

Original filing contained prior year asset information from a filing that was later replaced with an amended filing. The correct numbers are now from that amended filing.



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

PHYSICIANS INSURANCE COMPANY OF OHIO

| | | | | | | |
|---------------------------------------|---|-----------------|-------------------|---|------------------------------------|------------|
| NAIC Group Code | 0000 (Current) | 0000 (Prior) | NAIC Company Code | 32999 | Employer's ID Number | 31-0889180 |
| Organized under the Laws of | Ohio | | | | State of Domicile or Port of Entry | OH |
| Country of Domicile | United States of America | | | | | |
| Incorporated/Organized | 09/03/1976 | | | Commenced Business | 12/27/1976 | |
| Statutory Home Office | 399 Venture Drive, Suite D (Street and Number) | | | Lewis Center , OH 43035 (City or Town, State and Zip Code) | | |
| Main Administrative Office | 399 Venture Drive, Suite D (Street and Number) | | | | | |
| | Lewis Center , OH 43035 (City or Town, State and Zip Code) | | | 800-282-7515-502 (Area Code) (Telephone Number) | | |
| Mail Address | 399 Venture Drive, Suite D (Street and Number or P.O. Box) | | | Lewis Center , OH 43035 (City or Town, State and Zip Code) | | |
| Primary Location of Books and Records | 399 Venture Drive, Suite D (Street and Number) | | | | | |
| | Lewis Center , OH 43035 (City or Town, State and Zip Code) | | | 800-282-7515-502 (Area Code) (Telephone Number) | | |
| Internet Website Address | None | | | | | |
| Statutory Statement Contact | John Steven Bricker (Name) | | | 800-282-7515-502 (Area Code) (Telephone Number) | | |
| | sbricker@picoholdings.com (E-mail Address) | | | 614-785-0692 (FAX Number) | | |

OFFICERS

| | | | |
|----------------------|-------------------------------|--------------------------|-------------------------|
| President and C.E.O. | John Russell Hart | Controller and Treasurer | John Thomas Perri # |
| Secretary | James Frederick Mosier Esq. # | Vice President - Claims | Martha Graves Althausen |

OTHER

| | | |
|------------------------------|-----------------------|-------------------------|
| DIRECTORS OR TRUSTEES | | |
| Richard Dale Ruppert M.D. | John Russell Hart | Martha Graves Althausen |
| Maxim Charles Wickham Webb # | Richard Harold Sharpe | |

State of _____ SS:
County of _____

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|---|--|---|
| John Russell Hart President and C.E.O. | James Frederick Mosier Esq. Secretary | John Thomas Perri Controller and Treasurer |
| a. Is this an original filing? Yes [] No [X] | | |
| b. If no, | | |
| 1. State the amendment number.....2 | | |
| 2. Date filed06/13/2012 | | |
| 3. Number of pages attached..... 1 | | |

Subscribed and sworn to before me this _____ day of _____