PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

* 1 6 7 4 8 2 0 0 2 2 0 1 0 0 1 0 1 *

QUARTERLY STATEMENT

As of March 31, 2002
of the Condition and Affairs of the

Elevators Mutual Insurance Company

NAIC Group Code..... , (Current Period) (Prior Period) NAIC Company Code..... 16748 Employer's ID Number..... 34-4317240

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

Country of Domicile US

Incorporated..... December 17, 1934 Commenced Business..... May 1, 1935

Statutory Home Office	722 North Cable Road….. Lima ..... OH ..... 45805-1795 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	722 North Cable Road….. Lima ..... OH ..... 45805-1795 *(Street and Number) (City or Town, State and Zip Code)*	419-227-6604 *(Area Code) (Telephone Number)*
Mail Address	722 North Cable Road….. Lima ..... OH ..... 45805-1795 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	722 North Cable Road….. Lima ..... OH ..... 45805-1795 *(Street and Number) (City or Town, State and Zip Code)*	419-227-6604 *(Area Code) (Telephone Number)*
Internet Website Address	N/A	
Statement Contact	Brent A. Helmke *(Name)*	419-227-6604 *(Area Code) (Telephone Number) (Extension)*
	emic@wcoil.com *(E-Mail Address)*	419-224-4874 *(Fax Number)*
Policyowner Relations Contact	722 North Cable Road….. Lima ..... OH ..... 45805-1795 *(Street and Number) (City or Town, State and Zip Code)*	419-227-6604 *(Area Code) (Telephone Number) (Extension)*

OFFICERS

President ..... Jack L. Brinkman Treasurer ..... Daniel R. Combs Secretary ..... Jack L. Brinkman

CHAIRMAN / VICE CHAIRMAN

Eldon M. Helmke
Chairman

David W. Seemann
Vice Chairman

DIRECTORS OR TRUSTEES

Daniel R. Combs	David W. Seemann	Alvin J. King	Arthur W. Inkrott
Fred G. Bunke	Lee W. Kaemming	Scott W. Boulis	Eldon M. Helmke
Dale N. Hirschfeld			

State of..... Ohio
County of..... Allen

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.

(Signature)	(Signature)	(Signature)
Jack L. Brinkman	Jack L. Brinkman	Daniel R. Combs
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this

.....day of ....., 2002

.....

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1. Bonds	1,552,832		1,552,832	1,585,304
2. Stocks:				
2.1 Preferred stocks	147,600		147,600	150,700
2.2 Common stocks	7,658,641		7,658,641	7,487,794
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)	131,496		131,496	132,308
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....235,025) and short-term investments ($.....1,037,160)	1,272,184		1,272,184	1,117,792
6. Other invested assets			0	
7. Receivable for securities	9,000		9,000	110,000
8. Aggregate write-ins for invested assets	0	0	0	0
9. Subtotals, cash and invested assets (Lines 1 to 8)	10,771,754	0	10,771,754	10,583,897
10. Agents' balances or uncollected premiums:				
10.1 Premiums and agents' balances in course of collection	346,832		346,832	324,600
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)	1,689,911		1,689,911	1,493,072
10.3 Accrued retrospective premiums			0	
11. Funds held by or deposited with reinsured companies			0	
12. Bills receivable, taken for premiums			0	
13. Amounts receivable under high deductible policies			0	
14. Reinsurance recoverables on loss and loss adjustment expense payments	23,091		23,091	52,122
15. Federal and foreign income tax recoverable and interest thereon (including $.....0 net deferred tax asset)			0	68,000
16. Guaranty funds receivable or on deposit			0	
17. Electronic data processing equipment and software	21,380		21,380	25,864
18. Interest, dividends and real estate income due and accrued	41,228		41,228	33,805
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	
20. Receivable from parent, subsidiaries and affiliates			0	
21. Amounts due from/to protected cells			0	
22. Equities and deposits in pools and associations			0	
23. Amounts receivable relating to uninsured accident and health plans			0	
24. Other assets nonadmitted	14,767	14,767	0	
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding protected cell assets (Lines 9 through 25)	12,908,963	14,767	12,894,196	12,581,360
27. Protected cell assets			0	
28. TOTALS (Lines 26 and 27)	12,908,963	14,767	12,894,196	12,581,360

DETAILS OF WRITE-INS

0801.			0	
0802.			0	
0803.			0	
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)	0	0	0	0
2501. Building Permanent Improvement Pre-Payment			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year $.....291,579)	1,040,615	988,883
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	116,816	124,719
4.	Commissions payable, contingent commissions and other similar charges	37,500	111,521
5.	Other expenses (excluding taxes, licenses and fees)	33,716	142,326
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	11,265	25,753
7.	Federal and foreign income taxes (including $.....63,770 on realized capital gains (losses) (including $.....240,687 net deferred tax liability)	294,962	114,938
8.	Borrowed money $.....0 and interest thereon $.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of $.....0 and including warranty reserves of $.....0)	2,584,813	2,221,091
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	236,080	177,965
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others	26,324	31,754
15.	Remittances and items not allocated		
16.	Provision for reinsurance		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
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	0	0
24.	Total liabilities excluding protected cell liabilities (Lines 1 through 23)	4,382,090	3,938,951
25.	Protected cell liabilities		
26.	Total liabilities (Lines 24 and 25)	4,382,090	3,938,951
27.	Aggregate write-ins for special surplus funds	0	0
28.	Common capital stock		
29.	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds	0	0
31.	Surplus notes		
32.	Gross paid in and contributed surplus		
33.	Unassigned funds (surplus)	8,512,106	8,642,409
34.	Less treasury stock, at cost:		
	34.1 .....0.000 shares common (value included in Line 28 $.....0)		
	34.2 .....0.000 shares preferred (value included in Line 29 $.....0)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34)	8,512,106	8,642,409
36.	TOTALS	12,894,196	12,581,360

DETAILS OF WRITE-INS

2301.	Line 15 from 2000 Annual Statement		
2302.			
2303.			
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0
2701.			
2702.			
2703.			
2798.	Summary of remaining write-ins for Line 27 from overflow page	0	0
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0
3001.			
3002.			
3003.			
3098.	Summary of remaining write-ins for Line 30 from overflow page	0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Previous Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct ..... (written $.....1,815,393)	1,431,415	1,072,374	4,797,980
1.2 Assumed ..... (written $.....0)			
1.3 Ceded ..... (written $.....719,259)	699,003	371,358	1,708,300
1.4 Net ..... (written $.....1,096,134)	732,412	701,016	3,089,679
DEDUCTIONS:			
2. Losses incurred (current accident year $.....544,461):			
2.1 Direct	650,503	1,503,906	3,195,528
2.2 Assumed			
2.3 Ceded	169,568	959,300	1,465,469
2.4 Net	480,935	544,606	1,730,059
3. Loss expenses incurred	92,012	60,114	271,374
4. Other underwriting expenses incurred	375,551	355,336	1,472,058
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	948,498	960,056	3,473,491
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(216,086)	(259,040)	(383,812)
INVESTMENT INCOME			
9. Net investment income earned	59,066	81,355	330,275
10. Net realized capital gains (losses)	400,932	154,420	(336,556)
11. Net investment gain (loss) (Lines 9 + 10)	459,998	235,775	(6,281)
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $.....0 amount charged off $.....0)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	23	0	139
15. Total other income (Lines 12 through 14)	23	0	139
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	243,935	(23,265)	(389,954)
17. Dividends to policyholders			
18. Net income after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	243,935	(23,265)	(389,954)
19. Federal and foreign income taxes incurred	54,275		7,231
20. Net income (Line 18 minus Line 19) (to Line 22)	189,660	(23,265)	(397,185)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 previous year	8,642,409	9,645,886	9,645,886
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	189,660	(23,265)	(397,185)
23. Net unrealized capital gains or losses	(195,057)	(808,550)	(497,026)
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income taxes	(125,749)	25,968	(114,938)
26. Change in nonadmitted assets	843	(3,197)	5,672
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		18,667	
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	0	0	0
37. Change in surplus as regards policyholders (Lines 22 through 36)	(130,303)	(790,378)	(1,003,477)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	8,512,106	8,855,508	8,642,409
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0
1401. Lines 23 and 29 from 2000 Annual Statement			
1402. Miscellaneous Income	23		17
1403. Bad Debt Income Collected			122
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	23	0	139
3601. Lines 23 and 29 from 2000 Annual Statement			
3602.			
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page	0	0	0
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)	0	0	0

CASH FLOW

		1 Current Year to Date	2 Prior Year Ended December 31
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	935,178	3,176,074
2.	Loss and loss adjustment expenses paid (net of salvage and subrogation)	500,088	1,683,764
3.	Underwriting expenses paid	572,670	1,403,084
4.	Other underwriting income (expenses)		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(137,581)	89,225
6.	Net investment income	52,455	324,490
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	(5,430)	4,616
	7.4 Aggregate write-ins for miscellaneous items	23	139
	7.5 Total other income (Lines 7.1 to 7.4)	(5,407)	4,755
8.	Dividends to policyholders on direct business, less $.....0 dividends on reinsurance assumed or ceded (net)		
9.	Federal and foreign income taxes (paid) recovered	68,000	(45,982)
10.	Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	(22,533)	372,488
	CASH FROM INVESTMENTS		
11.	Proceeds from investments sold, matured or repaid:		
	11.1 Bonds	525,796	948,534
	11.2 Stocks	1,770,556	2,730,393
	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	101,000	
	11.8 Total investment proceeds (Lines 11.1 to 11.7)	2,397,352	3,678,927
12.	Cost of investments acquired (long-term only):		
	12.1 Bonds	493,324	1,100,022
	12.2 Stocks	1,732,429	3,613,807
	12.3 Mortgage loans		
	12.4 Real estate		74,716
	12.5 Other invested assets		
	12.6 Miscellaneous applications		105,780
	12.7 Total investments acquired (Lines 12.1 to 12.6)	2,225,753	4,894,324
13.	Net cash from investments (Line 11.8 minus Line 12.7)	171,599	(1,215,398)
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
14.	Cash provided:		
	14.1 Surplus notes, capital and surplus paid in		
	14.2 Capital notes $.....0 less amounts repaid $.....0		
	14.3 Net transfers from affiliates		
	14.4 Borrowed funds received		
	14.5 Other cash provided	5,327	5,672
	14.6 Total (Lines 14.1 to 14.5)	5,327	5,672
15.	Cash applied:		
	15.1 Dividends to stockholders paid		
	15.2 Net transfers to affiliates		
	15.3 Borrowed funds repaid		
	15.4 Other applications		2,312
	15.5 Total (Lines 15.1 to 15.4)	0	2,312
16.	Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	5,327	3,360
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17.	Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	154,393	(839,550)
18.	Cash and short-term investments:		
	18.1 Beginning of year	1,117,791	1,957,341
	18.2 End of period (Line 17 plus Line 18.1)	1,272,184	1,117,791

DETAILS OF WRITE-INS

07.401	Miscellaneous Items	23	139
07.402			
07.403			
07.498	Summary of remaining write-ins for Line 7.4 from overflow page	0	0
07.499	Total (Lines 7.401 to 7.403 plus 7.498) (Line 7.4 above)	23	139

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices

The financial statements of Elevators Mutual Insurance Company are presented on the basis of accounting practices prescribed of permitted by the Ohio Department of Insurance. The Ohio Department of Insurance has adopted the National Association of Insurance Commissioner's (NAIC) Accounting Practices and Procedures Manual as the permitted practice for the filing of financial statements.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires 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 those estimated.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of the premiums written. Such reserves are computed on a pro-rata basis.

Expenses incurred in the connection with acquiring new insurance business, including such acquisitions costs as sales commissions, are charged to operations as incurred.

Investments are stated at amortized cost or market value based on the Purpose and Procedures Manual of the NAIC's Securities Valuation Office.

2. Accounting Changes and Corrections of Errors:

Elevators Mutual Insurance Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001 the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting Practice and Procedures Manual.

7. Investment Income

Elevators Mutual Insurance Company has zero excluded investment income.

9. Income Taxes

A. The components of the net deferred tax liability at March 31, 2002 are as follows:

	03/31/02	12/31/01	Difference
Total of all deferred tax assets	$143,664	$172,642	($28,978)
Total of all deferred tax liabilities	$384,351	$287,580	$96,771
Net deferred tax liabilities	$240,687	$114,937	$125,749
C. Income - Federal Tax Liability	$54,275	$0	$54,275

D. The main components of the deferred tax amounts are as follows:

DTA's	03/31/02	12/31/01	Difference
Unearned Premium Reserve	$115,024	$66,633	$48,391
Tax Carry Forward/Back	$19,219	$100,138	($80,919)
Discounted Loss Reserves	$8,709	$ 5,871	$2,838
Depreciation	$712		$712
Total DTA's	$143,664	$172,642	($28,978)
DTL's			
Unrealized Gain	$375,178	$282,188	$92,990
Dividend Accrual	$9,173	$5,071	$4,102
Depreciation		$321	($321)
Total DTL's	$384,351	$287,580	$96,771

E. At March 31, 2002, the company had $114,327 of operating loss carry forwards originating in 2001 which expire, if unused, in 2021.

10. Information Concerning Parent, Subsidiaries and Affiliates

Elevators Mutual Insurance company owns all outstanding shares of Ohio Insurance Services. This Subsidiary is valued using the equity method.

NOTES TO FINANCIAL STATEMENTS

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

The portion of unassigned funds (surplus represented or reduced by each item below):

a. Unrealized gains and losses	($195,057)
b. Nonadmitted assets values	$843

14. Contingent Liabilities

As of March 31,2002, Elevators Mutual Insurance Company is not aware of any assessment contingencies that could have a material financial effect.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

None

22. Reinsurance

Elevators Mutual Insurance Company does not have an unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and the unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of policyholder surplus.

If all reinsurance contracts were cancelled effective 03/31/02, Elevators Mutual would owe reinsurers $35,2687 return commission on ceded unearned reinsurance premium of $2,584,813.

As of March 31,2002, Elevators Mutual Insurance Company's financial statements reflects $91,482 income from profit sharing agreements.

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? Yes [ ] No [X]
If yes, attach an organizational chart.

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 ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

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. .....12/31/2001.....

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. .....12/31/2000.....

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). .....03/28/2002.....

7.4 By what department or departments?..... Ohio Department of Insurance

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)

INVESTMENT

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

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 [X] No [ ]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	$.....0	$.....0
13.22 Preferred Stock	$.....0	$.....0
13.23 Common Stock	$.....44,196	$.....44,196
13.24 Short-Term Investments	$.....0	$.....0
13.25 Mortgages, Loans or Real Estate	$.....0	$.....0
13.26 All Other	$.....0	$.....0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	$.....44,196	$.....44,196
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	$.....0	$.....0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	$.....0	$.....0

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
Fifth Third Bank	110 North Main Street, Dayton, Ohio 45402
McDonald Investments	800 Superior Avenue, Cleveland, Ohio 44114-2603

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 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/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 & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [ ] No [ ] N/A [X]
   If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other 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? Yes [ ] No [X]
   If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? 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 following schedule:

1	2	3	Total Discount				Discount Taken During Period			
			4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Disc. Rate	Unpaid Losses	Unpaid LAE	IBNR	Total	Unpaid Losses	Unpaid LAE	IBNR	Total
						0				0
Total	XXX	XXX	0	0	0	0	0	0	0	0

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	132,308	0	0	44,008
2. Increase (decrease) by adjustment	(811)			(3,413)
3. Cost of acquired				
4. Cost of additions to and permanent improvements				91,712
5. Total profit (loss) on sales				
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period	131,496	0	0	132,308
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)	131,496	0	0	132,308
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)	131,496	0	0	132,308

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period	0	0	0	
2. Amount loaned during period:				
2.1 Actual cost at time of acquisitions				
2.2 Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and commitment fees				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0	0	0
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)	0	0	0	0
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period	0	0	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period	0	0	0	
2. Cost of acquisitions during period:				
2.1 Actual cost at time of acquisitions				
2.2 Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0	0	0
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)	0	0	0	0
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period	0	0	0	0

NONE

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 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	2,171,110	697,888	678,635	486	2,190,849			2,171,110
2. Class 2	399,143				399,143			399,143
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	2,570,253	697,888	678,635	486	2,589,992	0	0	2,570,253
PREFERRED STOCK								
8. Class 1	19,250			500	19,750			19,250
9. Class 2	61,450			(4,800)	56,650			61,450
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6	70,000			1,200	71,200			70,000
14. Total Preferred Stock	150,700	0	0	(3,100)	147,600	0	0	150,700
15. Total Bonds and Preferred Stock	2,720,953	697,888	678,635	(2,614)	2,737,592	0	0	2,720,953

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. Totals	1,037,160	XXX	1,037,160	4,564	

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	984,949	0	0	660,093
2. Cost of short-term investments acquired	204,564			1,676,796
3. Increase (decrease) by adjustment				
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	152,353			1,351,939
7. Book/adjusted carrying value, current period	1,037,160	0	0	984,949
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	1,037,160	0	0	984,949
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	1,037,160	0	0	984,949
12. Income collected during period	4,647			26,796
13. Income earned during period	4,564			27,679

SCHEDULE DB - PART F - SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory			0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions									0	0
3. Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending inventory	0	0	0	0	0	0	0	0	0	0

NONE

SCHEDULE F - CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)

NONE

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 2 Current Year to Date	Direct Premiums Written 3 Prior Year to Date	Direct Losses Paid (Deducting Salvage) 4 Current Year to Date	Direct Losses Paid (Deducting Salvage) 5 Prior Year to Date	Direct Losses Unpaid 6 Current Year to Date	Direct Losses Unpaid 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	YES	752,782	391,758	109,818	67,541	257,263	535,873
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	YES	50,159	33,642	14,027	96,354	23,639	10,486
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	1,012,452	765,429	470,283	149,231	2,419,613	1,793,901
37. Oklahoma OK	NO						
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. US Virgin Islands VI	NO						
56. Canada CN	NO						
57. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
58. Totals	(a) 3	1,815,393	1,190,829	594,128	313,126	2,700,516	2,340,260
DETAILS OF WRITE-INS							
5701.	XXX						
5702.	XXX						
5703.	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + Line 5798) (Line 57 above)	XXX	0	0	0	0	0	0

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date 1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date Direct Loss Percentage
1. Fire	263,078	375,152	142.6	2.2
2. Allied lines	175,386	73,325	41.8	1,737.9
3. Farmowners multiple peril			0.0	
4. Homeowners multiple peril			0.0	
5. Commercial multiple peril	660,052	133,565	20.2	153.9
6. Mortgage guaranty			0.0	
8. Ocean marine			0.0	
9. Inland marine	65,360	32,889	50.3	13.2
10. Financial guaranty			0.0	
11.1. Medical malpractice-occurrence			0.0	
11.2. Medical malpractice-claims made			0.0	
12. Earthquake			0.0	
13. Group accident and health			0.0	
14. Credit accident and health			0.0	
15. Other accident and health			0.0	
16. Workers' compensation			0.0	
17.1 Other liability-occurrence	59,786		0.0	
17.2 Other liability-claims made			0.0	
18.1 Products liability-occurrence			0.0	
18.2 Products liability-claims made			0.0	
19.1, 19.2 Private passenger auto liability			0.0	
19.3, 19.4 Commercial auto liability	142,517	4,568	3.2	345.5
21. Auto physical damage	59,097	30,625	51.8	180.0
22. Aircraft (all perils)			0.0	
23. Fidelity	2,535		0.0	
24. Surety	1,783		0.0	
26. Burglary and theft	1,819	379	20.9	
27. Boiler and machinery			0.0	
28. Credit			0.0	
29. International			0.0	
30. Reinsurance-nonproportional assumed property	XXX	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0.0	0.0
34. Totals	1,431,415	650,503	45.4	140.2
DETAILS OF WRITE-INS				
3301.			0.0	
3302.			0.0	
3303.			0.0	
3398. Sum. of remaining write-ins for Line 33 from overflow page	0	0	0.0	0.0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	331,108	331,108	280,212
2. Allied lines	220,738	220,738	186,808
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril	832,024	832,024	481,271
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	90,054	90,054	65,611
10. Financial guaranty			
11.1. Medical malpractice-occurrence			
11.2. Medical malpractice-claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1. Other liability-occurrence	80,756	80,756	38,705
17.2. Other liability-claims made			
18.1. Products liability-occurrence			
18.2. Products liability-claims made			
19.1, 19.2 Private passenger auto liability			
19.3, 19.4 Commercial auto liability	177,605	177,605	95,688
21. Auto physical damage	75,837	75,837	39,254
22. Aircraft (all perils)			
23. Fidelity	2,366	2,366	1,089
24. Surety	1,783	1,783	
26. Burglary and theft	3,122	3,122	2,191
27. Boiler and machinery			
28. Credit			
29. International			
30. Reinsurance-nonproportional assumed property	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business	0	0	0
34. Totals	1,815,393	1,815,393	1,190,829
DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Sum. of remaining write-ins for Line 33 from overflow page	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	4 2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2002 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Savings)/Deficiency (c) (Cols. 11 + 12)
1. 1999 + Prior	85	17	102	6		6	95		1	96	16	(16)	0
2. 2000	234	15	249	(1)		(1)	239		11	250	3	(3)	0
3. Subtotals 2000 + Prior	319	32	351	4	0	4	334	0	13	346	19	(19)	0
4. 2001	606	157	763	217	6	223	347		151	498	(42)	0	(42)
5. Subtotals 2001 + Prior	925	189	1,114	222	6	228	680	0	164	844	(23)	(19)	(42)
6. 2002	XXX	XXX	XXX	XXX	256	256	XXX	289	25	313	XXX	XXX	XXX
7. Totals	925	189	1,114	222	262	484	680	289	189	1,157	(23)	(19)	(42)
8. Prior Year-End's Surplus As Regards Policyholders	8,642										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. (2.5)%	2. (10.1)%	3. (3.8)%
													Col. 13, Line 7 Line 8
													4. (0.5)%

(a) Should equal prior year-end Annual Statement; Page 3, Col. 1, Lines 1 + 3.
(b) Should equal Q.S. Page 3, Col.1, Lines 1 and 3.
(c) Should also equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

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.

	RESPONSE
1. Will the SVO Compliance Certification be filed with this statement?	YES
2. Will the Trusteed Surplus Statement be filed with the State of Domicile and the NAIC with this statement?	NO
3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?	NO

EXPLANATIONS:

BAR CODE:

Overflow Page for Write-Ins

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Expended for Additions and Permanent Improvements

NONE

E01

SCHEDULE A - PART 3

Showing all Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales Under Contract

1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3													
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9	10	11
	2	3				Book Value/Recorded Investment Excluding Accrued Interest		Increase (Decrease) by Foreign Exchange Adjustment	Value of Land and Buildings	Date of Last Appraisal or Valuation
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest		Increase (Decrease) by Adjustment			

NONE

SCHEDULE B - PART 2

Showing all Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12	13
	2	3			Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book Value/ Recorded Investment Excluding Accrued Interest at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale
Loan Number	City	State	Loan Type	Date Acquired								

NONE

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9	10
	2	3					Book/Adjusted		Increase (Decrease)
Number of Units and Description	City	State	Name of Vendor	Date Acquired	Actual Cost	Amount of Encumbrances	Carrying Value Less Encumbrances	Increase (Decrease) by Adjustment	by Foreign Exchange Adjustment

NONE

E03

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12	13
	2	3			Book/Adjusted Carrying Value Less		Increase (Decrease) by Foreign	Book/ Adjusted Carrying Value		Foreign Exchange		Total
Number of Units and Description	City	State	Name of Purchaser or Nature of Disposition	Date Acquired	Encumbrances, Prior Year	Increase (Decrease) by Adjustment	Exchange Adjustment	Less Encumbrances at Disposition	Consideration Received	Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Profit (Loss) on Sale

NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
Bonds - U.S. Government								
912827-7H-9	U. S. Treasury Note	01/18/2002	Fifth-Third Bank		100,699	100,000	198	1
0399999.	Total - Bonds - U.S. Government				100,699	100,000	198	XXX
Bonds - Special Revenue and Special Assessment								
United States								
31359V-UE-1	FNMA Series 1999-16 Class L	03/12/2002	McDonald Investments		195,375	195,619	883	1
31392A-BD-9	FNMA Series 2001-62 Class HB	03/12/2002	McDonald Investments		197,250	200,000	903	1
	U.S.				392,625	395,619	1,786	XXX
	United States				392,625	395,619	1,786	XXX
3199999.	Total - Bonds - Special Revenue & Special Assessments				392,625	395,619	1,786	XXX
6099997.	Total - Bonds - Part 3				493,324	495,619	1,983	XXX
6099999.	Total - Bonds				493,324	495,619	1,983	XXX
Common Stocks - Banks, Trust and Insurance Companies								
United States								
857477-10-3	State Street Corporation	03/21/2002	McDonald Investments	2,000.000	111,380			L
	United States				111,380	XXX	0	XXX
6799999.	Total - Common Stocks - Banks, Trust & Ins. Cos				111,380	XXX	0	XXX
Common Stocks - Industrial and Miscellaneous								
United States								
067774-10-9	Barnes & Noble, Inc	01/17/2002	McDonald Investments	3,000.000	100,560			L
32054K-10-3	First Industrial Realty Trust, Inc	01/17/2002	McDonald Investments	4,000.000	123,599			L
421915-10-9	Health Care Property Investors, Inc	01/17/2002	McDonald Investments	3,000.000	114,210			L
670346-10-5	Nucor Corporation	01/17/2002	McDonald Investments	2,000.000	101,536			L
17275R-10-2	Cisco Systems	02/21/2002	McDonald Investments	5,000.000	79,606			L
235811-10-6	Dana Corporation	02/21/2002	McDonald Investments	6,000.000	105,136			L
412822-10-8	Harley-Davidson, Inc	02/21/2002	McDonald Investments	2,000.000	104,280			L
531172-10-4	Liberty Property Trust	02/21/2002	McDonald Investments	4,000.000	120,306			L
713448-10-8	PepsiCo Inc	02/21/2002	McDonald Investments	2,000.000	99,460			L
931422-10-9	Walgreen Co	02/21/2002	McDonald Investments	3,000.000	117,262			L
438516-10-6	Honeywell International Inc	03/21/2002	McDonald Investments	5,000.000	195,460			L
88033G-10-0	Tenet Healthcare Corporation	03/21/2002	McDonald Investments	2,000.000	130,100			L
235811-10-6	Dana Corporation	03/21/2002	McDonald Investments	5,000.000	98,376			L
87157J-10-6	Syncor International Corporation	03/21/2002	McDonald Investments	5,000.000	131,044			L
38142G 50 9	Goldman Sachs - Growth & Income Fund	03/21/2002	McDonald Investments	5.548	114			L
	United States				1,621,049	XXX	0	XXX
6899999.	Total - Common Stocks - Industrial & Miscellaneous				1,621,049	XXX	0	XXX
7099997.	Total - Common Stocks - Part 3				1,732,429	XXX	0	XXX
7099999.	Total - Common Stocks				1,732,429	XXX	0	XXX
7199999.	Total - Preferred and Common Stocks				1,732,429	XXX	0	XXX
7299999.	Total - Bonds, Preferred and Common Stocks				2,225,753	XXX	1,983	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues:.....0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarte

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value At Disposal Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) on Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Designation (a)
Bonds - U.S. Government																
912827-2C-5	U. S. Treasury Note	01/18/2002	Matured		100,000	100,000	100,000	100,000					0	4,342		1
912827-6A-5	U. S. Treasury Note	03/25/2002	Matured		100,000	100,000	100,000	100,000	14				0	3,250		1
0399999.	Total - Bonds - U.S. Government				200,000	200,000	200,000	200,000	14	0	0	0	0	7,592	0	XXX
Bonds - Special Revenue and Special Assessment																
United States																
3133T2-PC-8	FHLMC Series 1611 Class F	01/15/2002	Called		3,640	3,640	3,640	3,640					0			1
3133TK-6H-8	FHLMC Series 2136 Class DC	01/15/2002	Called		2,286	2,286	2,286	2,286					0			1
3133TK-GY-0	FHLMC Series 2141 Class PE	01/15/2002	Called		2,010	2,010	2,010	2,010					0			1
3133TT-CQ-2	FHLMC Series 2316 Class AD	01/15/2002	Called		51,640	51,640	51,640	51,640					0			1
31359S-TA-8	FNMA Series 2001-11 Class GE	01/25/2002	Called		188,100	188,100	188,100	188,100					0			1
3133T2-PC-8	FHLMC Series 1611 Class F	02/15/2002	Called		3,566	3,566	3,566	3,566					0			1
3133TK-6H-8	FHLMC Series 2136 Class DC	02/15/2002	Called		2,240	2,240	2,240	2,240					0			1
3133TK-GY-0	FHLMC Series 2141 Class PE	02/15/2002	Called		1,962	1,962	1,962	1,962					0			1
3133TT-CQ-2	FHLMC Series 2316 Class AD	02/15/2002	Called		23,333	23,333	23,333	23,333	(5)				0	553		1
31359S-TA-8	FNMA Series 2001-11 Class GE	02/18/2002	Called		11,900	11,900	11,900	11,900	477				0	1,192		1
3133T2-PC-8	FHLMC Series 1611 Class F	03/15/2002	Called		3,493	3,493	3,493	3,493					0			1
3133TK-6H-8	FHLMC Series 2136 Class DC	03/15/2002	Called		2,195	2,195	2,195	2,195					0			1
3133TK-GY-0	FHLMC Series 2141 Class PE	03/15/2002	Called		1,915	1,915	1,915	1,915					0			1
	U.S.				298,282	298,282	298,282	298,282	472	0	0	0	0	1,745	0	XXX
	United States				298,282	298,282	298,282	298,282	472	0	0	0	0	1,745	0	XXX
3199999.	Total - Bonds - Special Revenue & Assessment				298,282	298,282	298,282	298,282	472	0	0	0	0	1,745	0	XXX
Bonds - Industrial and Miscellaneous																
United States																
863573 PQ 8	SMART 1992-11 Class G	01/28/2002	Called		8,000	8,000	8,000	8,000					0			1
863573 QK 0	SMART 1993-1 Class G	01/28/2002	Called		2,000	2,000	2,000	2,000					0			1
863573 QZ 7	SMART 1993-2 Class G	01/28/2002	Called		2,000	2,000	2,000	2,000					0			1
863573 PQ 8	SMART 1992-11 Class G	02/25/2002	Called		4,000	4,000	4,000	4,000					0			1
863573 QK 0	SMART 1993-1 Class G	02/25/2002	Called		1,000	1,000	1,000	1,000					0			1
863573 QZ 7	SMART 1993-2 Class G	02/25/2002	Called		2,000	2,000	2,000	2,000					0			1
863573 PQ 8	SMART 1992-11 Class G	03/25/2002	Called		5,000	5,000	5,000	5,000					0			1
863573 QK 0	SMART 1993-1 Class G	03/25/2002	Called		2,000	2,000	2,000	2,000					0			1
863573 QZ 7	SMART 1993-2 Class G	03/25/2002	Called		2,000	2,000	2,000	2,000					0			1
	United States				28,000	28,000	28,000	28,000	0	0	0	0	0	0	0	XXX
4599999.	Total - Bonds - Industrial & Miscellaneous				28,000	28,000	28,000	28,000	0	0	0	0	0	0	0	XXX
6099997.	Total - Bonds - Part 4				526,282	526,282	526,282	526,282	486	0	0	0	0	9,337	0	XXX
6099999.	Total - Bonds				526,282	526,282	526,282	526,282	486	0	0	0	0	9,337	0	XXX
Common Stocks - Public Utilities																
United States																
938837 10 1	Washington Gas & Light Company	01/17/2002	McDonald Investments	2,000.000	54,047		41,303	41,303				12,744	12,744		630	L
	United States				54,047	XXX	41,303	41,303	0	0	0	12,744	12,744	0	630	XXX
6699999.	Total - Common Stocks - Public Utilities				54,047	XXX	41,303	41,303	0	0	0	12,744	12,744	0	630	XXX
Common Stocks - Banks, Trust and Insurance Companies																
United States																
493267 10 8	KeyCorp	02/21/2002	McDonald Investments	8,000.000	192,401		114,503	114,503				77,898	77,898			L
	United States				192,401	XXX	114,503	114,503	0	0	0	77,898	77,898	0	0	XXX
6799999.	Total - Common Stocks - Banks, Trust & Insurance Companies				192,401	XXX	114,503	114,503	0	0	0	77,898	77,898	0	0	XXX
Common Stocks - Industrial and Miscellaneous																
United States																
902124-10-6	Tyco International LTD New	01/03/2002	McDonald Investments	1,000.000	55,109		57,155	57,155				(2,046)	(2,046)		13	L

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarte

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value At Disposal Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) on Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Designation (a)
902124-10-6	Tyco International LTD New	01/03/2002	McDonald Investments	1,000.000	55,109		49,015	49,015				6,094	6,094		13	L
17275R 10 2	Cisco Systems Inc	01/17/2002	McDonald Investments	6,000.000	114,183		100,603	100,603				13,580	13,580			L
742718 10 9	Procter & Gamble Co	01/17/2002	McDonald Investments	2,000.000	158,438		137,355	137,355				21,083	21,083		760	L
78388J-10-6	SBA Communications	01/17/2002	McDonald Investments	10,000.000	92,159		104,690	104,690				(12,531)	(12,531)			L
42217K 10 6	Health Care REIT Inc	02/07/2002	Health Care REIT Inc. (Non-Tax Dist.)		9,720		9,720	9,720					0			L
948741 10 3	Weingarten Realty Investment	02/07/2002	Weingarten Realty Inv. (Non-Tax Dist.)		486		486	486					0			L
458140 10 0	Intel	02/21/2002	McDonald Investments	12,000.000	358,786		224,028	224,028				134,758	134,758		240	L
681977-10-4	1-800 Contacts Inc	02/21/2002	McDonald Investments	5,000.000	55,826		64,604	64,604				(8,778)	(8,778)			L
749121 10 9	Qwest	02/21/2002	McDonald Investments	8,000.000	64,799		109,595	109,595				(44,796)	(44,796)			L
42217K 10 6	Health Care REIT Inc	03/21/2002	McDonald Investments	2,700.000	73,669		30,466	30,466				43,203	43,203		1,580	L
42217K 10 6	Health Care REIT Inc	03/21/2002	McDonald Investments	1,300.000	35,470		14,933	14,933				20,537	20,537		761	L
42217K 10 6	Health Care REIT Inc	03/21/2002	McDonald Investments	2,000.000	54,459		27,983	27,983				26,477	26,477		1,170	L
42217K 10 6	Health Care REIT Inc	03/21/2002	McDonald Investments	4,000.000	108,818		53,316	53,316				55,503	55,503		2,340	L
42217K 10 6	Health Care REIT Inc	03/21/2002	McDonald Investments	5,000.000	135,577		83,702	83,702				51,875	51,875		2,925	L
948741 10 3	Weingarten Realty Investment	03/21/2002	McDonald Investments	3,000.000	151,498		146,169	146,169				5,329	5,329		2,498	L
	United States				1,524,108	XXX	1,213,819	1,213,819	0	0	0	310,289	310,289	0	12,298	XXX
6899999.	Total - Common Stocks - Industrial & Miscellaneous				1,524,108	XXX	1,213,819	1,213,819	0	0	0	310,289	310,289	0	12,298	XXX
7099997.	Total - Common Stocks - Part 4				1,770,556	XXX	1,369,625	1,369,625	0	0	0	400,932	400,932	0	12,928	XXX
7099999.	Total - Common Stocks				1,770,556	XXX	1,369,625	1,369,625	0	0	0	400,932	400,932	0	12,928	XXX
7199999.	Total - Preferred and Common Stocks				1,770,556	XXX	1,369,625	1,369,625	0	0	0	400,932	400,932	0	12,928	XXX
7299999.	Total - Bonds, Preferred and Common Stocks				2,296,838	XXX	1,895,906	1,895,906	486	0	0	400,932	400,932	9,337	12,928	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues: 0.

SCHEDULE DB - PART A - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART C - SECTION 1

Showing All Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing All Futures Contracts and Insurance Futures Contracts at Current Statement Date

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Current Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Cash Deposit	Variation Margin Information			13 Potential Exposure
									10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter 5 First Month	 6 Second Month	 7 Third Month	8 *
Open Depositories							
Bank One, Checking Lima, Ohio		763		432,103	137,639	234,925	
Bank One, Claims Checking Lima, Ohio				83	83		
0199999. Total Open Depositories	XXX	763	0	432,186	137,722	234,925	XXX
0399999. Total Cash on Deposit	XXX	763	0	432,186	137,722	234,925	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	100	100	100	XXX
0599999. Total Cash	XXX	763	0	432,286	137,822	235,025	XXX

Supplement as of March 31, 2002 of the **Elevators Mutual Insurance Company**

* 1 6 7 4 8 2 0 0 2 4 5 0 0 0 0 0 1 *

SUPPLEMENT "A" TO SCHEDULE T

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Physicians - Including Surgeons and Osteopaths

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
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. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above)	0	0	0	0	0	0	0	0

Supplement as of March 31, 2002 of the **Elevators Mutual Insurance Company**

* 1 6 7 4 8 2 0 0 2 4 5 0 0 0 0 0 1 *

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Designate the type of health care providers reported on this page.

Hospitals

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
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			NONE					
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. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above)	0	0	0	0	0	0	0	0

Supplement as of March 31, 2002 of the **Elevators Mutual Insurance Company**

SUPPLEMENT "A" TO SCHEDULE T

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Other Health Care Professionals, Including Dentists

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
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. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above)	0	0	0	0	0	0	0	0

SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care providers reported on this page.

Other Health Care Facilities

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
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			NONE					
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. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above)	0	0	0	0	0	0	0	0

Supplement as of March 31, 2002 of the **Elevators Mutual Insurance Company**

SUPPLEMENT "A" TO SCHEDULE T

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Medical Malpractice Policies Effective Prior to 1/1/76 **ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid 3 Amount	Direct Losses Paid 4 Number of Claims	5 Direct Losses Incurred	Direct Losses Unpaid 6 Amount Reported	Direct Losses Unpaid 7 Number of Claims	8 Direct Losses Incurred But Not Reported
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. US Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Alien OT	0	0	0	0	0	0	0	0
58. Totals	0	0	0	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above)	0	0	0	0	0	0	0	0

Overflow Page for Write-Ins

* 1 6 7 4 8 2 0 0 2 4 9 0 0 0 1 0 1 *

Trusteed Surplus Statement

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

_____ being duly sworn, says that he/she is the _____ of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, that this trusteed surplus statement together with its related schedules appended hereto is a true statement of the trusteed surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D, 2002

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE - SCHEDULE B

_____

_____

being sworn, say that this is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D, 2002

NONE

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE - SCHEDULE C

_____

_____

being sworn, say that this is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D, 2002

_____ _____

_____ _____

AFFIDAVIT OF TRUSTEE - SCHEDULE D

_____

_____

being sworn, say that this is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D, 2002

_____ _____

_____ _____

Trusteed Surplus Statement (Continued)

ASSETS

Schedule A - Deposits with State Officers (Excluding Special Deposits)

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
1.01				
1.02				
1.03				
1.04				
1.05				
1.06				
1.07				
1.08				
1.09				
1.10				
1.11				
1.12				
1.13				
1.14				
1.15				
1.98	Accrued Investment Income		XXX	XXX
1.99	Totals	0	0	0

Schedule B - Deposits with United States Trustee

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investments			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		XXX	XXX
2.99	Totals	0	0	0

NONE

Schedule C - Deposits with United States Trustee

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investments			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		XXX	XXX
3.99	Totals	0	0	0

Schedule D - Deposits with United States Trustee

1 Line No.	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investments			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		XXX	XXX
4.99	Totals	0	0	0

Trusteed Surplus Statement (Continued)

LIABILITIES AND TRUSTEED SURPLUS

			1 Current Quarter
1.	Total liabilities		0
	ADDITIONS TO LIABILITIES:		
2.	Ceded reinsurance balances payable	0	
3.	Agents' credit balances	0	
4.	Aggregate write-ins for other additions to liabilities	0	
5.	Total additions (Lines 2 + 3 + 4)		0
6.	Totals (Lines 1 + 5)		0
	DEDUCTIONS FROM LIABILITIES:		
7.	Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:		
7.1	Authorized companies	0	
7.2	Unauthorized companies	0	
8.	Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:		
8.1	Special state deposits (submit schedule)	0	
8.2	Accrued interest on special state deposits	0	
9.	Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon	0	
10.	Unpaid reinsurance premium receivable, not exceeding losses and loss adjustment expenses due to reinsured:		
10.1	Authorized companies	0	
10.2	Unauthorized companies	0	
11.	Aggregate write-ins for other deductions from liabilities	0	
12.	Total Deductions (Lines 7 thru 11)		0
13.	Total Adjusted Liabilities (Line 6 minus Line 12)		0
14.	Trusteed Surplus		0
15.	Total		0

NONE

DETAILS OF WRITE-INS

0401.		
0402.		
0403.		
0498.	Summary of remaining write-ins for Line 4 from overflow page	0
0499.	Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above)	0
1101.		
1102.		
1103.		
1198.	Summary of remaining write-ins for Line 11 from overflow page	0
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0

Overflow Page for Write-Ins