

AMENDED EXPLANATION COVER



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2002
OF THE CONDITION AND AFFAIRS OF THE
OHIO BAR LIABILITY INSURANCE CO

NAIC Group Code 0000 (Current Period) NAIC Company Code 37176 (Prior Period) Employer's ID Number 31-0947214

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

Country of Domicile US

Incorporated December 5, 1978 Commenced Business September 1, 1979

Statutory Home Office 1650 LAKE SHORE DRIVE, COLUMBUS, Ohio 43204 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1650 LAKE SHORE DRIVE, COLUMBUS, Ohio 43204 (Street and Number, City or Town, State and Zip Code) 614-488-7924 (Area Code) (Telephone Number)

Mail Address PO BOX 2708, COLUMBUS, Ohio 43216-2708 (Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1650 LAKE SHORE DRIVE, COLUMBUS, Ohio 43204 (Street and Number, City or Town, State and Zip Code) 614-488-7924 (Area Code) (Telephone Number)

Internet Website Address www.oblic.com

Statement Contact ALBERT G SLAKIS (Name) 614-488-7924 (Area Code) (Telephone Number) (Extension) aslakis@oblic.com (E-Mail Address) 614-488-7936 (Fax Number)

Policyowner Relations Contact 1650 Lake Shore Dr, Columbus, Ohio 43204 (Street and Number, City or Town, State and Zip Code) 614-488-7924 (Area Code) (Telephone Number) (Extension)

OFFICERS

President ALBERT G SLAKIS
Secretary LINDA FAYE SAUTTER
Treasurer DENNY L RAMEY

VICE PRESIDENTS

FREDERICK HUNKER

DIRECTORS OR TRUSTEES

JOHN MARSHALL ADAMS
GARY ALAN BANAS
JOHN THOMAS BROWN
JAMES R JEFFERY
DOLORIS FINCHER LEARMONTH
DENNY L RAMEY
ALBERT GEORGE SLAKIS
THOMAS M TAGGART
MERIDETH ANN TROTT

KEITH A ASHMUS
PAULA LOUISE BROOKS
DON EDGAR FULLER
THOMAS D LAMMERS
FREDERICK L OREMUS
DAVID PETER RUPP
JOSEPH THOMAS SVETE
DUKE WINSTON THOMAS
JAMES M WILES

State of Ohio }
County of Franklin } SS

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

FREDERICK HUNKER
VP Claims

LINDA F SAUTTER
Secretary

DENNY L RAMEY
Treasurer

- 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
20 day of February, 2003



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

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

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

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

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 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 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												
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15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 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 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)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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

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

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

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

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	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												
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9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
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15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
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												
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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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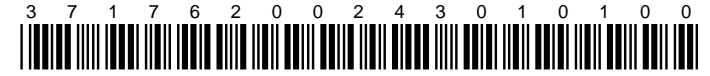


EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2002

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												
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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 \$

24FL

P/C



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

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

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

24GA

P/C



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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

241D

P/C



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												
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 \$

2411

P/C



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												
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 \$

24IN

P/C



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

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

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

241A

P/C



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												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

24KS

P/C



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

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

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

24KY

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												
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 \$

24/LA

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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

24MD

P/C



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

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

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

24MA

P/C



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

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

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

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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												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

24MN

P/C



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

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

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

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P/C



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

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

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

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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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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P/C



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

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

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

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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 \$

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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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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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												
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 NEW YORK DURING THE YEAR 2002

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

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

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

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

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

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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												
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 OHIO DURING THE YEAR 2002

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability	4,291,761	4,562,549		1,689,187	935,035	1,778,025	5,503,485	488,006	253,331	1,258,876	(232,139)	
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)	4,291,761	4,562,549		1,689,187	935,035	1,778,025	5,503,485	488,006	253,331	1,258,876	(232,139)	
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 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												
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 OREGON DURING THE YEAR 2002

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

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

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

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

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



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

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

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

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

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

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

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

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

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

24SD

P/C



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

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

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

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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

24UT

P/C



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

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

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

24VT

P/C



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

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

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

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. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

24WA

P/C



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

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

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

24WV

P/C



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF 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	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)												
DETAILS OF WRITE-INS												
3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

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

24WI

P/C



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

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

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

24WV

P/C



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF AMERICAN SAMOA 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 \$

24AS

P/C



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

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

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

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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF U.S. VIRGIN ISLANDS 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 CANADA 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 OTHER ALIEN 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 GRAND TOTAL DURING THE YEAR 2002

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H												
15.2 Non-cancelable A and H												
15.3 Guaranteed renewable A and H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A and H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability	4,291,761	4,562,549		1,689,187	935,035	1,778,025	5,503,485	488,006	253,331	1,258,876	(232,139)	
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)	4,291,761	4,562,549		1,689,187	935,035	1,778,025	5,503,485	488,006	253,331	1,258,876	(232,139)	
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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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 BAR LIABILITY INSURANCE CO

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	5,071,491	1,019,532			1,179,739	7,270,762	32.3	7,528,069	33.5	7,270,762	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	5,071,491	1,019,532			1,179,739	7,270,762	32.3	7,528,069	33.5	7,270,762	
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											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1		799,993	9,121,806			9,921,799	44.0	14,915,286	66.5	9,921,799	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals		799,993	9,121,806			9,921,799	44.0	14,915,286	66.5	9,921,799	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)											
7.1 Class 1		1,500,000	2,340,886	1,500,000		5,340,886	23.7			5,340,886	
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals		1,500,000	2,340,886	1,500,000		5,340,886	23.7			5,340,886	
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 BAR LIABILITY INSURANCE CO

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	5,071,491	3,319,525	11,462,692	1,500,000	1,179,739	22,533,447	100.0	XXX	XXX	22,533,447	
10.2 Class 2								XXX	XXX		
10.3 Class 3								XXX	XXX		
10.4 Class 4								XXX	XXX		
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
10.7 Totals	5,071,491	3,319,525	11,462,692	1,500,000	1,179,739	(b) 22,533,447	100.0	XXX	XXX	22,533,447	
10.8 Line 10.7 as a % of Column 6	22.5	14.7	50.9	6.7	5.2	100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year											
11.1 Class 1	4,618,382	7,713,863	5,994,661	2,000,000	2,116,449	XXX	XXX	22,443,355	100.0	22,443,355	
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	4,618,382	7,713,863	5,994,661	2,000,000	2,116,449	XXX	XXX	(b) 22,443,355	100.0	22,443,355	
11.8 Line 11.7 as a % of Column 8	20.6	34.4	26.7	8.9	9.4	XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Class 1	5,071,491	3,319,525	11,462,692	1,500,000	1,179,739	22,533,447	100.0	22,443,355	100.0	22,533,447	XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals	5,071,491	3,319,525	11,462,692	1,500,000	1,179,739	22,533,447	100.0	22,443,355	100.0	22,533,447	XXX
12.8 Line 12.7 as a % of Column 6	22.5	14.7	50.9	6.7	5.2	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	22.5	14.7	50.9	6.7	5.2	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ current year, \$ 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 BAR LIABILITY INSURANCE CO

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	5,071,491	1,019,532				6,091,023	27.0	7,528,069	33.5	6,091,023	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities					1,179,739	1,179,739	5.2			1,179,739	
1.7 Totals	5,071,491	1,019,532			1,179,739	7,270,762	32.3	7,528,069	33.5	7,270,762	
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											
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											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations											
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											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities		799,993	9,121,806			9,921,799	44.0	14,915,286	66.5	9,921,799	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals		799,993	9,121,806			9,921,799	44.0	14,915,286	66.5	9,921,799	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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											
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											
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)											
7.1 Issuer Obligations		1,500,000	2,340,886	1,500,000		5,340,886	23.7			5,340,886	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals		1,500,000	2,340,886	1,500,000		5,340,886	23.7			5,340,886	
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 BAR LIABILITY INSURANCE CO

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	5,071,491	2,519,532	2,340,886	1,500,000		11,431,909	50.7	X X X	X X X	11,431,909	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds		799,993	9,121,806		1,179,739	11,101,538	49.3	X X X	X X X	11,101,538	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 Totals	5,071,491	3,319,525	11,462,692	1,500,000	1,179,739	22,533,447	100.0	X X X	X X X	22,533,447	
10.8 Line 10.7 as a % of Column 6	22.5	14.7	50.9	6.7	5.2	100.0	X X X	X X X	X X X	100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	4,618,382	7,713,863	5,994,661	2,000,000	2,116,449	X X X	X X X	22,443,355	100.0	22,443,355	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 Totals	4,618,382	7,713,863	5,994,661	2,000,000	2,116,449	X X X	X X X	22,443,355	100.0	22,443,355	
11.8 Line 11.7 as a % of Column 8	20.6	34.4	26.7	8.9	9.4	X X X	X X X	100.0	X X X	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	5,071,491	2,519,532	2,340,886	1,500,000		11,431,909	50.7	22,443,355	100.0	11,431,909	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds		799,993	9,121,806		1,179,739	11,101,538	49.3			11,101,538	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 Totals	5,071,491	3,319,525	11,462,692	1,500,000	1,179,739	22,533,447	100.0	22,443,355	100.0	22,533,447	X X X
12.8 Line 12.7 as a % of Column 6	22.5	14.7	50.9	6.7	5.2	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	22.5	14.7	50.9	6.7	5.2	100.0	X X X	X X X	X X X	100.0	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
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										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Asset (a)	Investments in Parent Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	1,637,526			1,637,526	
2. Cost of short-term investments acquired	477,245			477,245	
3. Increase (decrease) by adjustment					
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments					
7. Book/adjusted carrying value, current year	2,114,771			2,114,771	
8. Total valuation allowance					
9. Subtotal (Line 7 plus Line 8)	2,114,771			2,114,771	
10. Total nonadmitted amounts					
11. Statement value (Line 9 minus Line 10)	2,114,771			2,114,771	
12. Income collected during year	25,820			25,820	
13. Income earned during year	25,558			25,558	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: Cash Management Accounts

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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

Page 38

Sch. F, Pt. 1, Assumed Reinsurance
NONE

Page 39

Sch. F, Pt. 2, Premium Portfolio Reinsurance Effected or Canceled
NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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 - Other U.S. Unaffiliated Insurers																			
13-2673100	22039	General Cologne Reinsurance	CT		1,045			184	100						443		727	280	447
0599999 - Subtotal - Authorized - Other U.S. Unaffiliated Insurers					1,045		184	100						443		727	280	447	
0999999 - Subtotal - Authorized					1,045		184	100						443		727	280	447	
1999999 - Subtotal - Authorized and Unauthorized					1,045		184	100						443		727	280	447	
9999999 - TOTAL - Schedule F, Part 3					1,045		184	100						443		727	280	447	

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) General Cologne Reinsurance	20.000	1,045
2)
3)
4)
5)

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

NONE

Page 42

Sch. F, Pt. 5, Provision for Unauthorized Reinsurance

NONE

Page 43

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

NONE

Page 44

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

NONE

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 9)	30,701,809		30,701,809
2. Agents' balances or uncollected premiums (Line 10)	312,706		312,706
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)	363,581		363,581
6. Net amount recoverable from reinsurers			
7. Totals (Line 28)	31,378,096		31,378,096
LIABILITIES (Page 3)			
8. Losses and loss adjustment expenses (Lines 1 through 3)	6,578,067	284,049	6,862,116
9. Taxes, expenses, and other obligations (Lines 4 through 8)	71,607		71,607
10. Unearned premiums (Line 9)	1,246,562	442,625	1,689,187
11. Advance premiums (Line 10)	387,484		387,484
12. Dividends declared and unpaid (Line 11.1 and Line 11.2)			
13. Ceded reinsurance premiums payable (net of ceded commissions) (Line 12)			
14. Funds held by company under reinsurance treaties (Line 13)	371,039		371,039
15. Amounts withheld or retained by company for account of others (Line 14)	279,832		279,832
16. Provision for reinsurance (Line 16)			
17. Other liabilities (Line 15 and Line 17 through Line 23)	41,702		41,702
18. Total liabilities (Line 26 minus Line 25)	8,976,293	726,674	9,702,967
19. Surplus as regards policyholders (Line 35)	22,401,803	X X X	22,401,803
20. Totals (Line 36)	31,378,096	726,674	32,104,770

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

Yes () No (X)

If yes, give full explanation:

.....

.....

.....

.....

.....

.....

Page 46

Sch. H, Accident and Health Exhibit, Part 1

NONE

Page 47

Sch. H, Accident and Health Exhibit, Part 2

NONE

Sch. H, Accident and Health Exhibit, Part 3

NONE

Sch. H, Accident and Health Exhibit, Part 4

NONE

Page 48

Sch. H, Pt. 5, Health Claims

NONE

Page 51

Sch. P, Pt. 1A, Homeowners/Farmowners
NONE

Page 52

Sch. P, Pt. 1B, Private Passenger Auto Liability/Medical
NONE

Page 53

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

Page 54

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

Page 55

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

Page 56

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

Page 57

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

Page 58

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

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 1993	44	7	37									1
3. 1994	85	14	71									1
4. 1995	90	10	80									1
5. 1996	120	19	101	15		3					18	2
6. 1997	85	13	72	49							49	2
7. 1998	82	6	76									
8. 1999	85	7	78									
9. 2000	123	14	109									1
10. 2001	90	7	83									
11. 2002	64	9	55									
12. Totals	XXX	XXX	XXX	64		3					67	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.	10				10							20	1
7.													
8.													
9.	3				2							5	1
10.													
11.													
12.	13				12							25	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.											
3.											
4.											
5.	18		18	15.0		17.8					
6.	69		69	81.2		95.8				10	10
7.											
8.											
9.	5		5	4.1		4.6				3	2
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	13	12

**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								1	XXX
2. 1993	4,741	1,000	3,741	1,824	1,126	739	266	66		7	1,237	95
3. 1994	4,852	970	3,882	1,646	740	683	18	64		20	1,635	119
4. 1995	4,987	956	4,031	1,689	179	702	1	62		25	2,273	129
5. 1996	4,846	913	3,933	1,616	658	531	147	107		73	1,449	97
6. 1997	4,730	884	3,846	2,164	403	517	8	117		8	2,387	136
7. 1998	4,400	850	3,550	1,224	3	473	1	124		5	1,817	128
8. 1999	4,316	864	3,452	1,327	281	229	10	188			1,453	118
9. 2000	4,262	894	3,368	402	341	308	35	170			504	94
10. 2001	4,133	888	3,245	586		164		92			842	94
11. 2002	4,499	1,026	3,473	419		41		89			549	125
12. Totals	XXX	XXX	XXX	12,897	3,731	4,387	486	1,080		130	14,147	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. 10					15						10	25	1
2.					70	70							2
3. 23					18						3	41	2
4. 253		27			32	15					4	243	4
5. 60			3		11		2					76	3
6. 102			3		18	1	2				5	124	6
7. 89			2		50		2				11	143	8
8. 327			7		69		12				34	415	16
9. 1,200		25	60		182	1	25				48	1,441	26
10. 1,047		17	34		172	1	25				92	1,260	35
11. 2,111		115	160		581	12	61				290	2,786	117
12. 5,222		184	269		1,218	100	129				497	6,554	220

	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	10	15
2.	2,699	1,462	1,237	56.9	146.2	33.1					
3.	2,434	758	1,676	50.2	78.1	43.2				23	18
4.	2,738	222	2,516	54.9	23.2	62.4				226	17
5.	2,330	805	1,525	48.1	88.2	38.8				63	13
6.	2,923	412	2,511	61.8	46.6	65.3				105	19
7.	1,964	4	1,960	44.6	0.5	55.2				91	52
8.	2,159	291	1,868	50.0	33.7	54.1				334	81
9.	2,347	402	1,945	55.1	45.0	57.7				1,235	206
10.	2,120	18	2,102	51.3	2.0	64.8				1,064	196
11.	3,462	127	3,335	77.0	12.4	96.0				2,156	630
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	5,307	1,247

Page 61

Sch. P, Pt. 1I, Special Property

NONE

Page 62

Sch. P, Pt. 1J, Auto Physical Damage

NONE

Page 63

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

NONE

Page 64

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

NONE

Page 65

Sch. P, Pt. 1M, International

NONE

Page 66

Sch. P, Pt. 1N, Reinsurance

NONE

Page 67

Sch. P, Pt. 1O, Reinsurance

NONE

Page 68

Sch. P, Pt. 1P, Reinsurance

NONE

Page 69

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

NONE

Page 70

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

NONE

Page 71

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

NONE

Page 72

Sch. P, Pt. 2A, Homeowners/Farmowners

NONE

Sch. P, Pt. 2B, Private Passenger Auto Liability/Medical

NONE

Sch. P, Pt. 2C, Commercial Auto/Truck Liability/Medical

NONE

Sch. P, Pt. 2D, Workers' Compensation

NONE

Sch. P, Pt. 2E, Commercial Multiple Peril

NONE

**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	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				XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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				XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX	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				XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

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

1. Prior												
2. 1993		215	151	152	151	118	115	115	115	115		
3. 1994	XXX	65	65	65	100							
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX			45	54	17	17	18		1
6. 1997	XXX	XXX	XXX	XXX	49	52	52	52	49	69	20	17
7. 1998	XXX	XXX	XXX	XXX	XXX							
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			5	5	5
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals											25	23

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

1. Prior												
2. 1993	2,878	3,389	2,329	1,932	1,672	1,427	1,444	1,357	1,344	1,344		(13)
3. 1994	XXX	2,180	2,163	1,183	918	1,053	1,103	1,227	1,222	1,171	(51)	(56)
4. 1995	XXX	3,923	3,547	2,698	1,924	1,622	1,626	1,727	1,731	1,612	(119)	(115)
5. 1996	XXX	XXX	4,105	3,875	3,014	2,830	2,887	2,677	2,632	2,454	(178)	(223)
6. 1997	XXX	XXX	XXX	3,162	2,283	1,796	1,559	1,490	1,404	1,418	14	(72)
7. 1998	XXX	XXX	XXX	XXX	4,878	3,692	2,839	2,406	2,499	2,394	(105)	(12)
8. 1999	XXX	XXX	XXX	XXX	XXX	3,190	2,814	2,203	2,011	1,836	(175)	(367)
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	2,623	2,244	1,718	1,681	(37)	(563)
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,508	2,099	1,775	(324)	(733)
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,451	2,009	(442)	XXX
12. Totals											(1,417)	(2,154)

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Sch. P, Pt. 2I, Special Property

NONE

Sch. P, Pt. 2J, Auto Physical Damage

NONE

Sch. P, Pt. 2K, Fidelity/Surety

NONE

Sch. P, Pt. 2L, Other (Including Credit, Accident and Health)

NONE

Sch. P, Pt. 2M, International

NONE

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Sch. P, Pt. 2N, Reinsurance

NONE

Sch. P, Pt. 2O, Reinsurance

NONE

Sch. P, Pt. 2P, Reinsurance

NONE

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Sch. P, Pt. 2R, Sn. 1, Products Liability, Occurrence

NONE

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

NONE

Sch. P, Pt. 2S, Financial Guaranty/Mortgage Guaranty

NONE

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Sch. P, Pt. 3A, Homeowners/Farmowners

NONE

Sch. P, Pt. 3B, Private Passenger Auto Liability/Medical

NONE

Sch. P, Pt. 3C, Commercial Auto/Truck Liability/Medical

NONE

Sch. P, Pt. 3D, Workers' Compensation

NONE

Sch. P, Pt. 3E, Commercial Multiple Peril

NONE

**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	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			

**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	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			

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

1. Prior	0 0 0										XXX	XXX
2. 1993											XXX	XXX
3. 1994	XXX										XXX	XXX
4. 1995	XXX	XXX									XXX	XXX
5. 1996	XXX	XXX	XXX								XXX	XXX
6. 1997	XXX	XXX	XXX	XXX							XXX	XXX
7. 1998	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			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	177	112	113	115	115	115	115	115	115	5	4
2. 1993												1
3. 1994	XXX											1
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX		10	17	17	18	18	18	2	2
6. 1997	XXX	XXX	XXX	XXX	49	52	52	49	49	49	1	1
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			

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

1. Prior	0 0 0	680	928	1,158	1,143	1,275	1,322	1,318	1,319	1,319		
2. 1993	77	279	386	564	631	715	767	946	1,148	1,171	24	32
3. 1994	XXX	155	671	248	1,404	1,542	1,542	1,544	1,571	1,571	29	42
4. 1995	XXX	XXX	96	1,235	1,801	2,068	2,108	2,156	2,201	2,211	47	30
5. 1996	XXX	XXX	XXX	61	347	1,132	1,269	1,311	1,324	1,342	21	37
6. 1997	XXX	XXX	XXX	XXX	192	705	1,892	1,950	2,259	2,270	43	47
7. 1998	XXX	XXX	XXX	XXX	XXX	276	693	1,275	1,560	1,693	29	48
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	435	945	1,217	1,265	33	32
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	525	334	13	27
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	750	20	14
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	460	3	1

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Sch. P, Pt. 3I, Special Property

NONE

Sch. P, Pt. 3J, Auto Physical Damage

NONE

Sch. P, Pt. 3K, Fidelity/Surety

NONE

Sch. P, Pt. 3L, Other (Including Credit, Accident and Health)

NONE

Sch. P, Pt. 3M, International

NONE

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Sch. P, Pt. 3N, Reinsurance

NONE

Sch. P, Pt. 3O, Reinsurance

NONE

Sch. P, Pt. 3P, Reinsurance

NONE

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Sch. P, Pt. 3R, Sn. 1, Product Liability, Occurrence

NONE

Sch. P, Pt. 3R, Sn. 2, Product Liability, Claims Made

NONE

Sch. P, Pt. 3S, Financial Guaranty/Mortgage Guaranty

NONE

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Sch. P, Pt. 4A, Homeowners/Farmowners

NONE

Sch. P, Pt. 4B, Private Passenger Auto Liability/Medical

NONE

Sch. P, Pt. 4C, Commercial Auto/Truck Liability/Medical

NONE

Sch. P, Pt. 4D, Workers' Compensation

NONE

Sch. P, Pt. 4E, Commercial Multiple Peril

NONE

**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	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	

**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	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	

**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	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	

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

1. Prior										
2. 1993	125									
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX							
6. 1997	XXX	XXX	XXX	XXX						
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior			430	214	204	4	4	3		
2. 1993	546	239	552	332	32	7	7			
3. 1994	XXX	727	347	389	46	16				
4. 1995	XXX	XXX	892	435	134	80	30			
5. 1996	XXX	XXX	XXX	521	113	55	29	25	5	5
6. 1997	XXX	XXX	XXX	XXX	521	136	14	13	13	5
7. 1998	XXX	XXX	XXX	XXX	XXX	282	86	66	5	4
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	419	154	40	19
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	308	108	85
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	389	59
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	221

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Sch. P, Pt. 4I, Special Property

NONE

Sch. P, Pt. 4J, Auto Physical Damage

NONE

Sch. P, Pt. 4K, Fidelity/Surety

NONE

Sch. P, Pt. 4L, Other (Including Credit, Accident and Health)

NONE

Sch. P, Pt. 4M, International

NONE

Page 85

Sch. P, Pt. 4N, Reinsurance

NONE

Sch. P, Pt. 4O, Reinsurance

NONE

Sch. P, Pt. 4P, Reinsurance

NONE

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Sch. P, Pt. 4R, Sn. 1, Products Liability, Occurrence

NONE

Sch. P, Pt. 4R, Sn. 2, Products Liability, Claims Made

NONE

Sch. P, Pt. 4S, Financial Guaranty/Mortgage Guaranty

NONE

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Sch. P, Pt. 5A, Sn. 1, Homeowners/Farmowners

NONE

Sch. P, Pt. 5A, Sn. 2, Homeowners/Farmowners

NONE

Sch. P, Pt. 5A, Sn. 3, Homeowners/Farmowners

NONE

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Sch. P, Pt. 5B, Sn. 1, Private Passenger Auto Liability/Medical

NONE

Sch. P, Pt. 5B, Sn. 2, Private Passenger Auto Liability/Medical

NONE

Sch. P, Pt. 5B, Sn. 3, Private Passenger Auto Liability/Medical

NONE

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

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

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

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

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

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

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

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

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

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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

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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	1			3	1					
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX		1	1	1	1	2	2
6. 1997	XXX	XXX	XXX	XXX	1	1	1	1	1	1
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	2		1	1	1					
2. 1993			1	1						
3. 1994	XXX		1							
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX		1	1	1	1		
6. 1997	XXX	XXX	XXX	XXX	1					1
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
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	1	11	14	14	15	15	15	15	15	15
2. 1993		1	1	1	1	1	1	1	1	1
3. 1994	XXX	1	1	1	1	1	1	1	1	1
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX		2	2	2	2	2	2
6. 1997	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

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	300	300	306	301	348	288	299	299	299	299
2. 1993	6	13	15	18	30	22	23	23	23	24
3. 1994	XXX	5	12	17	41	27	28	28	29	29
4. 1995	XXX	XXX	4	14	36	38	42	44	47	47
5. 1996	XXX	XXX	XXX	4	13	16	19	20	21	21
6. 1997	XXX	XXX	XXX	XXX	3	16	33	34	40	43
7. 1998	XXX	XXX	XXX	XXX	XXX	4	18	21	22	29
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	8	14	25	33
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	7	13
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	20
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SECTION 2B

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	99	52	31	19	9	7	5	2	1	1
2. 1993	78	44	24	13	9	8	7	4	4	2
3. 1994	XXX	96	62	27	15	5	4	3	2	2
4. 1995	XXX	XXX	105	63	28	16	11	7	5	4
5. 1996	XXX	XXX	XXX	79	40	21	12	6	3	3
6. 1997	XXX	XXX	XXX	XXX	113	72	31	19	13	6
7. 1998	XXX	XXX	XXX	XXX	XXX	109	54	29	16	8
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	90	55	29	16
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	49	26
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78	35
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117

SECTION 3B

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	401	455	429	430	557	506	510	508	509	509
2. 1993	50	66	66	66	94	94	95	95	95	95
3. 1994	XXX	102	102	102	119	118	119	119	119	119
4. 1995	XXX	XXX	117	123	127	128	129	130	130	130
5. 1996	XXX	XXX	XXX	97	96	97	97	97	97	97
6. 1997	XXX	XXX	XXX	XXX	131	137	137	137	137	137
7. 1998	XXX	XXX	XXX	XXX	XXX	121	126	127	128	128
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	106	113	118	118
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	95	95
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	94
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125

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

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

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

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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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO
SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

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

SECTION 2

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

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior	355	293	293	314	314	314	314	314	314	314	
2. 1993	42	42	42	44	44	44	44	44	44	44	44
3. 1994	XXX	85	85	85	85	85	85	85	85	85	85
4. 1995	XXX	XXX	90	90	90	90	90	90	90	90	90
5. 1996	XXX	XXX	XXX	120	120	120	120	120	120	120	120
6. 1997	XXX	XXX	XXX	XXX	82	85	85	85	85	85	85
7. 1998	XXX	XXX	XXX	XXX	XXX	82	82	82	82	82	82
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	85	85	85	85	85
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	123	123	123
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	90	90	90
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64	64
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64
13. Earned Premiums (Sc P-Pt 1)											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	56	45	45	45	45	45	45	45	45	45	
2. 1993	7	7	7	7	7	7	7	7	7	7	7
3. 1994	XXX	14	14	14	14	14	14	14	14	14	14
4. 1995	XXX	XXX	11	11	11	10	10	10	10	10	10
5. 1996	XXX	XXX	XXX	19	19	19	19	19	19	19	19
6. 1997	XXX	XXX	XXX	XXX	17	13	13	13	13	13	13
7. 1998	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6	6
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14	14	14
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	9
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9
13. Earned Premiums (Sc P-Pt 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO
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	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior	39,219	34,403	34,403	34,403	34,403	34,403	34,403	34,403	33,403		
2. 1993	4,741	4,741	4,741	4,741	4,741	4,741	4,741	4,741	4,741	4,741	
3. 1994	XXX	4,852	4,852	4,852	4,852	4,852	4,852	4,852	4,852	4,852	
4. 1995	XXX	XXX	4,987	4,987	4,987	4,987	4,987	4,987	4,987	4,987	
5. 1996	XXX	XXX	XXX	4,846	4,846	4,846	4,846	4,846	4,846	4,846	
6. 1997	XXX	XXX	XXX	XXX	4,733	4,730	4,730	4,730	4,730	4,730	
7. 1998	XXX	XXX	XXX	XXX	XXX	4,400	4,400	4,400	4,400	4,400	
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	4,316	4,316	4,316	4,316	
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,262	4,262	4,262	
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,133	4,133	
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,499	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,499
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	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior	9,549	8,547	8,547	8,547	8,547	8,547	8,547	8,547	8,547	8,547	
2. 1993	1,001	1,001	1,001	1,000	1,000	1,000	1,000	1,000	1,000	1,000	
3. 1994	XXX	970	970	970	970	970	970	970	970	970	
4. 1995	XXX	XXX	956	956	956	956	956	956	956	956	
5. 1996	XXX	XXX	XXX	913	913	913	913	913	913	913	
6. 1997	XXX	XXX	XXX	XXX	880	884	884	884	884	884	
7. 1998	XXX	XXX	XXX	XXX	XXX	850	850	850	850	850	
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX	864	864	864	864	
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	894	894	894	
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	888	888	
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,026	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,026
13. Earned Premiums (Sc P-Pt 1)											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	2	3	4	5	6	7	8	9	10	
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	
1. Prior											
2. 1993											
3. 1994	XXX										
4. 1995	XXX	XXX									
5. 1996	XXX	XXX	XXX								
6. 1997	XXX	XXX	XXX	XXX							
7. 1998	XXX	XXX	XXX	XXX	XXX						
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

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

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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

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Sch. P, Pt. 6R, Sn. 1A, Products Liability, Occurrence

NONE

Sch. P, Pt. 6R, Sn. 2A, Products Liability, Occurrence

NONE

Sch. P, Pt. 6R, Sn. 1B, Products Liability, Claims Made

NONE

Sch. P, Pt. 6R, Sn. 2B, Products Liability, Claims Made

NONE

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Malpractice - Occurrence						
7. Medical Malpractice - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence						
20. Products Liability - Claims - made						
21. Financial Guaranty/Mortgage Guaranty						
22. Totals						

SECTION 2

Years in Which Policies Were Issued	INCURRED 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	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 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES 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	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	

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Sch. P, Pt. 7A, Sn. 4, Net Earned Premiums Reported

NONE

Sch. P, Pt. 7A, Sn. 5, Net Reserve for Premium Adjustments

NONE

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Malpractice - Occurrence						
7. Medical Malpractice - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence						
20. Products Liability - Claims - made						
21. Financial Guaranty/Mortgage Guaranty						
22. Totals						

SECTION 2

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

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX							
6. 1997	XXX	XXX	XXX	XXX						
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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Sch. P, Pt. 7B, Sn. 4, Net Earned Premiums Reported at Year End

NONE

Sch. P, Pt. 7B, Sn. 5, Net Reserve for Premium Adjustments

NONE

Sch. P, Pt. 7B, Sn. 6, Incurred Adjustable Commissions

NONE

Sch. P, Pt. 7B, Sn. 7, Reserves for Commission Adjustments

NONE

SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

7.2 (An extended statement may be attached)

.....

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Sch. Y, Pt. 2, Insurer's Transactions with any Affiliates

NONE

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. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No

EXPLANATION:

.....
.....

BARCODE:

Document Identifier 420:



3. Will the Financial Guaranty Insurance Exhibit be filed by March 1?

No

EXPLANATION:

.....
.....

BARCODE:

Document Identifier 240:



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:



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:



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?

No

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?

No

EXPLANATION:

.....

BARCODE:

Document Identifier 201:



JUNE FILING

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

Yes

EXPLANATION:

.....

BARCODE:

Document Identifier 220:





FINANCIAL GUARANTY INSURANCE EXHIBIT

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2002

Of The OHIO BAR LIABILITY INSURANCE CO

NAIC Group Code: 0000

NAIC Company Code: 37176

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. = Instalment 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

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO
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							NONE																							
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																														



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360AL

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALASKA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360AK

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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			

360AZ

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ARKANSAS

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data. Columns include: 1. Compliance with OBRA, 2. Policy Form Number, 3. Standardized Medicare Supplement Benefit Plan, 4. Medicare Select, 5. Plan Characteristics, 6. Date Approved, 7. Date Approval Withdrawn, 8. Date Last Amended, 9. Date Closed, 10. Policy Marketing Trade Name, 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.

360AR

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:
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CALIFORNIA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data for policies issued through 1999 and in 2000-2002.

360CA

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF COLORADO

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data (Premiums, Claims, Covered Lives) for policies issued through 1999 and in 2000-2002.

36000

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CONNECTICUT

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, dates, and financials (Premiums, Claims, Covered Lives).

360CT

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...
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF DELAWARE

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360DE

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, dates, and financial data for policies issued through 1999 and in 2000-2002.

360DC

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360FL

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GEORGIA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

360GA

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF HAWAII

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360H1

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IDAHO

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

3601D

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ILLINOIS

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

3601L

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF INDIANA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

3601N

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IOWA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

3601A

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KANSAS

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360KS

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KENTUCKY

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

360KY

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF LOUISIANA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

3601A

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MAINE

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360ME

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MARYLAND

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data (Premiums, Claims, Covered Lives) for policies issued through 1999 and in 2000-2002.

360MD

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:
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MASSACHUSETTS

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, dates, and financial metrics for policies issued through 1999 and in 2000-2002.

360MA

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MICHIGAN

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360MI

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MINNESOTA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360MM

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSISSIPPI

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360MS

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSOURI

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360MO

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MONTANA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360MT

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEBRASKA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data for policies issued through 1999 and in 2000-2002.

360NE

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360NV

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW HAMPSHIRE

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data (Premiums, Claims, Covered Lives) for policies issued through 1999 and in 2000-2002.

36096

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW JERSEY

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

3609J

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW MEXICO

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

3609M

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
FOR THE STATE OF NEW YORK**

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360NY

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH CAROLINA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360NC

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH DAKOTA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data for policies issued through 1999 and in 2000-2002.

360ND

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OHIO

NAIC Group Code 0000

NAIC Company Code 37176

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

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

3600H

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OKLAHOMA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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	

3600K

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

3600R

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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	

360PA

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

360RI

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH CAROLINA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360SC

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH DAKOTA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, dates, and financial metrics for policies issued through 1999 and in 2000-2002.

360SD

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TENNESSEE

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360TN

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TEXAS

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360TX

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF UTAH

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data for policies issued through 1999 and in 2000-2002.

360UT

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VERMONT

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

360VT

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VIRGINIA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data. Columns include: 1. Compliance with OBRA, 2. Policy Form Number, 3. Standardized Medicare Supplement Benefit Plan, 4. Medicare Select, 5. Plan Characteristics, 6. Date Approved, 7. Date Approval Withdrawn, 8. Date Last Amended, 9. Date Closed, 10. Policy Marketing Trade Name, 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.

360VA

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:
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WASHINGTON

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financials. Columns include: 1. Compliance with OBRA, 2. Policy Form Number, 3. Standardized Medicare Supplement Benefit Plan, 4. Medicare Select, 5. Plan Characteristics, 6. Date Approved, 7. Date Approval Withdrawn, 8. Date Last Amended, 9. Date Closed, 10. Policy Marketing Trade Name, 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.

360WA

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:
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WEST VIRGINIA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

36099

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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	

360W

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WYOMING

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360WY

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF AMERICAN SAMOA

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data (Premiums, Claims, Covered Lives) for policies issued through 1999 and in 2000-2002.

360AS

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GUAM

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and financial data for policies issued through 1999 and in 2000-2002.

360GU

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.
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"

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PUERTO RICO

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

360PR

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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	

360VI

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

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

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code) _____

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		

360CN

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:
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"
.....

P/C



SUPPLEMENT FOR THE YEAR 2002 OF THE OHIO BAR LIABILITY INSURANCE CO

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OTHER ALIEN

NAIC Group Code 0000

NAIC Company Code 37176

ADDRESS (City, State and Zip Code)

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, dates, and financial data (Premiums, Claims, Covered Lives) for policies issued through 1999 and in 2000-2002.

3600T

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.
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"

P/C



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

Of The OHIO BAR LIABILITY INSURANCE CO

NAIC Group Code: 0000

NAIC Company Code: 37176

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 BAR LIABILITY INSURANCE CO

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

The type of health care providers reported on this page is:

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U. S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Alien	OT							
58. Totals								
NONE								
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 BAR LIABILITY INSURANCE CO

TRUSTEED SURPLUS STATEMENT

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

being duly sworn, says that he/she is the _____ of the OHIO BAR LIABILITY INSURANCE CO, 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 BAR LIABILITY INSURANCE CO, 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 BAR LIABILITY INSURANCE CO, 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 BAR LIABILITY INSURANCE CO, 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 BAR LIABILITY INSURANCE CO

TRUSTEED SURPLUS STATEMENT (Continued)
ASSETS

1	2	3	4	5
Line Number	Description	Admitted Asset Value	Par Value	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 BAR LIABILITY INSURANCE CO

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)	