

PREMIUM DUE NOTICE

Account Number	000000038
Statement Number	00002
Statement Date	May 11, 2008

Payment Due Date	June 01, 2008
-------------------------	----------------------

Any City Clinic, PLLC
123 Main Street
Suite 201
Any City, WA 98101

ACCOUNT SUMMARY

Ending Account Balance:	Account Balance	\$34,533.28
Minimum Amount Due:	Installment: Monthly	\$5,875.83

Please enclose the bottom portion of this page and a copy of the Account Detail Statement with your payment. For your convenience, we have provided a second copy for your records.

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: Any City Clinic, PLLC

Payment must be received by: June 01, 2008

Account Number	Statement Number	Payment Option	Amount
000000038	00002	Pay in Full	\$34,533.28
		Minimum Amount Due	\$5,875.83

Please make check payable and send to:



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

Amount Paid: \$ 



Account Number	000000038
Statement Number	00002
Statement Date	05/11/2008
Payment Due Date	06/01/2008

**Account Detail Statement
Any City Clinic, PLLC**

	Prior Balance	Payments Received	Premium Activity	Adjustments/ Refunds	Dividends	Service Chg & Fees	Current Acct. Balance	Account Number	Minimum Due	Amount Paid if Other Than Minimum Due
Dustin Ennor, MD	7,541.00	(1,110.00)	.00	.00	.00	26.80	6,457.80	000000089	1,098.80	_____
Lancaster Kirabo, MD	7,995.00	(1,176.00)	.00	.00	.00	28.41	6,847.41	000000091	1,165.26	_____
Alena Paget, MD	9,397.00	(1,383.00)	.00	.00	.00	33.39	8,047.39	000000092	1,368.99	_____
James Rocker, MD	5,519.00	(812.00)	.00	.00	.00	19.60	4,726.60	000000093	803.40	_____
John Zerhauf, MD	7,541.00	(1,110.00)	.00	.00	.00	26.80	6,457.80	000000094	1,098.80	_____
Any City Clinic, PLLC	<u>2,331.00</u>	<u>(343.00)</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>8.28</u>	<u>1,996.28</u>	000000038	<u>340.58</u>	_____
Total	40,324.00	(5,934.00)	.00	.00	.00	143.28	34,533.28		5,875.83	_____

Return this copy with your payment.