



QUARTERLY STATEMENT

AS OF MARCH 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE

ACE INSURANCE COMPANY OF OHIO

NAIC Group Code	0626 <small>(Current Period)</small>	0626 <small>(Prior Period)</small>	NAIC Company Code	22764	Employer's ID Number	23-1859893
Organized under the Laws of	Ohio					State of Domicile or Port of Entry
Country of Domicile	United States of America					
Incorporated	03/15/1972		Commenced Business	10/01/1972		
Statutory Home Office	5005 Rockside Road <small>(Street and Number)</small>			Independence, OH 44131 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	5005 Rockside Road <small>(Street and Number)</small>					
	Independence, OH 44131 <small>(City or Town, State and Zip Code)</small>		215-640-1000-2324 <small>(Area Code) (Telephone Number) (Extension)</small>			
Mail Address	5005 Rockside Road <small>(Street and Number or P.O. Box)</small>			Independence, OH 44131 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	5005 Rockside Road <small>(Street and Number)</small>					
	Independence, OH 44131 <small>(City or Town, State and Zip Code)</small>		215-640-2324 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	WWW.ACE-INA.COM					
Statement Contact	Joseph Stagliano <small>(Name)</small>			215-640-2324 <small>(Area Code) (Telephone Number) (Extension)</small>		
	JOSEPH.STAGLIANO@ACE-INA.COM <small>(E-mail Address)</small>			215-640-5529 <small>(FAX Number)</small>		
Policyowner Relations Contact	MARK WHITER TL30K 1601 CHESTUT STREET <small>(Street and Number)</small>					
	PHILADELPHIA, PA 19101-1484 <small>(City or Town, State and Zip Code)</small>		215-640-4551 <small>(Area Code) (Telephone Number) (Extension)</small>			

OFFICERS

PRESIDENT	SUSAN RIVERA #	TREASURER	WILLIAM PAUL GARRIGAN
SECRETARY	GEORGE DENNIS MULLIGAN		

VICE PRESIDENTS

FORREST TAYLOR ATKINS	JEFFREY SCOTT CASSIDY	SAMUEL BECK CUPP JR.
WILLIAM NICHOLAS CURCIO	VICTOR PAUL DI FELICE	JOHN EDMONDS
JAMES DAVID ENGEL	RICHARD CONLYN FRANKLIN	ROBERT JOSEPH GAFFNEY
KENNETH RAY GARRETT	WILLIAM PAUL GARRIGAN	WILLIAM JOHN KAUTTER JR.
DAVID JAMES LUPICA	JOHN JOSEPH LUPICA	STEVEN ELIOT MATH
MICHAEL McCLELLAND	GEORGE KENT MILLER	PETER CHARLES O' CONNOR
ED KOICHI OTA JR.	WILLIAM MARTIN SIEGLE	JOSEPH STAGLIANO
JOSE VASQUEZ	MARC DENNIS VIVORI	LESLIE HOWARD YESNER

DIRECTORS OR TRUSTEES

JEFFREY SCOTT CASSIDY	WILLIAM NICHOLAS CURCIO	BRIAN EDWARD DOWD
JAMES DAVID ENGEL	RICHARD CONLYN FRANKLIN	ROBERT JOSEPH GAFFNEY
WILLIAM PAUL GARRIGAN	JOHN JOSEPH LUPICA	STEVEN ELIOT MATH
ED KOICHI OTA JR. #	SUSAN RIVERA #	

State of .....PENNSYLVANIA.....} ss  
County of .....PHILADELPHIA.....}

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.

LESLIE HOWARD YESNER VICE PRESIDENT & CONTROLLER	JOSEPH STAGLIANO VICE PRESIDENT	DANIEL GALLAGHER ASSISTANT VICE PRESIDENT
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Subscribed and sworn to before me this  
15TH day of APRIL, 2002

STATEMENT AS OF MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

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 .....	17,449,088	0	17,449,088	16,950,993
2. Stocks:				
2.1 Preferred stocks .....	0	0		0
2.2 Common stocks .....	0	0		0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0		0
3.2 Other than first liens .....	0	0		0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0		0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0		0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0		0
5. Cash (\$ .....0 and short-term investments \$ .....1,834,742 ) .....	1,834,742	0	1,834,742	1,329,681
6. Other invested assets .....	0	0		0
7. Receivable for securities .....	11,149	0	11,149	979
8. Aggregate write-ins for invested assets .....				
9. Subtotals, cash and invested assets (Lines 1 to 8) .....	19,294,979		19,294,979	18,281,653
10. Agents' balances or uncollected premiums				
10.1 Premiums and agents' balances in course of collection .....	341,262	0	341,262	729,808
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	218,116	0	218,116	250,453
10.3 Accrued retrospective premiums .....	5,147	471	4,676	4,242
11. Funds held by or deposited with reinsured companies .....	0	0		0
12. Bills receivable, taken for premiums .....	0	0		0
13. Amounts billed and receivable under high deductible policies .....	0	0		0
14. Reinsurance recoverables on loss and loss adjustment expense payments .....	1,678,925	0	1,678,925	1,073,352
15. Federal and foreign income tax recoverable and interest thereon (including \$ .....24,004 net deferred tax asset) .....	24,004	0	24,004	31,329
16. Guaranty funds receivable or on deposit .....	0	0		0
17. Electronic data processing equipment and software .....	0	0		0
18. Interest, dividends and real estate income due and accrued .....	342,114	0	342,114	280,794
19. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0		4,090,363
20. Receivable from parent, subsidiaries and affiliates .....	0	0	0	0
21. Amounts due from /to protected cells .....	0	0		0
22. Equities and deposits in pools and associations .....	0	0		0
23. Amounts receivable relating to uninsured accident and health plans .....	0	0		0
24. Other assets nonadmitted .....	0	0		0
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding protected cell assets (Lines 9 through 25) .....	21,904,547	471	21,904,076	24,741,994
27. Protected cell assets .....	0	0		0
28. TOTALS (Lines 26 and 27)	21,904,547	471	21,904,076	24,741,994
DETAILS OF WRITE-INS				
0801. ....	0	0		0
0802. ....	0	0		0
0803. ....	0	0		0
0898. Summary of remaining write-ins for Line 8 from overflow page .....				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2501. ....	0	0		0
2502. ....	0	0		0
2503. ....	0	0		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....35,993 ) .....	.....386,906	.....394,183
2. Reinsurance payable on paid losses and loss adjustment expenses .....	.....0	.....0
3. Loss adjustment expenses .....	.....239,065	.....252,054
4. Commissions payable, contingent commissions and other similar charges .....	.....15,009	.....15,009
5. Other expenses (excluding taxes, licenses and fees) .....	.....53,510	.....53,510
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	.....43,556	.....40,915
7. Federal and foreign income taxes [including \$ .....0 on realized capital gains (losses)] (including \$ .....0 net deferred tax liability) .....	.....116,045	.....387,045
8. Borrowed money \$ .....0 and interest thereon \$ .....0 .....	.....0	.....0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....1,806,714 and including warranty reserves of \$ .....0 ) .....	.....200,746	.....294,789
10. Advance premium .....	.....0	
11. Dividends declared and unpaid:		
11.1 Stockholders .....	.....0	.....0
11.2 Policyholders .....	.....0	.....0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	.....568,759	.....3,908,124
13. Funds held by company under reinsurance treaties .....	.....0	.....0
14. Amounts withheld or retained by company for account of others .....	.....0	.....0
15. Remittances and items not allocated .....	.....0	.....0
16. Provision for reinsurance .....	.....0	.....0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	.....0	.....0
18. Drafts outstanding .....	.....0	.....0
19. Payable to parent, subsidiaries and affiliates .....	.....1,202,828	.....0
20. Payable for securities .....	.....104	.....556,192
21. Liability for amounts held under uninsured accident and health plans .....	.....0	.....0
22. Capital notes \$ .....0 and interest thereon \$ .....0 .....	.....0	.....0
23. Aggregate write-ins for liabilities .....		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) .....	.....2,826,528	.....5,901,821
25. Protected cell liabilities .....	.....0	
26. Total liabilities (Lines 24 and 25) .....	.....2,826,528	.....5,901,821
27. Aggregate write-ins for special surplus funds .....		
28. Common capital stock .....	.....2,999,300	.....2,999,300
29. Preferred capital stock .....	.....0	.....0
30. Aggregate write-ins for other than special surplus funds .....		
31. Surplus notes .....	.....0	.....0
32. Gross paid in and contributed surplus .....	.....1,801,700	.....1,801,700
33. Unassigned funds (surplus) .....	.....14,276,548	.....14,039,175
34. Less treasury stock, at cost		
34.1 .....0 shares common (value included in Line 28 \$ .....0 ) .....	.....0	.....0
34.2 .....0 shares preferred (value included in Line 29 \$ .....0 ) .....	.....0	.....0
35. Surplus as regards policyholders (Lines 27 to 33, less 34) .....	.....19,077,548	.....18,840,175
36. TOTALS	.....21,904,076	.....24,741,996
DETAILS OF WRITE-INS		
2301. ....	.....0	.....0
2302. ....	.....0	.....0
2303. ....	.....0	.....0
2398. Summary of remaining write-ins for Line 23 from overflow page .....		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)		
2701. ....	.....0	.....0
2702. ....	.....0	.....0
2703. ....	.....0	.....0
2798. Summary of remaining write-ins for Line 27 from overflow page .....		
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		
3001. ....	.....0	.....0
3002. ....	.....0	.....0
3003. ....	.....0	.....0
3098. Summary of remaining write-ins for Line 30 from overflow page .....		
3099. Totals (Lines 3001 thru 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 \$ 916,966 )	1,857,821	1,047,679	10,910,331
1.2 Assumed (written \$ 2,582 )	2,588	86	703
1.3 Ceded (written \$ 827,593 )	1,674,368	943,109	9,820,363
1.4 Net (written \$ 91,955 )	186,041	104,656	1,090,671
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 36,601 ):			
2.1 Direct	1,683,869	349,579	2,577,319
2.2 Assumed	(93,363)	(17,115)	628,053
2.3 Ceded	1,434,598	298,086	2,880,601
2.4 Net	155,908	34,378	324,771
3. Loss expenses incurred	(6,049)	(77,881)	(98,101)
4. Other underwriting expenses incurred	(97,494)	(83,701)	(1,002,673)
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2.4 thru 5)	52,365	(127,204)	(776,003)
7. Net income of protected cells	0		
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	133,676	231,860	1,866,674
INVESTMENT INCOME			
9. Net investment income earned	297,210	302,854	1,147,133
10. Net realized capital gains or (losses)	(70,187)	88,438	149,741
11. Net investment gain (loss) (Lines 9 + 10)	227,023	391,292	1,296,874
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 )	0	0	0
13. Finance and service charges not included in premiums	0	0	0
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 + 11 + 15)	360,699	623,152	3,163,548
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	360,699	623,152	3,163,548
19. Federal and foreign income taxes incurred	116,000	213,000	1,099,000
20. Net income (Line 18 minus Line 19)(to Line 22)	244,699	410,152	2,064,548
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	18,840,175	16,740,507	16,740,507
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	244,699	410,152	2,064,548
23. Net unrealized capital gains or losses	0	4,262	4,262
24. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
25. Change in net deferred income tax	(7,325)	(2,225)	7,390
26. Change in nonadmitted assets	0	0	(471)
27. Change in provision for reinsurance	0	0	0
28. Change in surplus notes	0	0	0
29. Surplus (contributed to) withdrawn from protected cells	0		
30. Cumulative effect of changes in accounting principles	0	23,939	23,939
31. Capital changes:			
31.1 Paid in	0	0	0
31.2 Transferred from surplus (Stock Dividend)	0	0	0
31.3 Transferred to surplus	0	0	0
32. Surplus adjustments:			
32.1 Paid in	0	0	0
32.2 Transferred to capital (Stock Dividend)	0	0	0
32.3 Transferred from capital	0	0	0
33. Net remittances from or (to) Home Office	0	0	0
34. Dividends to stockholders	0	0	0
35. Change in treasury stock	0	0	0
36. Aggregate write-ins for gains and losses in surplus			
37. Change in surplus as regards policyholders (Lines 22 through 36)	237,374	436,128	2,099,668
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	19,077,549	17,176,635	18,840,175
DETAILS OF WRITE-INS			
0501.	0	0	0
0502.	0	0	0
0503.	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			
1401.	0	0	0
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)			
3601.	0	0	0
3602.	0	0	0
3603.	0	0	0
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)			

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance .....	(2,830,688)	5,369,850
2. Loss and loss adjustment expenses paid (net of salvage and subrogation) .....	767,787	1,328,994
3. Underwriting expenses paid .....	(100,135)	(1,054,656)
4. Other underwriting income (expenses) .....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	(3,498,340)	5,095,512
6. Net investment income .....	242,855	1,018,184
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 .....		
7.4 Aggregate write-ins for miscellaneous items .....		
7.5 Total other income (Lines 7.1 to 7.4) .....		
8. Dividends to policyholders on direct business , less \$ ..... dividends on reinsurance assumed or ceded (net) .....		
9. Federal and foreign income taxes (paid) recovered .....	(355,671)	(960,955)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9) .....	(3,611,156)	5,152,741
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds .....	512,806	7,020,181
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 .....	0	
11.7 Miscellaneous proceeds .....		
11.8 Total investment proceeds (Lines 11.1 to 11.7) .....	512,806	7,020,181
12. Cost of investments acquired (long-term only):		
12.1 Bonds .....	1,088,054	12,643,940
12.2 Stocks .....		
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Miscellaneous applications .....	556,088	(556,192)
12.7 Total investments acquired (Lines 12.1 to 12.6) .....	1,644,142	12,087,748
13. Net Cash from investments (Line 11.8 minus Line 12.7) .....	(1,131,336)	(5,067,567)
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 .....	5,293,191	
14.4 Borrowed funds received .....		
14.5 Other cash provided .....		
14.6 Total (Lines 14.1 to 14.5) .....	5,293,191	
15. Cash applied:		
15.1 Dividends to stockholders paid .....		
15.2 Net transfers to affiliates .....		4,766,593
15.3 Borrowed funds repaid .....		
15.4 Other applications .....	45,641	32,695
15.5 Total (Lines 15.1 to 15.4) .....	45,641	4,799,288
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5) .....	5,247,550	(4,799,288)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16) .....	505,058	(4,714,114)
18. Cash and short-term investments:		
18.1 Beginning of year .....	1,329,682	6,043,796
18.2 End of year (Line 17 plus Line 18.1) .....	1,834,740	1,329,682
DETAILS OF WRITE-INS		
07.401 .....		
07.402 .....		
07.403 .....		
07.498 Summary of remaining write-ins for Line 7.4 from overflow page .....		
07.499 Totals (Lines 07.401 thru 07.403 plus 07.498) (Line 7.4 above) .....		

**NOTES TO FINANCIAL STATEMENTS**

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the 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 [X] No [ ]

2.2 If yes, has the report been filed with the domiciliary state? ..... Yes [X] 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 the 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.

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 [X] NA [ ]  
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. .... 12/31/1994

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. .... 12/31/1990

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). .... 10/30/1993

7.4 By what department or departments?  
The 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

(Responses to these interrogatories should be based on changes that have occurred since the 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: .....\$ .....0

12. Amount of real estate and mortgages held in short-term investments: .....\$ .....0

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	2
	Prior Year-End Statement Value	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 [X]

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 [ ] No [X]

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

1	2
Name of Custodian(s)	Custodian Address
State Street.....	801 Pennsylvania Avenue Kansas City, MO 64105.....

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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	Address
State Street.....	Times Square Capital Management, Inc.....	Hartford, CT.....



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 [ ] NA [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:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL			.....	.....	.....	.....	.....	.....	.....	.....

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 .....	NONE			
2. Increase (decrease) by adjustment .....				
3. Cost of acquired .....				
4. Cost of additions to and permanent improvements .....				
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 .....				
9. Total valuation allowance .....				
10. Subtotal (Lines 8 plus 9) .....				
11. Total nonadmitted amounts .....				
12. Statement value, current period (Page 2, real estate lines, current period)				

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 .....	NONE			
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 .....				
10. Total valuation allowance .....				
11. Subtotal (Lines 9 plus 10) .....				
12. Total nonadmitted amounts .....				
13. Statement value of mortgages owned at end of current period				

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 .....	NONE			
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 .....				
10. Total valuation allowance .....				
11. Subtotal (Lines 9 plus 10) .....				
12. Total nonadmitted amounts .....				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

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
<b>BONDS</b>								
1. Class 1 .....	14,893,752	1,076,465	194,804	(7,310)	15,768,103			14,893,752
2. Class 2 .....	2,068,830		388,190	346	1,680,986			2,068,830
3. Class 3 .....								
4. Class 4 .....								
5. Class 5 .....								
6. Class 6 .....								
7. Total Bonds	16,962,582	1,076,465	582,994	(6,964)	17,449,089			16,962,582
<b>PREFERRED STOCK</b>								
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	16,962,582	1,076,465	582,994	(6,964)	17,449,089			16,962,582

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	1,834,742	XXX	1,834,742		

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 .....	769,266			
2. Cost of short-term investments acquired .....	3,029,793			1,490,090
3. Increase (decrease) by adjustment .....				
4. Increase (decrease) by foreign exchange adjustment .....				
5. Total profit (loss) on disposal of short-term investments .....	3,124			367
6. Consideration received on disposal of short-term investments .....	1,967,441			721,192
7. Book/adjusted carrying value, current period .....	1,834,742			769,265
8. Total valuation allowance .....				
9. Subtotal (Lines 7 plus 8) .....	1,834,742			769,265
10. Total nonadmitted amounts .....				
11. Statement value (Lines 9 minus 10) .....	1,834,742			769,265
12. Income collected during period .....				
13. Income earned during period .....				

SCHEDULE DB - PART F- SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1 Replication RSAT Number	2  Description	3  NAIC Designation or Other Description	4  Statement Value	5  Fair Value	Derivative Instruments Open		Cash Instrument(s) Held				
					6  Description	7  Fair Value	8  CUSIP	9  Description	10  Statement Value	11  Fair Value	12  NAIC Designation or Other Description
					NONE						
9999999 Totals					XXX		XXX	XXX			XXX

SCHEDULE DB - PART F - SECTION 2

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

NONE

**STATEMENT AS OF MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO**

## SCHEDULE F-CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

[illegible]

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	0	0	0	0	0
2. Alaska	AK	No	0	0	0	0	0
3. Arizona	AZ	No	0	0	0	0	0
4. Arkansas	AR	No	0	0	0	0	0
5. California	CA	No	0	0	0	0	0
6. Colorado	CO	No	0	0	0	0	0
7. Connecticut	CT	No	0	0	0	0	0
8. Delaware	DE	No	0	0	0	0	0
9. District of Columbia	DC	No	0	0	0	0	0
10. Florida	FL	No	0	0	0	0	0
11. Georgia	GA	No	0	0	0	0	0
12. Hawaii	HI	No	0	0	0	0	0
13. Idaho	ID	No	0	0	0	0	0
14. Illinois	IL	No	0	0	0	0	0
15. Indiana	IN	No	0	0	0	0	0
16. Iowa	IA	No	0	0	0	0	0
17. Kansas	KS	No	0	0	0	0	0
18. Kentucky	KY	No	0	0	0	0	0
19. Louisiana	LA	No	0	0	0	0	0
20. Maine	ME	No	0	0	0	0	0
21. Maryland	MD	No	0	0	0	0	0
22. Massachusetts	MA	No	0	0	0	0	0
23. Michigan	MI	No	0	0	0	0	0
24. Minnesota	MN	No	0	0	0	0	0
25. Mississippi	MS	No	0	0	0	0	0
26. Missouri	MO	No	0	0	0	0	0
27. Montana	MT	No	0	0	0	0	0
28. Nebraska	NE	No	0	0	0	0	0
29. Nevada	NV	No	0	0	0	0	0
30. New Hampshire	NH	No	0	0	0	0	0
31. New Jersey	NJ	No	0	0	0	0	0
32. New Mexico	NM	No	0	0	0	0	0
33. New York	NY	No	0	0	0	0	0
34. North Carolina	NC	No	0	0	0	0	0
35. North Dakota	ND	No	0	0	0	0	0
36. Ohio	OH	Yes	916,966	773,761	1,630,928	(5,368)	3,898,229
37. Oklahoma	OK	No	0	0	0	0	0
38. Oregon	OR	No	0	0	0	0	0
39. Pennsylvania	PA	No	0	0	0	0	0
40. Rhode Island	RI	No	0	0	0	0	0
41. South Carolina	SC	No	0	0	0	0	0
42. South Dakota	SD	No	0	0	0	0	0
43. Tennessee	TN	No	0	0	0	0	0
44. Texas	TX	No	0	0	0	0	0
45. Utah	UT	No	0	0	0	0	0
46. Vermont	VT	No	0	0	0	0	0
47. Virginia	VA	No	0	0	0	0	0
48. Washington	WA	No	0	0	0	0	0
49. West Virginia	WV	No	0	0	0	0	0
50. Wisconsin	WI	No	0	0	0	0	0
51. Wyoming	WY	No	0	0	0	0	0
52. American Samoa	AS	No	0	0	0	0	0
53. Guam	GU	No	0	0	0	0	0
54. Puerto Rico	PR	No	0	0	0	0	0
55. U.S. Virgin Islands	VI	No	0	0	0	0	0
56. Canada	CN	No	0	0	0	0	0
57. Aggregate Other Aliens	OT	XXX					
58. Totals	(a) 1	916,966	773,761	1,630,928	(5,368)	3,898,229	4,003,356
DETAILS OF WRITE-INS							
5701.	XXX	0	0	0	0	0	0
5702.	XXX	0	0	0	0	0	0
5703.	XXX	0	0	0	0	0	0
5798. Summary of remaining write-ins for Line 57 from overflow page.	XXX						
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	XXX						

(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**

**NONE**

PART 1 - LOSS EXPERIENCE

Lines of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire .....	0	0		0.0
2.	Allied Lines .....	0	0		0.0
3.	Farmowners multiple peril .....	43,088	16,362	38.0	2.8
4.	Homeowners multiple peril .....	0	241		253.4
5.	Commercial multiple peril .....	15,733	(45,654)	(290.2)	(647.3)
6.	Mortgage guaranty .....	0	0		0.0
8.	Ocean marine .....	38,283	11,117	29.0	12.0
9.	Inland marine .....	1,063,062	85,612	8.1	6.1
10.	Financial guaranty .....	0	0		0.0
11.1	Medical malpractice - occurrence .....	13,036	3,251	24.9	(402.5)
11.2	Medical malpractice - claims-made .....	0	0		0.0
12.	Earthquake .....	0	0		0.0
13.	Group accident and health .....	0	0		0.0
14.	Credit accident and health .....	0	0		0.0
15.	Other accident and health .....	0	0		0.0
16.	Workers' compensation .....	0	0		0.0
17.1	Other liability - occurrence .....	66,513	81,969	123.2	631.9
17.2	Other liability - claims-made .....	0	0		0.0
18.1	Products liability - occurrence .....	0	55,270		(398.3)
18.2	Products liability - claims-made .....	0	0		0.0
19.1,19.2	Private passenger auto liability .....	0	0		0.0
19.3,19.4	Commercial auto liability .....	183	(43,274)	(23,647.0)	508.2
21.	Auto physical damage .....	16	239	1,493.8	163.5
22.	Aircraft (all perils) .....	617,842	1,518,734	245.8	39.1
23.	Fidelity .....	0	0		0.0
24.	Surety .....	0	0		0.0
26.	Burglary and theft .....	0	0		0.0
27.	Boiler and machinery .....	67	0		(2.7)
28.	Credit .....	0	0		0.0
29.	International .....	0	0		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 .....				
34.	Totals .....	1,857,823	1,683,867	90.6	33.4
DETAILS OF WRITE-INS					
3301.	.....	0	0		0.0
3302.	.....	0	0		0.0
3303.	.....	0	0		0.0
3398.	Summary of remaining write-ins for Line 33 from overflow page .....				
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....		0	0
2.	Allied Lines .....		0	0
3.	Farmowners multiple peril .....	1,215	1,215	49,933
4.	Homeowners multiple peril .....		0	0
5.	Commercial multiple peril .....	(165)	(165)	0
6.	Mortgage guaranty .....		0	0
8.	Ocean marine .....	29,755	29,755	35,393
9.	Inland marine .....	520,418	520,418	231,241
10.	Financial guaranty .....		0	0
11.1	Medical malpractice - occurrence .....	9,066	9,066	4,062
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 .....	37,592	37,592	5,548
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 .....		0	0
21.	Auto physical damage .....		0	0
22.	Aircraft (all perils) .....	319,086	319,086	447,584
23.	Fidelity .....		0	0
24.	Surety .....		0	0
26.	Burglary and theft .....		0	0
27.	Boiler and machinery .....	(1)	(1)	0
28.	Credit .....		0	0
29.	International .....		0	0
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 .....			
34.	Totals .....	916,966	916,966	773,761
DETAILS OF WRITE-INS				
3301.	.....		0	0
3302.	.....		0	0
3303.	.....		0	0
3398.	Summary of remaining write-ins for Line 33 from overflow page .....			
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)			

STATEMENT AS OF MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2002 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (b) (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (c) (Cols. 11 + 12)
1. 1999 + Prior .....	32	293	325	0	5	5	32	0	275	307		(13)	(13)
2. 2000 .....	9	160	169	0	0		4	0	161	165	(5)	1	(4)
3. Subtotals 2000 + Prior .....	41	453	494		5	5	36		436	472	(5)	(12)	(17)
4. 2001.....	48	103	151	0	164	164	0	35	82	117	(48)	178	130
5. Subtotals 2001 + Prior .....	89	556	645		169	169	36	35	518	589	(53)	166	113
6. 2002 .....	XXX	XXX	XXX	XXX	1	1	XXX	1	27	28	XXX	XXX	XXX
7. Totals .....	89	556	645		170	170	36	36	545	617	(53)	166	113
8. Prior Year-End's Surplus As Regards Policyholders	18,840										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. (59.6)	2. 29.9	3. 17.5
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.6

(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

RESPONSES

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?

.....Yes.....

Explanations:

Bar Codes:

Trusteed Surplus Statement (Document Identifier 490) here:



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

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				
9999999 - Totals								

SCHEDULE A - PART 3

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										
9999999 Totals															

## EO2

# NONE

# NONE

# NONE

1	Location		4	5	6 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	7  Increase (Decrease) by Adjustment	8  Increase (Decrease) by Foreign Exchange Adjustment	9 Book Value/Recorded Investment Excluding Accrued Interest at Disposition	10  Consideration Received	11  Foreign Exchange Profit (Loss) on Sale	12  Realized Profit (Loss) on Sale	13  Total Profit (Loss) on Sale												
	2	3																						
Loan Number	City	State	Loan Type	Date Acquired																				
NONE																								
9999999 Totals																								

SCHEDULE BA - PART 1

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

1	Location		4	5	6	7	8	9	10
Number of Units and Description	2 City	3 State	Name of Vendor	Date Acquired	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment
			NONE						
9999999 Totals									

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 Encum- brances, Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/ Adjusted Carrying Value Less Encum- brances at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale
Number of Units and Description	City	State	Name of Purchaser or Nature of Disposition	Date Acquired								
			NONE									
9999999 Totals												



## SCHEDULE D - PART 3

[illegible]

E04

## SCHEDULE D - PART 4

[illegible]

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

SCHEDULE DB - PART A - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Acquisition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Year to Date Increase/ (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income
					NONE								
2599999 - Subtotal - Hedging Transactions								XXX					
2799999 - Subtotal - Other Derivative Transactions								XXX					
9999999 - Totals								XXX					

SCHEDULE DB - PART B - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price, Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Year to Date Increase/ (Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income
					NONE								
2599999 - Subtotal - Hedging Transactions								XXX					
2699999 - Subtotal - Income Generation Transactions								XXX					
2799999 - Subtotal - Other Derivative Transactions								XXX					
9999999 - Totals								XXX					

## E07

**NONE**

**NONE**

**NONE**

Showing all Futures Contracts and Insurance Futures Contracts Open at Current Statement Date												
1	2	3	4	5	6	7	8	9	Variation Margin Information			13
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	Potential Exposure
NONE												
2599999 - Subtotal - Hedging Transactions						XXX	XXX					
2799999 - Subtotal - Other Derivative Transactions						XXX	XXX					
9999999 - Totals						XXX	XXX					

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	Book Balance at End of Each Month During Current Quarter			8
				5	6	7	
Depository	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
NONE							
0399999 Total Cash on Deposit	XXX		XXX				XXX
0499999 Cash in Company's Office	XXX	XXX	XXX				XXX
0599999 Total Cash	XXX						XXX



SUPPLEMENT FOR MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

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

SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

1  States, Etc.	2  Direct Premiums Written	3  Direct Premiums Earned	Direct Losses Paid		6  Direct Losses Incurred	Direct Losses Unpaid		9  Direct Losses Incurred But Not Reported
			4  Amount	5  Number of Claims		7  Amount Reported	8  Number of Claims	
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. U.S. Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Aliens OT								
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

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

SUPPLEMENT A'TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

1  States, Etc.		2  Direct Premiums Written	3  Direct Premiums Earned	Direct Losses Paid		6  Direct Losses Incurred	Direct Losses Unpaid		9  Direct Losses Incurred But Not Reported
				4  Amount	5  Number of Claims		7  Amount Reported	8  Number of Claims	
1.	Alabama	AL	.0	.0	.0	.0	.0	.0	.0
2.	Alaska	AK	.0	.0	.0	.0	.0	.0	.0
3.	Arizona	AZ	.0	.0	.0	.0	.0	.0	.0
4.	Arkansas	AR	.0	.0	.0	.0	.0	.0	.0
5.	California	CA	.0	.0	.0	.0	.0	.0	.0
6.	Colorado	CO	.0	.0	.0	.0	.0	.0	.0
7.	Connecticut	CT	.0	.0	.0	.0	.0	.0	.0
8.	Delaware	DE	.0	.0	.0	.0	.0	.0	.0
9.	District of Columbia	DC	.0	.0	.0	.0	.0	.0	.0
10.	Florida	FL	.0	.0	.0	.0	.0	.0	.0
11.	Georgia	GA	.0	.0	.0	.0	.0	.0	.0
12.	Hawaii	HI	.0	.0	.0	.0	.0	.0	.0
13.	Idaho	ID	.0	.0	.0	.0	.0	.0	.0
14.	Illinois	IL	.0	.0	.0	.0	.0	.0	.0
15.	Indiana	IN	.0	.0	.0	.0	.0	.0	.0
16.	Iowa	IA	.0	.0	.0	.0	.0	.0	.0
17.	Kansas	KS	.0	.0	.0	.0	.0	.0	.0
18.	Kentucky	KY	.0	.0	.0	.0	.0	.0	.0
19.	Louisiana	LA	.0	.0	.0	.0	.0	.0	.0
20.	Maine	ME	.0	.0	.0	.0	.0	.0	.0
21.	Maryland	MD	.0	.0	.0	.0	.0	.0	.0
22.	Massachusetts	MA	.0	.0	.0	.0	.0	.0	.0
23.	Michigan	MI	.0	.0	.0	.0	.0	.0	.0
24.	Minnesota	MN	.0	.0	.0	.0	.0	.0	.0
25.	Mississippi	MS	.0	.0	.0	.0	.0	.0	.0
26.	Missouri	MO	.0	.0	.0	.0	.0	.0	.0
27.	Montana	MT	.0	.0	.0	.0	.0	.0	.0
28.	Nebraska	NE	.0	.0	.0	.0	.0	.0	.0
29.	Nevada	NV	.0	.0	.0	.0	.0	.0	.0
30.	New Hampshire	NH	.0	.0	.0	.0	.0	.0	.0
31.	New Jersey	NJ	.0	.0	.0	.0	.0	.0	.0
32.	New Mexico	NM	.0	.0	.0	.0	.0	.0	.0
33.	New York	NY	.0	.0	.0	.0	.0	.0	.0
34.	North Carolina	NC	.0	.0	.0	.0	.0	.0	.0
35.	North Dakota	ND	.0	.0	.0	.0	.0	.0	.0
36.	Ohio	OH	.0	.0	.0	(1,190)	.0	.0	(3,864)
37.	Oklahoma	OK	.0	.0	.0	.0	.0	.0	.0
38.	Oregon	OR	.0	.0	.0	.0	.0	.0	.0
39.	Pennsylvania	PA	.0	.0	.0	.0	.0	.0	.0
40.	Rhode Island	RI	.0	.0	.0	.0	.0	.0	.0
41.	South Carolina	SC	.0	.0	.0	.0	.0	.0	.0
42.	South Dakota	SD	.0	.0	.0	.0	.0	.0	.0
43.	Tennessee	TN	.0	.0	.0	.0	.0	.0	.0
44.	Texas	TX	.0	.0	.0	.0	.0	.0	.0
45.	Utah	UT	.0	.0	.0	.0	.0	.0	.0
46.	Vermont	VT	.0	.0	.0	.0	.0	.0	.0
47.	Virginia	VA	.0	.0	.0	.0	.0	.0	.0
48.	Washington	WA	.0	.0	.0	.0	.0	.0	.0
49.	West Virginia	WV	.0	.0	.0	.0	.0	.0	.0
50.	Wisconsin	WI	.0	.0	.0	.0	.0	.0	.0
51.	Wyoming	WY	.0	.0	.0	.0	.0	.0	.0
52.	American Samoa	AS	.0	.0	.0	.0	.0	.0	.0
53.	Guam	GU	.0	.0	.0	.0	.0	.0	.0
54.	Puerto Rico	PR	.0	.0	.0	.0	.0	.0	.0
55.	U.S. Virgin Islands	VI	.0	.0	.0	.0	.0	.0	.0
56.	Canada	CN	.0	.0	.0	.0	.0	.0	.0
57.	Aggregate Other Aliens	OT							
58.	Totals					(1,190)			(3,864)
DETAILS OF WRITE-INS									
5701.	+0	.0	.0	.0	.0	.0	.0	.0	.0
5702.	+0	.0	.0	.0	.0	.0	.0	.0	.0
5703.	+0	.0	.0	.0	.0	.0	.0	.0	.0
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

Designate the type of health care providers  
reported on this page  
Other HC Professionals

SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

1  States, Etc.		2  Direct Premiums Written	3  Direct Premiums Earned	Direct Losses Paid		6  Direct Losses Incurred	Direct Losses Unpaid		9  Direct Losses Incurred But Not Reported
				4  Amount	5  Number of Claims		7  Amount Reported	8  Number of Claims	
1. Alabama	AL	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska	AK	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	.0	.0	.0	.0	.0	.0	.0	.0
5. California	CA	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado	CO	.0	.0	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	.0	.0	.0	.0	.0	.0	.0	.0
8. Delaware	DE	.0	.0	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	.0	.0	.0	.0	.0	.0	.0	.0
10. Florida	FL	.0	.0	.0	.0	.0	.0	.0	.0
11. Georgia	GA	.0	.0	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	.0	.0	.0	.0	.0	.0	.0	.0
13. Idaho	ID	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois	IL	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana	IN	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa	IA	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas	KS	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	.0	.0	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	.0	.0	.0	.0	.0	.0	.0	.0
20. Maine	ME	.0	.0	.0	.0	.0	.0	.0	.0
21. Maryland	MD	.0	.0	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	.0	.0	.0	.0	.0	.0	.0	.0
23. Michigan	MI	.0	.0	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	.0	.0	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri	MO	.0	.0	.0	.0	.0	.0	.0	.0
27. Montana	MT	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada	NV	.0	.0	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	.0	.0	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	.0	.0	.0	.0	.0	.0	.0	.0
32. New Mexico	NM	.0	.0	.0	.0	.0	.0	.0	.0
33. New York	NY	.0	.0	.0	.0	.0	.0	.0	.0
34. North Carolina	NC	.0	.0	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	.0	.0	.0	.0	.0	.0	.0	.0
36. Ohio	OH	9,064	13,033	.0	.0	4,437	.0	.0	8,461
37. Oklahoma	OK	.0	.0	.0	.0	.0	.0	.0	.0
38. Oregon	OR	.0	.0	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	.0	.0	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	.0	.0	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	.0	.0	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas	TX	.0	.0	.0	.0	.0	.0	.0	.0
45. Utah	UT	.0	.0	.0	.0	.0	.0	.0	.0
46. Vermont	VT	.0	.0	.0	.0	.0	.0	.0	.0
47. Virginia	VA	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington	WA	.0	.0	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	.0	.0	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	.0	.0	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	.0	.0	.0	.0	.0	.0	.0	.0
52. American Samoa	AS	.0	.0	.0	.0	.0	.0	.0	.0
53. Guam	GU	.0	.0	.0	.0	.0	.0	.0	.0
54. Puerto Rico	PR	.0	.0	.0	.0	.0	.0	.0	.0
55. U.S. Virgin Islands	VI	.0	.0	.0	.0	.0	.0	.0	.0
56. Canada	CN	.0	.0	.0	.0	.0	.0	.0	.0
57. Aggregate Other Aliens	OT								
58. Totals		9,064	13,033			4,437			8,461
DETAILS OF WRITE-INS									
5701. +0		.0	.0	.0	.0	.0	.0	.0	.0
5702. +0		.0	.0	.0	.0	.0	.0	.0	.0
5703. +0		.0	.0	.0	.0	.0	.0	.0	.0
5798. Summary of remaining write-ins for Line 57 from overflow page									
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)									





SUPPLEMENT FOR MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

Designate the type of health care providers  
reported on this page  
Other Health Care Facilities

SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

1  States, Etc.	2  Direct Premiums Written	3  Direct Premiums Earned	Direct Losses Paid		6  Direct Losses Incurred	Direct Losses Unpaid		9  Direct Losses Incurred But Not Reported
			4  Amount	5  Number of Claims		7  Amount Reported	8  Number of Claims	
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. U.S. Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Aliens OT								
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								



SUPPLEMENT FOR MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO

Designate the type of health care providers  
reported on this page  
Medical Malpractice Policies

SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

1  States, Etc.	2  Direct Premiums Written	3  Direct Premiums Earned	Direct Losses Paid		6  Direct Losses Incurred	Direct Losses Unpaid		9  Direct Losses Incurred But Not Reported
			4  Amount	5  Number of Claims		7  Amount Reported	8  Number of Claims	
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. U.S. Virgin Islands VI								
56. Canada CN								
57. Aggregate Other Aliens OT								
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								