXX	XXX	XXX	43	52	55	56	56	57	57
6. 1997	XXX	XXX	XXX	XXX	40	48	51	52	52	53
7. 1998	XXX	XXX	XXX	XXX	XXX	37	46	49	51	51
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	39	50	53	54
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	48	51
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	44
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26

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

SCHEDULE P - PART 5R - PRODUCTS 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		1	1	1	1	1	1	1	1
4. 1995	XXX	XXX		1	1	1	1	1	1	1
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	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		4		1	1					
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			2	2	2
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				
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 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					1			
2. 1993		1	1	1	1	1	1	1	1	1
3. 1994	XXX		1	2	2	2	2	2	2	2
4. 1995	XXX	XXX		1	1	1	1	1	1	1
5. 1996	XXX	XXX	XXX		1	1	1	1	1	1
6. 1997	XXX	XXX	XXX	XXX		1	1	1	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX		1	1	3	4
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX		1	1	1
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

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	1,299	1,299	1,299	1,299	1,299	1,299	1,299	1,299	1,299	1,299	1,299
3. 1994	XXX	1,241	1,241	1,241	1,241	1,241	1,241	1,241	1,241	1,241	1,241
4. 1995	XXX	XXX	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182
5. 1996	XXX	XXX	XXX	1,115	1,115	1,115	1,115	1,115	1,115	1,115	1,115
6. 1997	XXX	XXX	XXX	XXX	1,082	1,082	1,082	1,082	1,082	1,082	1,082
7. 1998	XXX	XXX	XXX	XXX	XXX	1,075	1,075	1,075	1,075	1,075	1,075
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,333	1,333	1,333	1,333	1,333
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,399	1,399	1,399	1,399
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,423	1,423	1,423
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,572	1,572
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,572
13. Earned Premiums (Sc P-Pt 1)	1,299	1,241	1,182	1,115	1,082	1,075	1,333	1,399	1,423	1,572	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	42	42	42	42	42	42	42	42	42	42	42
3. 1994	XXX	43	43	43	43	43	43	43	43	43	43
4. 1995	XXX	XXX	39	39	39	39	39	39	39	39	39
5. 1996	XXX	XXX	XXX	30	30	30	30	30	30	30	30
6. 1997	XXX	XXX	XXX	XXX	26	26	26	26	26	26	26
7. 1998	XXX	XXX	XXX	XXX	XXX	24	24	24	24	24	24
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	54	54
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99	99	99
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	74	74
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78	78
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78
13. Earned Premiums (Sc P-Pt 1)	42	43	39	30	26	24	54	99	74	78	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

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	1,857	1,857	1,857	1,857	1,857	1,857	1,857	1,857	1,857	1,857	1,857
3. 1994	XXX	1,532	1,532	1,532	1,532	1,532	1,532	1,532	1,532	1,532	1,532
4. 1995	XXX	XXX	1,437	1,437	1,437	1,437	1,437	1,437	1,437	1,437	1,437
5. 1996	XXX	XXX	XXX	1,247	1,247	1,247	1,247	1,247	1,247	1,247	1,247
6. 1997	XXX	XXX	XXX	XXX	1,039	1,039	1,039	1,039	1,039	1,039	1,039
7. 1998	XXX	XXX	XXX	XXX	XXX	1,015	1,015	1,015	1,015	1,015	1,015
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	2,081	2,081	2,081	2,081	2,081
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,177	2,177	2,177	2,177
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,746	1,746	1,746
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,500	1,500
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,500
13. Earned Premiums (Sc P-Pt 1)	1,857	1,532	1,437	1,247	1,039	1,015	2,081	2,177	1,746	1,500	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	24	24	24	24	24	24	24	24	24	24	24
3. 1994	XXX	20	20	20	20	20	20	20	20	20	20
4. 1995	XXX	XXX	17	17	17	17	17	17	17	17	17
5. 1996	XXX	XXX	XXX	6	6	6	6	6	6	6	6
6. 1997	XXX	XXX	XXX	XXX	4	4	4	4	4	4	4
7. 1998	XXX	XXX	XXX	XXX	XXX	12	12	12	12	12	12
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	123	123	123	123	123
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	199	199	199	199
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	83	83
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	65
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65
13. Earned Premiums (Sc P-Pt 1)	24	20	17	6	4	12	123	199	83	65	XXX

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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	1,464	1,464	1,464	1,464	1,464	1,464	1,464	1,464	1,464	1,464	1,464
3. 1994	XXX	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432	1,432
4. 1995	XXX	XXX	1,396	1,396	1,396	1,396	1,396	1,396	1,396	1,396	1,396
5. 1996	XXX	XXX	XXX	1,368	1,368	1,368	1,368	1,368	1,368	1,368	1,368
6. 1997	XXX	XXX	XXX	XXX	1,420	1,420	1,420	1,420	1,420	1,420	1,420
7. 1998	XXX	XXX	XXX	XXX	XXX	1,566	1,566	1,566	1,566	1,566	1,566
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	2,378	2,378	2,378	2,378	2,378
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,591	2,591	2,591	2,591
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,530	2,530	2,530
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,795	2,795
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,795
13. Earned Premiums (Sc P-Pt 1)	1,464	1,432	1,396	1,368	1,420	1,566	2,378	2,591	2,530	2,795	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	57	57	57	57	57	57	57	57	57	57	57
3. 1994	XXX	65	65	65	65	65	65	65	65	65	65
4. 1995	XXX	XXX	67	67	67	67	67	67	67	67	67
5. 1996	XXX	XXX	XXX	46	46	46	46	46	46	46	46
6. 1997	XXX	XXX	XXX	XXX	50	50	50	50	50	50	50
7. 1998	XXX	XXX	XXX	XXX	XXX	59	59	59	59	59	59
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	133	133	133	133	133
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	219	219	219
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	144	144	144
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143	143
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143
13. Earned Premiums (Sc P-Pt 1)	57	65	67	46	50	59	133	219	144	143	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	1,110	1,110	1,110	1,110	1,110	1,110	1,110	1,110	1,110	1,110	1,110
3. 1994	XXX	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125
4. 1995	XXX	XXX	1,115	1,115	1,115	1,115	1,115	1,115	1,115	1,115	1,115
5. 1996	XXX	XXX	XXX	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048
6. 1997	XXX	XXX	XXX	XXX	989	989	989	989	989	989	989
7. 1998	XXX	XXX	XXX	XXX	XXX	973	973	973	973	973	973
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1,428	1,428	1,428	1,428	1,428
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,692	1,692	1,692	1,692
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,997	1,997	1,997
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,416	2,416
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,416
13. Earned Premiums (Sc P-Pt 1)	1,110	1,125	1,115	1,048	989	973	1,428	1,692	1,997	2,416	XXX

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	20	20	20	20	20	20	20	20	20	20	20
3. 1994	XXX	20	20	20	20	20	20	20	20	20	20
4. 1995	XXX	XXX	19	19	19	19	19	19	19	19	19
5. 1996	XXX	XXX	XXX	11	11	11	11	11	11	11	11
6. 1997	XXX	XXX	XXX	XXX	7	7	7	7	7	7	7
7. 1998	XXX	XXX	XXX	XXX	XXX	22	22	22	22	22	22
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	92	92	92	92	92
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	286	286	286	286
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	358	358	358
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	552	552
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	552
13. Earned Premiums (Sc P-Pt 1)	20	20	19	11	7	22	92	286	358	552	XXX

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY
SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior											
2. 1993	1	1	1	1	1	1	1	1	1	1	1
3. 1994	XXX	2	2	2	2	2	2	2	2	2	2
4. 1995	XXX	XXX	4	4	4	4	4	4	4	4	4
5. 1996	XXX	XXX	XXX	8	8	8	8	8	8	8	8
6. 1997	XXX	XXX	XXX	XXX	10	10	10	10	10	10	10
7. 1998	XXX	XXX	XXX	XXX	XXX	12	12	12	12	12	12
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	17	17	17	17	17
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	17	17	17
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	18
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	18
13. Earned Premiums (Sc P-Pt 1)	1	2	4	8	10	12	17	17	16	18	XXX

SECTION 2B

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 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	1	1	1	1	1	1	1	1	1
5. 1996	XXX	XXX	XXX	3	3	3	3	3	3	3	3
6. 1997	XXX	XXX	XXX	XXX	4	4	4	4	4	4	4
7. 1998	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4	4
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	9	9	9	9	9
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6	6
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8
13. Earned Premiums (Sc P-Pt 1)			1	3	4	4	9	6	7	8	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

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 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									
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 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									
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

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

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY
SCHEDULE P - PART 6R - PRODUCTS 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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior											
2. 1993	61	61	61	61	61	61	61	61	61	61	61
3. 1994	XXX	12	12	12	12	12	12	12	12	12	12
4. 1995	XXX	XXX	5	5	5	5	5	5	5	5	5
5. 1996	XXX	XXX	XXX	4	4	4	4	4	4	4	4
6. 1997	XXX	XXX	XXX	XXX	4	4	4	4	4	4	4
7. 1998	XXX	XXX	XXX	XXX	XXX	11	11	11	11	11	11
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	75	75	75	75	75
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	102	102	102
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91	91	91
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	70
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70
13. Earned Premiums (Sc P-Pt 1)	61	12	5	4	4	11	75	102	91	70	XXX

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 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002	
1. Prior											
2. 1993	1	1	1	1	1	1	1	1	1	1	1
3. 1994	XXX	1	1	1	1	1	1	1	1	1	1
4. 1995	XXX	XXX	1	1	1	1	1	1	1	1	1
5. 1996	XXX	XXX	XXX	1	1	1	1	1	1	1	1
6. 1997	XXX	XXX	XXX	XXX	1	1	1	1	1	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	1
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	5
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sc P-Pt 1)	1	1	1	1	1	1	1	5	4	2	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

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 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									
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 2B

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 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									
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

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 \$ 99
 (in thousands of dollars) 5.2 Surety \$ 458

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

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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:	2 4 0 8 2 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:	2 4 0 8 2 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:	2 4 0 8 2 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:	2 4 0 8 2 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:	2 4 0 8 2 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:

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 3, Liabilities, Surplus and Other Funds

	1 Current Year	2 Prior Year
AGGREGATED AT LINE 23, Liabilities		
Payable to Shareholder.....	500	500
2398. LINE 23, Liabilities	500	500

OVERFLOW WRITE-INS FOR Page 4, Underwriting and Investment Exhibit

UNDERWRITING INCOME	1 Current Year	2 Prior Year
AGGREGATED AT LINE 14, Miscellaneous Income		
Fines and Penalties.....	(65)	(86)
1498. LINE 14, Miscellaneous Income	(65)	(86)

OVERFLOW WRITE-INS FOR Page 5, Cash Flow

	1 Current Year	2 Prior Year
AGGREGATED AT LINE 7.4, Miscellaneous Items		
Fines and Penalties.....	(65)	(86)
07.498. LINE 7.4, Miscellaneous Items	(65)	(86)



FINANCIAL GUARANTY INSURANCE EXHIBIT

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2002

Of The OHIO SECURITY INSURANCE COMPANY

NAIC Group Code: 0148

NAIC Company Code: 24082

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	NONE			
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	NONE					
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	NONE				
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																		
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																		

NONE



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALABAMA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360AL

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALASKA

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ARIZONA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360AZ

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

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

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CALIFORNIA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF COLORADO

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CONNECTICUT

NAIC Group Code 0148

NAIC Company Code 24082

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"

360CT

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF DELAWARE

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

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

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360DC

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF FLORIDA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GEORGIA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF HAWAII

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IDAHO

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ILLINOIS

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF INDIANA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IOWA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KANSAS

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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"

360KS

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KENTUCKY

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360KY

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF LOUISIANA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

3601A

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MAINE

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MARYLAND

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360MD

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MASSACHUSETTS

NAIC Group Code 0148

NAIC Company Code 24082

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, detailing premiums and claims.

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MICHIGAN

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MINNESOTA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360MM

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSISSIPPI

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360MS

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSOURI

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MONTANA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEBRASKA

NAIC Group Code 0148

NAIC Company Code 24082

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																

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEVADA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW HAMPSHIRE

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360NH

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW JERSEY

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360NU

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW MEXICO

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW YORK

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH CAROLINA

NAIC Group Code 0148

NAIC Company Code 24082

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.

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH DAKOTA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360ND

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OHIO

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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"

3600H

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OKLAHOMA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

3600K

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OREGON

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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"

3600R

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 0148

NAIC Company Code 24082

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:

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH CAROLINA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH DAKOTA

NAIC Group Code 0148

NAIC Company Code 24082

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.

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TENNESSEE

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TEXAS

NAIC Group Code 0148

NAIC Company Code 24082

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"

360TX

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF UTAH

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VERMONT

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
FOR THE STATE OF VIRGINIA**

NAIC Group Code 0148

NAIC Company Code 24082

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"

360VA

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WASHINGTON

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WEST VIRGINIA

NAIC Group Code 0148

NAIC Company Code 24082

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-sections 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"

360WV

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WISCONSIN

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WYOMING

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF AMERICAN SAMOA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GUAM

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PUERTO RICO

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

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 SECURITY INSURANCE COMPANY

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
FOR THE STATE OF U.S. VIRGIN ISLANDS**

NAIC Group Code 0148

NAIC Company Code 24082

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 SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CANADA

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

360CN

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO SECURITY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OTHER ALIEN

NAIC Group Code 0148

NAIC Company Code 24082

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurred Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurred Claims, 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. 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"

3600T

P/C



**PREMIUMS ATTRIBUTED TO PROTECTED CELL EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2002**

Of The OHIO SECURITY INSURANCE COMPANY

NAIC Group Code: 0148

NAIC Company Code: 24082

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	
NONE													
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 SECURITY INSURANCE COMPANY

**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	
NONE								
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								
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 SECURITY INSURANCE COMPANY

TRUSTEED SURPLUS STATEMENT

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

being duly sworn, says that he/she is the of the OHIO SECURITY INSURANCE COMPANY, 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 SECURITY INSURANCE COMPANY, 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 SECURITY INSURANCE COMPANY, 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 SECURITY INSURANCE COMPANY, 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 SECURITY INSURANCE COMPANY

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 SECURITY INSURANCE COMPANY

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	
NONE	
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)	