

PREMIUM DUE NOTICE

Account Number	000000037
Statement Number	00001
Statement Date	May 11, 2008

Payment Due Date	June 01, 2008
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John D. Doe, MD
123 Main Street
Suite 201
Seattle, WA 98101

ACCOUNT SUMMARY

	Account Balance	
Prior Account Balance:	\$6,694.00	
Payments Received:	1,017.00	CR
Premium Activity:	.00	
Adjustments/Refunds:	.00	
Service Charges & Fees:	23.65	
Ending Account Balance:	\$5,700.65	

Minimum Amount Due (includes any past due):	Installment: Monthly	
	\$970.70	

We thank you for your business. Please do not hesitate to call us with any questions at 206-343-7300 or 1-800-962-1399 or visit us at www.phyins.com.

Keep this portion for your records.

Detach and return this portion with your payment.

Account Name: John D. Doe, MD

Payment must be received by: June 01, 2008

Account Number	Statement Number	Payment Option	Amount
000000037	00001	Pay in Full	\$5,700.65
		Minimum Amount Due	\$970.70

Please make check payable and send to:



**Physicians
Insurance**
A Mutual Company
PO Box 84453
Seattle WA 98124-5753

Amount Paid: \$

