



QUARTERLY STATEMENT

AS OF MARCH 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

American Family Insurance Company

NAIC Group Code 0473 0473 NAIC Company Code 10386 Employer's ID Number 39-1835307

(Current Period) (Prior Period)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated November 21, 1995 Commenced Business January 1, 1996

Statutory Home Office 8415 Pulsar Place, Suite 400,, Columbus, Ohio 43240-2028

(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 6000 American Parkway, Madison, Wisconsin 53783-0001 608-249-2111

(Street and Number, City or Town, State and Zip Code)

(Area Code) (Telephone Number)

Mail Address 6000 American Parkway, Madison, Wisconsin 53783-0001

(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 6000 American Parkway, Madison, Wisconsin 53783-0001

(Street and Number, City or Town, State and Zip Code)

608-249-2111

(Area Code) (Telephone Number)

Internet Website Address www.amfam.com

Statement Contact Ann M. Demerath 608-249-2111 -30665

(Name)

(Area Code) (Telephone Number) (Extension)

ademerat@amfam.com

(E-Mail Address)

(Fax Number)

Policyowner Relations Contact 6000 American Parkway, Madison, Wisconsin 53783-0001

(Street and Number, City or Town, State and Zip Code)

608-249-2111 -30281

(Area Code) (Telephone Number) (Extension)

OFFICERS

Chairman and C.E.O. Harvey Randall Pierce
President and C.O.O. David Ralph Anderson
Exec. V.P., Legal; S. James Francis Eldridge

Exec. V.P.,Fin;Trea John Brent Johnson Assistant Secretary James Walter Behrens
Assistant Treasurer William Joseph Smith

VICE PRESIDENTS

#Michael Jeffrey Bosco Thomas Syme King Daniel Robert Schultz

DIRECTORS OR TRUSTEES

David Ralph Anderson James Francis Eldridge John Brent Johnson
#Michael Jeffrey Bosco Harvey Randall Pierce

State of Wisconsin SS
County of Dane

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.

David R. Anderson James F. Eldridge J. Brent Johnson
President and C.O.O. Executive Vice President, Legal; Secretary Executive Vice President, Finance; Treasurer

Subscribed and sworn to before me this
day of 2002

ASSETS

| | Current Statement Date | | | 4 December 31, Prior Year Net Admitted Assets |
|---|------------------------|--------------------------------|---|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 8,866,234 | | 8,866,234 | 8,871,890 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$ 412,059) and short-term investments (\$ 6,275,000) | 6,687,059 | | 6,687,059 | 5,742,279 |
| 6. Other invested assets | | | | |
| 7. Receivable for securities | 8,355 | | 8,355 | |
| 8. Aggregate write-ins for invested assets | | | | |
| 9. Subtotals, cash and invested assets (Lines 1 to 8) | 15,561,647 | | 15,561,647 | 14,614,169 |
| 10. Agents' balances or uncollected premiums : | | | | |
| 10.1 Premiums and agents' balances in course of collection | 112,306 | | 112,306 | 45,231 |
| 10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 597,886 | | 597,886 | 86,181 |
| 10.3 Accrued retrospective premiums | | | | |
| 11. Funds held by or deposited with reinsured companies | | | | |
| 12. Bills receivable, taken for premiums | | | | |
| 13. Amounts billed and receivable under high deductible policies | | | | |
| 14. Reinsurance recoverables on loss and loss adjustment expense payments | | | | |
| 15. Federal and foreign income tax recoverable and interest thereon (including \$ net deferred tax asset) | | | | |
| 16. Guaranty funds receivable or on deposit | | | | |
| 17. Electronic data processing equipment and software | | | | |
| 18. Interest, dividends and real estate income due and accrued | 79,933 | | 79,933 | 105,688 |
| 19. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 20. Receivable from parent, subsidiaries and affiliates | 18,703,608 | | 18,703,608 | 44,798,438 |
| 21. Amounts due from/to protected cells | | | | |
| 22. Equities and deposits in pools and associations | | | | |
| 23. Amounts receivable relating to uninsured accident and health plans | | | | |
| 24. Other assets nonadmitted | | | | |
| 25. Aggregate write-ins for other than invested assets | (13,949) | (13,949) | | |
| 26. Total assets excluding protected cell assets (Lines 9 through 25) | 35,041,430 | (13,949) | 35,055,380 | 59,649,707 |
| 27. Protected cell assets | | | | |
| 28. TOTALS (Lines 26 and 27) | 35,041,430 | (13,949) | 35,055,380 | 59,649,707 |
| DETAILS OF WRITE-INS | | | | |
| 0801. | | | | |
| 0802. | | | | |
| 0803. | | | | |
| 0898. Summary of remaining write-ins for Line 8 from overflow page | | | | |
| 0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above) | | | | |
| 2501. Cash Items | (13,949) | (13,949) | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | (13,949) | (13,949) | | |

STATEMENT AS OF MARCH 31, 2002 OF THE American Family Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$) | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | | |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | | |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7. Federal and foreign income taxes, including \$ on realized capital gains (losses) (including \$ net deferred tax liability) | | |
| 8. Borrowed money \$ and interest thereon \$ | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$) | | |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | | |
| 13. Funds held by company under reinsurance treaties | | |
| 14. Amounts withheld or retained by company for account of others | 28,630 | 37,133 |
| 15. Remittances and items not allocated | 947,821 | 657,874 |
| 16. Provision for reinsurance | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | 10,647,579 | 8,034,041 |
| 19. Payable to parent, subsidiaries and affiliates | 16,096,858 | 43,178,556 |
| 20. Payable for securities | | |
| 21. Liability for amounts held under uninsured accident and health plans | | |
| 22. Capital notes \$ and interest thereon \$ | | |
| 23. Aggregate write-ins for liabilities | (487,653) | 42,557 |
| 24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) | 27,233,235 | 51,950,161 |
| 25. Protected cell liabilities | | |
| 26. Total liabilities (Lines 24 and 25) | 27,233,235 | 51,950,161 |
| 27. Aggregate write-ins for special surplus funds | | |
| 28. Common capital stock | 100 | 100 |
| 29. Preferred capital stock | | |
| 30. Aggregate write-ins for other than special surplus funds | | |
| 31. Surplus notes | | |
| 32. Gross paid in and contributed surplus | 5,241,233 | 5,241,233 |
| 33. Unassigned funds (surplus) | 2,580,812 | 2,458,213 |
| 34. Less treasury stock, at cost: | | |
| 34.1 shares common (value included in Line 28 \$) | | |
| 34.2 shares preferred (value included in Line 29 \$) | | |
| 35. Surplus as regards policyholders (Lines 27 to 33, less 34) | 7,822,145 | 7,699,546 |
| 36. TOTALS | 35,055,380 | 59,649,707 |
| DETAILS OF WRITE-INS | | |
| 2301. Suspense, Validations, and Clearing Accounts | (536,296) | (5,743) |
| 2302. Ap to Vendors | | 3 |
| 2303. Liability for Checks and Drafts | 47,593 | 47,593 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 1,050 | 704 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | (487,653) | 42,557 |
| 2701. | | |
| 2702. | | |
| 2703. | | |
| 2798. Summary of remaining write-ins for Line 27 from overflow page | | |
| 2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) | | |
| 3001. | | |
| 3002. | | |
| 3003. | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | | |

STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 22,583,887) | 19,641,277 | 12,638,055 | 60,039,061 |
| 1.2 Assumed (written \$) | | | |
| 1.3 Ceded (written \$ 22,583,887) | 19,641,277 | 12,638,055 | 60,039,061 |
| 1.4 Net (written \$) | | | |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$): | | | |
| 2.1 Direct | 19,570,929 | 13,709,064 | 61,382,737 |
| 2.2 Assumed | | | |
| 2.3 Ceded | 19,570,929 | 13,709,064 | 61,382,737 |
| 2.4 Net | | | |
| 3. Loss expenses incurred | | | |
| 4. Other underwriting expenses incurred | | | |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. Total underwriting deductions (Lines 2 through 5) | | | |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) | | | |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 116,201 | 232,801 | 620,998 |
| 10. Net realized capital gains (losses) | | 137,236 | 137,236 |
| 11. Net investment gain (loss) (Lines 9 plus 10) | 116,201 | 370,037 | 758,234 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$) | | | |
| 13. Finance and service charges not included in premiums | | | |
| 14. Aggregate write-ins for miscellaneous income | | | |
| 15. Total other income (Lines 12 through 14) | | | |
| 16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 plus 11 plus 15) | 116,201 | 370,037 | 758,234 |
| 17. Dividends to policyholders | | | |
| 18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17) | 116,201 | 370,037 | 758,234 |
| 19. Federal and foreign income taxes incurred | 7,554 | 85,724 | 124,894 |
| 20. Net income (Line 18 minus Line 19) (to Line 22) | 108,647 | 284,313 | 633,340 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 7,699,546 | 6,937,095 | 6,937,095 |
| GAINS AND (LOSSES) IN SURPLUS | | | |
| 22. Net income (from Line 20) | 108,647 | 284,313 | 633,340 |
| 23. Net unrealized capital gains or losses | | | |
| 24. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 25. Change in net deferred income tax | | | |
| 26. Change in nonadmitted assets | 13,949 | 3,034 | (1,889) |
| 27. Change in provision for reinsurance | | | |
| 28. Change in surplus notes | | | |
| 29. Surplus (contributed to) withdrawn from protected cells | | | |
| 30. Cumulative effect of changes in accounting principles | | | |
| 31. Capital changes: | | | |
| 31.1 Paid in | | | |
| 31.2 Transferred from surplus (Stock Dividend) | | | |
| 31.3 Transferred to surplus | | | |
| 32. Surplus adjustments: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred to capital (Stock Dividend) | | | |
| 32.3 Transferred from capital | | | |
| 33. Net remittances from or (to) Home Office | | | |
| 34. Dividends to stockholders | | | |
| 35. Change in treasury stock | | | |
| 36. Aggregate write-ins for gains and losses in surplus | | 131,000 | 131,000 |
| 37. Change in surplus as regards policyholders (Lines 22 through 36) | 122,596 | 418,347 | 762,451 |
| 38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37) | 7,822,142 | 7,355,442 | 7,699,546 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | |
| 0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | |
| 1401. Overpayments and Underpayments | | | |
| 1402. Other Income | | | |
| 1403. Other Balances Charged Off | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | | |
| 3601. Prior Period Adjustment | | | |
| 3602. Aggregate write-ins for gains and losses in surplus | | 131,000 | 131,000 |
| 3603. | | | |
| 3698. Summary of remaining write-ins for Line 36 from overflow page | | | |
| 3699. TOTALS (Lines 3601 through 3603 plus 3698) (Line 36 above) | | 131,000 | 131,000 |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year Ended December 31 |
|---|------------------------------|--------------------------------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | (288,834) | 669,475 |
| 2. Loss and loss adjustment expenses paid (net of salvage and subrogation) | (2,613,538) | (2,681,112) |
| 3. Underwriting expenses paid | | |
| 4. Other underwriting income (expenses) | | |
| 5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) | 2,324,704 | 3,350,587 |
| 6. Net investment income | 147,613 | 659,240 |
| 7. Other income (expenses): | | |
| 7.1 Agents' balances charged off | | |
| 7.2 Net funds held under reinsurance treaties | | |
| 7.3 Net amount withheld or retained for account of others | (8,502) | 21,180 |
| 7.4 Aggregate write-ins for miscellaneous items | | |
| 7.5 Total other income (Lines 7.1 to 7.4) | (8,502) | 21,180 |
| 8. Dividends to policyholders on direct business, less \$ dividends on reinsurance assumed or ceded (net) | | |
| 9. Federal and foreign income taxes (paid) recovered | (74,000) | (131,000) |
| 10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9) | 2,389,815 | 3,900,007 |
| Cash from Investments | | |
| 11. Proceeds from investments sold, matured or repaid: | | |
| 11.1 Bonds | | 4,097,840 |
| 11.2 Stocks | | |
| 11.3 Mortgage loans | | |
| 11.4 Real estate | | |
| 11.5 Other invested assets | | |
| 11.6 Net gains or (losses) on cash and short-term investments | | |
| 11.7 Miscellaneous proceeds | | |
| 11.8 Total investment proceeds (Lines 11.1 to 11.7) | | 4,097,840 |
| 12. Cost of investments acquired (long-term only): | | |
| 12.1 Bonds | | |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Miscellaneous applications | | |
| 12.7 Total investments acquired (Lines 12.1 to 12.6) | | |
| 13. Net cash from investments (Line 11.8 minus Line 12.7) | | 4,097,840 |
| Cash from Financing and Miscellaneous Sources | | |
| 14. Cash provided: | | |
| 14.1 Surplus notes, capital and surplus paid in | | |
| 14.2 Capital notes \$ less amounts repaid \$ | | |
| 14.3 Net transfers from affiliates | | |
| 14.4 Borrowed funds received | | |
| 14.5 Other cash provided | | 237,440 |
| 14.6 Total (Lines 14.1 to 14.5) | | 237,440 |
| 15. Cash applied: | | |
| 15.1 Dividends to stockholders paid | | |
| 15.2 Net transfers to affiliates | 920,422 | 10,217,129 |
| 15.3 Borrowed funds repaid | | |
| 15.4 Other applications | 524,615 | |
| 15.5 Total (Lines 15.1 to 15.4) | 1,445,037 | 10,217,129 |
| 16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5) | (1,445,037) | (9,979,689) |
| RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS | | |
| 17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16) | 944,778 | (1,981,842) |
| 18. Cash and short-term investments: | | |
| 18.1 Beginning of year | 5,742,279 | 7,724,118 |
| 18.2 End of period (Line 17 plus Line 18.1) | 6,687,057 | 5,742,276 |
| DETAILS OF WRITE-INS | | |
| 7.401 Overpayments and Underpayments | | |
| 7.402 Other Income | | |
| 7.403 Other Balances Charged Off | | |
| 7.498 Summary of remaining write-ins for Line 7.4 from overflow page | | |
| 7.499 Totals (Lines 7.401 through 7.403 plus 7.498) (Line 7.4 above) | | |

NOTES TO FINANCIAL STATEMENTS

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. The Company has completed this statement in accordance with the NAIC Accounting Practices and Procedures manual, subject to any deviations prescribed or permitted by the State of Ohio insurance commissioner. The Company does not employ accounting practices that depart from the NAIC Accounting Practices and Procedures manual.

9. INCOME TAXES

- A. Components of Deferred Tax Assets and Deferred Tax Liabilities
n/a

- B. Unrecognized DTLs
n/a

- C. Current Tax and Change in Deferred Tax

Current Income Taxes Incurred

| | 3/31/2002 | 12/31/2001 |
|---------------------------------------|-----------|------------|
| Current Income Tax Expense | 8,242 | 124,734 |
| Taxes Incurred for Audit | 0 | 0 |
| Prior Year Underaccrual (Overaccrual) | (688) | 160 |
| Current Income Taxes Incurred | 7,554 | 124,894 |

DTAs
n/a

DTLs
n/a

DTAs Resulting from Book/Tax Differences in:
n/a

DTLs Resulting from Book/Tax Differences in:
n/a

- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

| Description | Amount | Tax Effect at 35% |
|---|-----------|----------------------|
| Income Before Taxes | 116,201 | 40,671 |
| Tax Exempt Interest | (108,921) | (38,122) |
| T.E. Interest Proration | 16,338 | 5,718 |
| Differences Affecting Basis of Assets Owned | 0 | 0 |
| Other | (70) | (24) |
| Alternative Minimum Tax | | 0 |
| Taxable Income | 23,549 | 8,242 |

- E. Operating Loss and Tax Credit Carryforwards

(1) At March 31, 2002, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

(2) The following is income tax expense for 2002 and 2001 that is available for recoupment in the event of future net losses:

| Year | Amount |
|------|---------|
| 2002 | 6,382 |
| 2001 | 111,589 |

F. CONSOLIDATED FEDERAL INCOME TAX RETURN

- (1) The Company's federal income taxreturn is consolidated with thefollowing entities:
American Family Mutual Insurance Company (Parent Company)
American Family Life Insurance Company
American Family Financial Services, Inc.
AmFam, Inc.

NOTES TO FINANCIAL STATEMENTS

American Family Brokerage, Inc.
American Center Owner's Association, Inc.
American Family Insurance Company
American Standard Insurance Company of Ohio

- (2) The consolidated federal income tax is allocated to each member company in the following manner:
- a. Companies having tax profits on a separate return basis will incur federal tax expense based on their separate return taxable incomes.
 - b. Companies with tax losses on a separate return basis will be compensated (at the current federal tax rate) for the reduction in the consolidated tax liability resulting from their losses. Such compensation shall come directly from profitable companies that utilize those tax losses to reduce their taxable incomes. A loss company may have to repay this current year compensation back to the profitable company if the profitable company later incurs losses that, on a separate return basis, may be carried back to offset its current year income.
 - c. The reduction of the consolidated tax liability due to tax credits shall be allocated to the individual corporations producing such credits. Special additional taxes are similarly allocated to each member company.

17C. WASH SALES - NONE

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes () No (X)
- 1.2

If yes, explain:
- 2.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes () No (X)
- 2.2

If yes, has the report been filed with the domiciliary state?

Yes () No ()
- 3.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes () No (X)
- 3.2

If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4.

Have there been any substantial changes in the organizational chart since the prior quarter end?

If yes, attach an organizational chart.

Yes () No (X)
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 5.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| <div>1</div> <div>Name of Entity</div> | <div>2</div> <div>NAIC Company Code</div> | <div>3</div> <div>State of Domicile</div> |
|--|---|---|
| | | |
| | | |
| | | |

6.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes () No () N/A (X)

If yes, attach an explanation.
- 7.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 7.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 7.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 7.4

By what department or departments?
- 8.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes () No (X)
- 8.2

If yes, give full information

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes () No (X)

9.2 If yes, explain
.....
.....
.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes () No (X)

10.2 If yes, give full and complete information relating thereto:
.....
.....
.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

12. Amount of real estate and mortgages held in short-term investments: \$

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes () No (X)

13.2 If yes, please complete the following:

| | ¹ Prior Year-End Statement Value | ² Current Quarter Statement Value |
|---|--|---|
| 13.21 Bonds | \$ | \$ |
| 13.22 Preferred Stock | \$ | \$ |
| 13.23 Common Stock | \$ | \$ |
| 13.24 Short-Term Investments | \$ | \$ |
| 13.25 Mortgages, Loans or Real Estate | \$ | \$ |
| 13.26 All Other | \$ | \$ |
| 13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26) | \$ | \$ |
| 13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above | \$ | \$ |
| 13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above | \$ | \$ |

14.1 Does the reporting entity have any hedging transactions reported on schedule DB? Yes () No (X)

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No ()
If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| ¹ Name of Custodian(s) | ² Custodian Address |
|--------------------------------------|-----------------------------------|
| Firstar Bank | Milwaukee WI |
| | |
| | |

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| ¹ Name(s) | ² Location(s) | ³ Complete Explanation(s) |
|-------------------------|-----------------------------|---|
| | | |
| | | |
| | | |

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? Yes () No (X)

15.4 If yes, give full and complete information relating thereto:

| ¹ Old Custodian | ² New Custodian | ³ Date of Change | ⁴ Reason |
|-------------------------------|-------------------------------|--------------------------------|------------------------|
| | | | |
| | | | |
| | | | |

15.5 Identifiy all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| ¹ Central Registration Depository | ² Name(s) | ³ Address |
|---|-------------------------|-------------------------|
| | | |
| | | |
| | | |

GENERAL INTERROGATORIES
(continued)

PART 2
PROPERTY AND CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes () No () N/A (X)
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.

Yes () No (X)
- 3.1

Have any of the reporting entity's primary reinsurance contracts been cancelled?

Yes () No (X)
- 3.2

If yes, give full and complete information thereto
.....
.....
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero?

Yes () No (X)
- 4.2

If yes, complete the Discount Schedule.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|--|---|---|
| | Statement Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Statement Value End of First Quarter | Statement Value End of Second Quarter | Statement Value End of Third Quarter | Statement Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1 | 14,196,890 | 6,050,000 | 5,100,000 | (5,656) | 15,141,234 | | | 14,196,890 |
| 2. Class 2 | | | | | | | | |
| 3. Class 3 | | | | | | | | |
| 4. Class 4 | | | | | | | | |
| 5. Class 5 | | | | | | | | |
| 6. Class 6 | | | | | | | | |
| 7. Total Bonds | 14,196,890 | 6,050,000 | 5,100,000 | (5,656) | 15,141,234 | | | 14,196,890 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds and Preferred Stock | 14,196,890 | 6,050,000 | 5,100,000 | (5,656) | 15,141,234 | | | 14,196,890 |

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

| | 1 | 2 | 3 | 4 | 5 |
|----------------------|---------------------------------|-----------|----------------|---|------------------------------|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Amount of Interest Received Current Quarter | Paid for Accrued Interest |
| 8099999 Totals | 6,275,000 | X X X | 6,275,000 | 22,682 | |

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

| | 1 | 2 | 3 | 4 |
|---|-------------------------------|--------------------------------|-------------------------------|---------------------------------|
| | First Quarter Current Year | Second Quarter Current Year | Third Quarter Current Year | Prior Year Ended December 31 |
| 1. Book / adjusted carrying value, beginning of period | 5,325,000 | | | 7,589,287 |
| 2. Cost of short-term investments acquired | 6,050,000 | | | 152,303,089 |
| 3. Increase (decrease) by adjustment | | | | 207,624 |
| 4. Increase (decrease) by foreign exchange adjustment | | | | |
| 5. Total profit (loss) on disposal of short-term investments | | | | |
| 6. Consideration received on disposal of short-term investments | 5,100,000 | | | 154,775,000 |
| 7. Book / adjusted carrying value, current period | 6,275,000 | | | 5,325,000 |
| 8. Total valuation allowance | | | | |
| 9. Subtotal (Line 7 plus Line 8) | 6,275,000 | | | 5,325,000 |
| 10. Total nonadmitted amounts | | | | |
| 11. Statement value (Line 9 minus Line 10) | 6,275,000 | | | 5,325,000 |
| 12. Income collected during period | 30,496 | | | 212,644 |
| 13. Income earned during period | 21,343 | | | 222,117 |

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Is Insurer Licensed? (Yes or No) | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|--|---|------------------------------|----------------------------|---|----------------------------|------------------------------|----------------------------|
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. Alabama | AL | No | | | | | |
| 2. Alaska | AK | No | | | | | |
| 3. Arizona | AZ | No | | | | | |
| 4. Arkansas | AR | No | | | | | |
| 5. California | CA | No | | | | | |
| 6. Colorado | CO | No | | | | | |
| 7. Connecticut | CT | No | | | | | |
| 8. Delaware | DE | No | | | | | |
| 9. District of Columbia | DC | No | | | | | |
| 10. Florida | FL | No | | | | | |
| 11. Georgia | GA | No | | | | | |
| 12. Hawaii | HI | No | | | | | |
| 13. Idaho | ID | No | | | | | |
| 14. Illinois | IL | No | | | | | |
| 15. Indiana | IN | No | | | | | |
| 16. Iowa | IA | No | | | | | |
| 17. Kansas | KS | No | | | | | |
| 18. Kentucky | KY | No | | | | | |
| 19. Louisiana | LA | No | | | | | |
| 20. Maine | ME | No | | | | | |
| 21. Maryland | MD | No | | | | | |
| 22. Massachusetts | MA | No | | | | | |
| 23. Michigan | MI | No | | | | | |
| 24. Minnesota | MN | No | | | | | |
| 25. Mississippi | MS | No | | | | | |
| 26. Missouri | MO | No | | | | | |
| 27. Montana | MT | No | | | | | |
| 28. Nebraska | NE | No | | | | | |
| 29. Nevada | NV | No | | | | | |
| 30. New Hampshire | NH | No | | | | | |
| 31. New Jersey | NJ | No | | | | | |
| 32. New Mexico | NM | No | | | | | |
| 33. New York | NY | No | | | | | |
| 34. North Carolina | NC | No | | | | | |
| 35. North Dakota | ND | No | | | | | |
| 36. Ohio | OH | Yes | 22,583,887 | 14,263,759 | 17,524,243 | 11,410,892 | 29,353,129 |
| 37. Oklahoma | OK | No | | | | | 20,358,657 |
| 38. Oregon | OR | No | | | | | |
| 39. Pennsylvania | PA | No | | | | | |
| 40. Rhode Island | RI | No | | | | | |
| 41. South Carolina | SC | No | | | | | |
| 42. South Dakota | SD | No | | | | | |
| 43. Tennessee | TN | No | | | | | |
| 44. Texas | TX | No | | | | | |
| 45. Utah | UT | No | | | | | |
| 46. Vermont | VT | No | | | | | |
| 47. Virginia | VA | No | | | | | |
| 48. Washington | WA | No | | | | | |
| 49. West Virginia | WV | No | | | | | |
| 50. Wisconsin | WI | No | | | | | |
| 51. Wyoming | WY | No | | | | | |
| 52. American Samoa | AS | No | | | | | |
| 53. Guam | GU | No | | | | | |
| 54. Puerto Rico | PR | No | | | | | |
| 55. U.S. Virgin Islands | VI | No | | | | | |
| 56. Canada | CN | No | | | | | |
| 57. Aggregate Other Alien | OT | X X X | | | | | |
| 58. Totals | (a) 1 | 22,583,887 | 14,263,759 | 17,524,243 | 11,410,892 | 29,353,129 | 20,358,657 |
| DETAILS OF WRITE-INS | | | | | | | |
| 5701. | X X X | | | | | | |
| 5702. | X X X | | | | | | |
| 5703. | X X X | | | | | | |
| 5798. Summary of remaining write-ins for Line 57 from overflow page | X X X | | | | | | |
| 5799. TOTALS (Lines 5701 through 5703 plus Line 5798)(Line 57 above) | X X X | | | | | | |

(a) Insert the number of yes responses except for Canada and Other Alien.

PART 1 - LOSS EXPERIENCE

| Lines of Business | Current Year to Date | | | 4 |
|---|--------------------------------|--------------------------------|--------------------------------|---|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | Prior Year to Date Direct Loss Percentage |
| 1. Fire | 57,622 | 26,225 | 45.5 | 22.0 |
| 2. Allied lines | 24,535 | 27,262 | 111.1 | 68.2 |
| 3. Farmowners multiple peril | | | | |
| 4. Homeowners multiple peril | 4,131,525 | 5,490,677 | 132.9 | 126.6 |
| 5. Commercial multiple peril | 1,100,795 | 941,995 | 85.6 | 104.0 |
| 6. Mortgage guaranty | | | | |
| 8. Ocean marine | | | | |
| 9. Inland marine | 9,461 | 2,030 | 21.5 | (7.7) |
| 10. Financial guaranty | | | | |
| 11.1 Medical malpractice-occurrence | | | | |
| 11.2 Medical malpractice-claims made | | | | |
| 12. Earthquake | 14,754 | | | |
| 13. Group accident and health | | | | |
| 14. Credit accident and health | | | | |
| 15. Other accident and health | 580,000 | 1,870,629 | 322.5 | 477.9 |
| 16. Workers' compensation | | | | |
| 17.1 Other liability-occurrence | 166,842 | 109,793 | 65.8 | 71.7 |
| 17.2 Other liability-claims made | | | | |
| 18.1 Products liability-occurrence | 339 | | | |
| 18.2 Products liability-claims made | | | | |
| 19.1, 19.2 Private passenger auto liability | 7,277,242 | 6,068,401 | 83.4 | 78.0 |
| 19.3, 19.4 Commercial auto liability | 197,207 | 200,050 | 101.4 | 147.3 |
| 21. Auto physical damage | 6,080,527 | 4,833,867 | 79.5 | 94.0 |
| 22. Aircraft (all perils) | | | | |
| 23. Fidelity | 415 | | | |
| 24. Surety | | | | |
| 26. Burglary and theft | 13 | | | |
| 27. Boiler and machinery | | | | |
| 28. Credit | | | | |
| 29. International | | | | |
| 30. Reinsurance-Nonproportional Assumed Property | X X X | X X X | X X X | X X X |
| 31. Reinsurance-Nonproportional Assumed Liability | X X X | X X X | X X X | X X X |
| 32. Reinsurance-Nonproportional Assumed Financial Lines | X X X | X X X | X X X | X X X |
| 33. Aggregate write-ins for other lines of business | | | | |
| 34. TOTALS | 19,641,277 | 19,570,929 | 99.6 | 108.5 |
| DETAILS OF WRITE-INS | | | | |
| 3301. | | | | |
| 3302. | | | | |
| 3303. | | | | |
| 3398. Summary of remaining write-ins for Line 33 from overflow page | | | | |
| 3399. Totals (Lines 3301 through 3303 plus Line 3398) (Line 33) | | | | |

PART 2 - DIRECT PREMIUMS WRITTEN

| | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|---|-------------------------|------------------------------|---------------------------------|
| 1. Fire | 87,574 | 87,574 | 24,349 |
| 2. Allied lines | 36,945 | 36,945 | 9,765 |
| 3. Farmowners multiple peril | | | |
| 4. Homeowners multiple peril | 4,679,630 | 4,679,630 | 3,004,023 |
| 5. Commercial multiple peril | 1,312,177 | 1,312,177 | 920,379 |
| 6. Mortgage guaranty | | | |
| 8. Ocean marine | | | |
| 9. Inland marine | 14,426 | 14,426 | 2,400 |
| 10. Financial guaranty | | | |
| 11.1 Medical malpractice-occurrence | | | |
| 11.2 Medical malpractice-claims made | | | |
| 12. Earthquake | 17,514 | 17,514 | 11,859 |
| 13. Group accident and health | | | |
| 14. Credit accident and health | | | |
| 15. Other accident and health | 635,459 | 635,459 | 373,672 |
| 16. Workers' compensation | | | |
| 17.1 Other liability-occurrence | 216,415 | 216,415 | 119,437 |
| 17.2 Other liability-claims made | | | |
| 18.1 Products liability-occurrence | 604 | 604 | (259) |
| 18.2 Products liability-claims made | | | |
| 19.1, 19.2 Private passenger auto liability | 8,292,167 | 8,292,167 | 5,182,285 |
| 19.3, 19.4 Commercial auto liability | 282,612 | 282,612 | 141,022 |
| 21. Auto physical damage | 7,007,783 | 7,007,783 | 4,474,549 |
| 22. Aircraft (all perils) | | | |
| 23. Fidelity | 530 | 530 | 226 |
| 24. Surety | | | |
| 26. Burglary and theft | 51 | 51 | 53 |
| 27. Boiler and machinery | | | |
| 28. Credit | | | |
| 29. International | | | |
| 30. Reinsurance-Nonproportional Assumed Property | X X X | X X X | X X X |
| 31. Reinsurance-Nonproportional Assumed Liability | X X X | X X X | X X X |
| 32. Reinsurance-Nonproportional Assumed Financial Lines | X X X | X X X | X X X |
| 33. Aggregate write-ins for other lines of business | | | |
| 34. TOTALS | 22,583,887 | 22,583,887 | 14,263,760 |
| DETAILS OF WRITE-INS | | | |
| 3301. | | | |
| 3302. | | | |
| 3303. | | | |
| 3398. Summary of remaining write-ins for Line 33 from overflow page | | | |
| 3399. Totals (Lines 3301 through 3303 plus Line 3398) (Line 33) | | | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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 NO 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

1. Will the SVO Compliance Certification be filed with this statement?

Yes

EXPLANATION:

.....

BARCODE:

Document Identifier 470:

2. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC with this statement?

No

EXPLANATION:

.....

BARCODE:

2. Document Identifier 490:



3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?

No

EXPLANATION:

.....

BARCODE:

3. Document Identifier 450:



STATEMENT AS OF MARCH 31, 2002 OF THE American Family Insurance Company

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 3, Liabilities

| | | 1 | 2 |
|------------------------------------|----------------------|----------------|--------------|
| | | Current | December 31, |
| | | Statement Date | Prior Year |
| AGGREGATED AT Line 23, Liabilities | | 1,050 | 704 |
| 2398 | Line 23, Liabilities | 1,050 | 704 |

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | 2 | 3 | 4 | Book Balance at End of Each Month During Current Quarter | | | 8 |
|-----------------------------------|---------------------------------------|------------------|--|--|--|--------------|-------------|---|
| Depository | | | | | 5 | 6 | 7 | |
| Name | Location and Supplemental Information | | | | | | | |
| | | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| Open Depositories | | | | | | | | |
| Firstar Bank | | Madison WI | | | (6,223) | 221,734 | 412,059 | |
| 0199999 TOTAL - Open Depositories | | | | | (6,223) | 221,734 | 412,059 | |
| | | | | | | | | |
| 0399999 TOTAL Cash on Deposit | | | | | (6,223) | 221,734 | 412,059 | |
| 0599999 TOTALS | | | | | (6,223) | 221,734 | 412,059 | |