

INSLEY SUSAN J  
Form 5  
February 11, 2003

OMB APPROVAL
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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549**

**FORM 5**

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(h) of the Investment Company Act of 1940**

- Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported
- Form 4 Transactions Reported

<p><b>1. Name and Address of Reporting Person*</b></p> <p>Insley Susan J.</p> <hr/> <p><i>(Last) (First) (Middle)</i></p>	<p><b>2. Issuer Name and Ticker or Trading Symbol</b></p> <p>Camco Financial Corporation (CAFI)</p> <hr/>	<p><b>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</b></p> <hr/>
<p>4972 Tempe Road</p> <hr/> <p><i>(Street)</i></p>	<p><b>4. Statement for Month/Year</b></p> <p>December 31, 2002</p> <hr/>	<p><b>5. If Amendment, Date of Original (Month/Year)</b></p> <hr/>
<p>Powell Ohio 43065</p> <hr/> <p><i>(City) (State) (Zip)</i></p>	<p><b>6. Relationship of Reporting Person(s) to Issuer (Check All Applicable)</b></p> <p><input checked="" type="checkbox"/> Director    <input type="checkbox"/> 10% Owner</p> <p><input type="checkbox"/> Officer <i>(give title below)</i></p>	<p><b>7. Individual or Joint/Group Reporting (Check Applicable Line)</b></p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/></p>

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Other (*specify below*)

Form filed by More  
than One Reporting  
Person

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\* If the form is filed by more than one reporting person, see instruction 4(b)(v).

**Person who respond to the collection of information contained in this form are not required to repond unless the form displays a currently valid OMB control number.**

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**Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security <i>(Instr. 3)</i>	2. Transaction Date <i>(Month/Day/Year)</i>	2A. Deemed Execution Date, if any <i>(Month/Day/Year)</i>	3. Transaction Code <i>(Instr. 8)</i>	4. Securities Acquired (A) or Disposed of (D) <i>(Instr. 3, 4 and 5)</i>	5. Amount of Securities Beneficially Owned at the End of Issuer's Fiscal Year <i>(Instr. 3 and 4)</i>	6. Ownership Form: Direct (D) or Indirect (I) <i>(Instr. 4)</i>	7. Nature of Indirect Beneficial Ownership <i>(Instr. 4)</i>
Common Stock	3/27/02		A	189 A	\$13.32		
Common Stock	6/24/02		A	88 A	\$14.45		
Common Stock	10/04/02		A	93 A	\$13.35	371	I By Deferred Compensation Plan

(Over)  
SEC 2270 (9-02)







**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the undersigned officer and/or director of Camco Financial Corporation (the Company), hereby constitutes and appoints Larry A. Caldwell, Richard C. Baylor or Mark A. Severson as his/her true and lawful attorneys-in-fact and agents, with full power of substitution and resubstitution, for him/her and in his/her name, place and stead, in any and all capacities, to sign any and all Securities and Exchange Commission Forms 3, 4 and 5 with respect to the securities of the Company beneficially owned by the undersigned, any and all amendments thereto, and to file the same, and other documents relating thereto, with the Securities and Exchange Commission, and grants unto each of said attorneys-in-fact and substitute or substitutes full power and authority to do each and every act and thing requested and necessary to be done in and about the premises as fully to all intents and purposes as he/she might do in person, and hereby ratifies and confirms all things that each of said attorneys-in-fact and substitute or substitutes may lawfully do and seek to be done by virtue hereof.

This Power of Attorney shall be valid until such time as it is revoked by the undersigned in writing.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand this 20th day of August, 2002.

Signature: /s/ Susan J. Insley  
\_\_\_\_\_

Print Name: Susan J. Insley  
\_\_\_\_\_

Capacity: Director  
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