

The preparation of financial statements in conformity with Statutory Accounting Principles (SAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from estimates.

While preparation of the statutory financial statements includes many estimates made by management, the most significant is the liability for losses and loss adjustment expense reserves. As a result of the audit procedures performed on losses and loss adjustment expense reserves, an audit adjustment was proposed and recorded to reduce reserves by \$821,291 at December 31, 2012. A related adjustment was also recorded for the tax effect of the reduction in reserves. The reconciliation below details the differences between the originally filed statutory financial statements and the amended statutory statements as of December 31, 2012.

	Net Income	Surplus	Liabilities
Amounts previously reported and filed	\$4,007,322	\$6,276,849	\$1,710,513
Current Taxes	\$ (256,265)	\$ (256,265)	\$ 256,265
Deferred Taxes		\$ (31,187)	\$ 31,187
Adjustment in Reserves	\$ 821,291	\$ 821,291	\$ (821,291)
Amended Amounts	\$4,572,348	\$6,810,688	\$1,176,674



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE

## PHYSICIANS INSURANCE COMPANY OF OHIO

NAIC Group Code 1129 0000 NAIC Company Code 32999 Employer's ID Number 31-0889180  
(Current) (Prior)

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 50 W. Broad Street, Suite 1800, Columbus, OH, US 43215-3301  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 628 Hebron Avenue Suite 106  
(Street and Number)  
Glastonbury, CT, US 06033-5018 860-368-2000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 628 Hebron Avenue Suite 106, Glastonbury, CT, US 06033-5018  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2711 North Haskell, 7th Floor  
(Street and Number)  
Dallas, TX, US 75204-0000 214-989-2232  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.wtmsolutionsinc.com

Statutory Statement Contact Valerie Ann Melvin, 214-989-2232  
(Name) (Area Code) (Telephone Number)  
valerie.melvin@inpoint.com 214-989-2126  
(E-mail Address) (FAX Number)

### OFFICERS

President and CEO Walter Neal Wasserman # Senior Vice President and CFO Michael Raymond Terelmes #  
Executive Vice President, General Counsel and Secretary Christine Hayer Repasy #

### OTHER

### DIRECTORS OR TRUSTEES

Brian Eugene Kensil # Jeffrey Wayne Davis # Walter Neal Wasserman #  
Christine Hayer Repasy # Michael Raymond Terelmes # Michael Andrew Papamichael #

State of Connecticut SS:  
County of Hartford

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.

W. Neal Wasserman  
President and CEO

Christine H. Repasy  
Secretary

Michael R. Terelmes  
Sr. VP and CFO

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? ..... Yes [ ] No [ X ]  
b. If no,  
1. State the amendment number.....1  
2. Date filed .....07/10/2013  
3. Number of pages attached..... 16



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1129

Direct Business in the state of Kentucky

During the Year 2012

NAIC Company Code 32999

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 professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits program premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
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 .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 1129

Direct Business in the state of Ohio

During the Year 2012

NAIC Company Code 32999

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 professional liability .....	0	0	0	0	0	0	188,239	13,265	(1,420)	28,593	0	1,772
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits program premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
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 .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	0	0	0	0	0	0	188,239	13,265	(1,420)	28,593	0	1,772
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 1129

Direct Business in the state of Grand Total

During the Year 2012

NAIC Company Code 32999

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 .....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines .....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood .....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion) .....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion) .....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine .....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability .....	0	0	0	0	0	0	188,239	13,265	(1,420)	28,593	0	1,772
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only .....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made .....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability .....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability .....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability .....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage .....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage .....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft .....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery .....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	0	0	0	0	0	0	188,239	13,265	(1,420)	28,593	0	1,772
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.GT



Schedule F - Part 2

**N O N E**

Schedule F - Part 3

**N O N E**

Schedule F - Part 4

**N O N E**

Schedule F - Part 5

**N O N E**

Schedule F - Part 5 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 6 - Section 1 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

**N O N E**

Schedule F - Part 8 - Provision for Overdue Reinsurance

**N O N E**

Schedule F - Part 9 - Restatement of Balance Sheet to Identify Net Credit for Reinsurance

**N O N E**

Schedule H - Part 1

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	13	0	3	0	0	16	XXX
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	13	0	3	0	0	16	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 and 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. Prior.....	100	0	88	0	9	0	20	0	137	0	0	354	3
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	100	0	88	0	9	0	20	0	137	0	0	354	3

	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. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	188	166
2. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	188	166

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

**N O N E**

Schedule P - Part 1J - Auto Physical Damage

**N O N E**

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 1M - International

**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 10 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	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 and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	59	0	1	0	0	0	0	0	0	0	0	60	XXX
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2004	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2005	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2006	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2007	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2008	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2009	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2010	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2011	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2012	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	59	0	1	0	0	0	0	0	0	0	0	60	XXX

	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. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	60	0
2. 2003	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2004	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2005	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	60	0

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	11 One Year	12 Two Year
1. Prior	17,099	16,642	13,395	12,584	10,256	7,885	7,213	7,241	7,096	6,273	(823)	(968)
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(823)	(968)

**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	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. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**N O N E**

Schedule P - Part 2K - Fidelity/Surety

**N O N E**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 2M - International

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 2N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	11 One Year	12 Two Year
1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior	17	71	163	160	160	160	160	160	141	141	0	(19)
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	(19)

**SCHEDULE P - PART 2P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior												
2. 2003												
3. 2004	XXX											
4. 2005	XXX	XXX										
5. 2006	XXX	XXX	XXX									
6. 2007	XXX	XXX	XXX	XXX								
7. 2008	XXX	XXX	XXX	XXX	XXX							
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

Schedule P - Part 3A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 3E - Commercial Multiple Peril

**N O N E**

**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012		
1. Prior.....	.000	2,400	3,570	5,020	5,383	5,545	5,589	5,986	6,043	6,056	34,375	
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior.....	.000											
2. 2003.....												
3. 2004.....	XXX											
4. 2005.....	XXX	XXX										
5. 2006.....	XXX	XXX	XXX									
6. 2007.....	XXX	XXX	XXX	XXX								
7. 2008.....	XXX	XXX	XXX	XXX	XXX							
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior.....	.000										XXX	XXX
2. 2003.....											XXX	XXX
3. 2004.....	XXX										XXX	XXX
4. 2005.....	XXX	XXX									XXX	XXX
5. 2006.....	XXX	XXX	XXX								XXX	XXX
6. 2007.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2008.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior.....	.000											
2. 2003.....												
3. 2004.....	XXX											
4. 2005.....	XXX	XXX										
5. 2006.....	XXX	XXX	XXX									
6. 2007.....	XXX	XXX	XXX	XXX								
7. 2008.....	XXX	XXX	XXX	XXX	XXX							
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

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

1. Prior.....	.000											
2. 2003.....												
3. 2004.....	XXX											
4. 2005.....	XXX	XXX										
5. 2006.....	XXX	XXX	XXX									
6. 2007.....	XXX	XXX	XXX	XXX								
7. 2008.....	XXX	XXX	XXX	XXX	XXX							
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

Schedule P - Part 3I - Special Property

**N O N E**

Schedule P - Part 3J - Auto Physical Damage

**N O N E**

Schedule P - Part 3K - Fidelity/Surety

**N O N E**

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 3M - International

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 3N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

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	2	3	4	5	6	7	8	9	10			
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012			
1. Prior	.000											XXX	XXX
2. 2003												XXX	XXX
3. 2004	XXX											XXX	XXX
4. 2005	XXX	XXX										XXX	XXX
5. 2006	XXX	XXX	XXX									XXX	XXX
6. 2007	XXX	XXX	XXX	XXX								XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

**SCHEDULE P - PART 3O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior	.000	.20	.31	.59	.60	.68	.69	.73	.81	.81	XXX	XXX
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

**SCHEDULE P - PART 3P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior	.000										XXX	XXX
2. 2003											XXX	XXX
3. 2004	XXX										XXX	XXX
4. 2005	XXX	XXX									XXX	XXX
5. 2006	XXX	XXX	XXX								XXX	XXX
6. 2007	XXX	XXX	XXX	XXX							XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

Schedule P - Part 4A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**

**SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	11,350	8,809	6,944	5,888	3,990	1,818	1,053	909	709	108
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX	XXX						
7. 2008	XXX	XXX	XXX	XXX	XXX					
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX	XXX						
7. 2008	XXX	XXX	XXX	XXX	XXX					
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX	XXX						
7. 2008	XXX	XXX	XXX	XXX	XXX					
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX	XXX						
7. 2008	XXX	XXX	XXX	XXX	XXX					
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 4M - International

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 4N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

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	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XX							
6. 2007	XXX	XXX	XX	XX						
7. 2008	XXX	XXX	XXX	XXX	XXX					
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior	3	10	80	71	71	71	71	71	1	1
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XX	XX						
7. 2008	XXX	XXX	XX	XX	XX					
8. 2009	XXX	XXX	XX	XX	XX	XX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section

1

**N O N E**

Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section

2

**N O N E**

Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section

3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO  
SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in 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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....	4,277	4,292	4,295	4,296	4,298	4,298	4,298	4,299	4,299	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in 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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....	60	41	28	18	12	10	6	7	3	3
2. 2003.....	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in 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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....	20,564	21	9	2	0	4	4	2	0	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL 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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	487	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior										
2. 2003										
3. 2004	XXX									
4. 2005	XXX	XXX								
5. 2006	XXX	XXX	XXX							
6. 2007	XXX	XXX	XXX	XXX						
7. 2008	XXX	XXX	XXX	XXX	XXX					
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	2,217	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0
3. 2004	XXX	0	0	0	0	0	0	0	0	0
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section

1

**N O N E**

Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section

2

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ X ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ X ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2003 .....		
1.603 2004 .....		
1.604 2005 .....		
1.605 2006 .....		
1.606 2007 .....		
1.607 2008 .....		
1.608 2009 .....		
1.609 2010 .....		
1.610 2011 .....		
1.611 2012 .....		
1.612 Totals	0	0

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 that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]

If yes, proper disclosure 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:  
 (in thousands of dollars) 5.1 Fidelity .....  
 5.2 Surety .....

6. Claim count information is reported per claim or per claimant (Indicate which) ..... per claim .....  
 If not the same in all years, explain in Interrogatory 7.
- 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 that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.)  
 .....

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1129	White Mountains Insurance Group, Ltd.		94-2708455		776867	NY Stock Exchange	White Mountains Insurance Group, Ltd.		UIP				Stockholders	1
1129	White Mountains Insurance Group, Ltd.		41-2141642				Sirius Re Holding, Inc.	DE	UIP	White Mountains Insurance Group, Ltd.	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.		32-0251235				Sirius Re Underwriting Services America LLC	NY	NIA	Sirius Re Holdings, Inc.	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.		13-3301641				Sirius International Holding Company, Inc.	NY	UDP	Sirius Re Holdings, Inc.	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.		74-3152132				Sirius Global Services LLC	DE	NIA	Sirius International Holding Company, Inc.	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.	38776	13-2997499				Sirius America Insurance Company	NY		Sirius International Holding Company, Inc.	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.		45-3560130				White Mountains solutions Holidng Company	CT	NIA	Sirius Re Holdings, Inc.	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.	31208	62-0929818				American General Property Insurance Company	TN	IA	White Mountains Solutions Holding Company	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.	32999	31-0889180				Physician's Insurance Company of Ohio	OH	IA	White Mountains Solutions Holding Company	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.	42242	94-2843445				Citation Insurance Company	CA	IA	White Mountains Solutions Holding Company	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.		13-4112962				White Mountains Solutions, Inc.	CT	NIA	White Mountains Solutions Holding Company	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.	20249	47-0360368				Central Nation Insurance company of Omaha	NE	IA	White Mountains Solutions Holding Company	Ownership	100.000	White Mountains Insurance Group, Ltd.	
1129	White Mountains Insurance Group, Ltd.	24376	93-0928517				Ameciant General Indemnity Company	IL	IA	White Mountains Solutions Holding Company	Ownership	100.000	White Mountains Insurance Group, Ltd.	

Asterisk	Explanation
1	White Mountains Insurance Group, Ltd. (WTM) is a publicly traded insurance holding company. WTM through subsidiaries owns 100.0% of Sirius Re Holdings, Inc. the indirect parent of Sirius America Insurance Company.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

**SCHEDULE Y**












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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
38849	75-1728967	Houston General Insurance Company									0	107,000
20621	04-2475442	OneBeacon America Insurance Company									0	583,000
00000	13-3301641	Sirius International Holding Company, Inc.	55,000,000	(50,000,000)							5,000,000	
38776	13-2997449	Sirius America Insurance Company	(55,000,000)								(55,000,000)	(690,000)
20249	47-0360368	Central National Insurance Company of Omaha	(4,000,000)								(4,000,000)	
00000	45-3560130	White Mountains Solutions Holding Company	4,000,000	50,000,000							54,000,000	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

# ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

	Responses
<b>MARCH FILING</b>	
1. Will an actuarial opinion be filed by March 1? .....	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	SEE EXPLANATION
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6. Will Management's Discussion and Analysis be filed by April 1? .....	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
<b>JUNE FILING</b>	
9. Will an audited financial report be filed by June 1? .....	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
<b>AUGUST FILING</b>	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES
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 <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.	
<b>MARCH FILING</b>	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	SEE EXPLANATION
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? .....	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	YES
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	SEE EXPLANATION
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? .....	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	SEE EXPLANATION
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
2. The Company is wholly owned by White Mountains Solutions Holding Company and has no employees.	
12. The Company is a wholly owned subsidiary.	
13.	
14.	
16. The Company is domestically owned.	
17.	
18.	
19.	
22. There are no exceptions.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
Bar Codes:	
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
17. Premiums Attributed to Protected Cells [Document Identifier 385]	
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]	
19. Medicare Part D Coverage Supplement [Document Identifier 365]	
23. Bail Bond Supplement [Document Identifier 500]	
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
27. Relief from the Requirements for Audit Committees [Document Identifier 226]	
28. Credit Insurance Experience Exhibit [Document Identifier 230]	

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

29. Long-Term Care Experience Reporting Forms [Document Identifier 306]



30. Accident and Health Policy Experience Exhibit [Document Identifier 210]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO  
**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

Designate the type of health care providers reported on this page:  
Physicians, including surgeons and osteopaths

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

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	0	0	0	0	0	100,000	3	758,612
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. Northern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate other alien .....OT	0	0	0	0	0	0	0	0
59. Total	0	0	0	0	0	100,000	3	758,612
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

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

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

Table with 8 columns: States, etc.; Direct Premiums Written; Direct Premiums Earned; Direct Losses Paid (Amount, Number of Claims); Direct Losses Incurred; Direct Losses Unpaid (Amount Reported, Number of Claims); Direct Losses Incurred But Not Reported. Includes a large 'NONE' watermark across the table.



SUPPLEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

Designate the type of health care providers reported on this page:  
Other health care professionals, including dentists, chiropractors, and podiatrists

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

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. Northern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate other alien .....OT								
59. Total								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								

NONE



SUPPLEMENT FOR THE YEAR 2012 OF THE PHYSICIANS INSURANCE COMPANY OF OHIO

Designate the type of health care providers reported on this page: Other health care facilities

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

Table with 8 columns: States, etc.; 1 Direct Premiums Written; 2 Direct Premiums Earned; 3 Direct Losses Paid Amount; 4 Direct Losses Paid Number of Claims; 5 Direct Losses Incurred; 6 Direct Losses Unpaid Amount Reported; 7 Direct Losses Unpaid Number of Claims; 8 Direct Losses Incurred But Not Reported. The table contains the word 'NONE' in large letters across the center.

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