



**PROPERTY AND CASUALTY COMPANIESASSOCIATION EDITION**

# QUARTERLY STATEMENT

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

## ACE INSURANCE COMPANY OF OHIO

NAIC Group Code	0626 (Current Period)	0626 (Prior Period)	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 (Street and Number)			Independence, OH 44131 (City or Town, State and Zip Code)		
Main Administrative Office	5005 Rockside Road Independence, OH 44131 (Street and Number) (City or Town, State and Zip Code)			215-640-1000-2324 (Area Code) (Telephone Number) (Extension)		
Mail Address	5005 Rockside Road (Street and Number or P.O. Box)			Independence, OH 44131 (City or Town, State and Zip Code)		
Primary Location of Books and Records	5005 Rockside Road Independence, OH 44131 (Street and Number) (City or Town, State and Zip Code)			215-640-2324 (Area Code) (Telephone Number)		
Internet Website Address	WWW.ACE-INA.COM					
Statement Contact	Joseph Stagliano (Name)			215-640-2324 (Area Code) (Telephone Number) (Extension)		
	JOSEPH.STAGLIANO@ACE-INA.COM (E-mail Address)			215-640-5529 (FAX Number)		
Policyowner Relations Contact	MARK WHITER TL30K 1601 CHESTUT STREET (Street and Number)					
	PHILADELPHIA, PA 19101-1484 (City or Town, State and Zip Code)			215-640-4551 (Area Code) (Telephone Number) (Extension)		

## 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.....} ss

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.

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LESLIE HOWARD YESNER  
VICE PRESIDENT & CONTROLLER

Subscribed and sworn to before me this  
15TH day of APRIL, 2002

VICE PRESIDENT & CONTROLLER      VICE PRESIDENT      ASSISTANT VICE PRESIDENT

Subscribed and sworn to before me this  
15<sup>th</sup> day of April, 2002.

15TH day of APRIL, 2002

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**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	0
2.2 Common stocks .....	0	.0	.0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	.0	.0	0
3.2 Other than first liens .....	0	.0	.0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	.0	.0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	.0	.0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	.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	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	0
12. Bills receivable, taken for premiums .....	0	.0	.0	0
13. Amounts billed and receivable under high deductible policies .....	0	.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	0
17. Electronic data processing equipment and software .....	0	.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	.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	0
22. Equities and deposits in pools and associations .....	0	.0	.0	0
23. Amounts receivable relating to uninsured accident and health plans .....	0	.0	.0	0
24. Other assets nonadmitted .....	0	.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	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	0
0802. ....	0	.0	.0	0
0803. ....	0	.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	0
2502. ....	0	.0	.0	0
2503. ....	0	.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) .....				

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

**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
<b>DETAILS OF WRITE-INS</b>		
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 AS OF MARCH 31, 2002 OF THE ACE INSURANCE COMPANY OF OHIO**

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
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
<b>DEDUCTIONS:</b>			
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
<b>INVESTMENT INCOME</b>			
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
<b>OTHER INCOME</b>			
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
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	18,840,175	16,740,507	16,740,507
<b>GAINS AND (LOSSES) IN SURPLUS</b>			
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
<b>DETAILS OF WRITE-INS</b>			
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)			

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

**CASH FLOW**

	1 Current Year to Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
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
<b>Cash from Investments</b>		
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)
<b>Cash from Financing and Miscellaneous Sources</b>		
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)
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
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
<b>DETAILS OF WRITE-INS</b>		
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) .....		

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

**NOTES TO FINANCIAL STATEMENTS**

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

.....

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

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

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [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 Name of Custodian(s)	2 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 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
State Street.....	Times Square Capital Management, Inc.....	Hartford, CT.....

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

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

**NONE****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 .....				
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 .....				
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				

**NONE**

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

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

**SCHEDULE DA - PART 1**

<b>Short-Term Investments Owned End of Current Quarter</b>					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
80999999 Totals	1,834,742	XXX	1,834,742		

**SCHEDULE DA - PART 2- Verification**

<b>Short-Term Investments Owned</b>		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 .....		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					

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

## 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		10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
					6 Description	7 Fair Value	8 CUSIP	9 Description			
9999999 Totals					XXX		XXX	XXX			XXX

NONE

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

## 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 .....										
2. Add: Opened or Acquired Transactions .....										
3. Add: Increases in Replicated Asset Statement Value .....	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									
7. Ending Inventory .....										

NONE

## **SCHEDULE F DED REINSURANCE**

### Showing all new reinsurers - Current Year to Date

# **NONE**

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

**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
<b>DETAILS OF WRITE-INS</b>							
5701.		XXX	0	0	0	0	0
5702.		XXX	0	0	0	0	0
5703.		XXX	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**

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

**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	.0	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
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	.0	(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	.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	XXX	XXX	XXX	XXX
34. Totals	1,857,823	1,683,867	90.6	33.4
<b>DETAILS OF WRITE-INS</b>				
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	XXX	XXX	XXX
34. Totals	916,966	916,966	773,761
<b>DETAILS OF WRITE-INS</b>			
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**

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 or reopened 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 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.

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

**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:**

Trusted Surplus Statement (Document Identifier 490) here:



**OVERFLOW PAGE FOR WRITE-INS**

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**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

## **SCHEDULE A - PART 3**

**Showing all Real Estate SOLD during the Current Quarter, including Payments during the Final Year on Sales under Contract"**

9999999 Totals

E01

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

**SCHEDULE B - PART 1**

Showing all Mortgage Loans ACQUIRED during the Current Quarter

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Book Value/Recorded Investment Excluding Accrued Interest	8 Increase (Decrease) by Adjustment	9 Increase (Decrease) by Foreign Exchange Adjustment	10 Value of Land and Buildings	11 Date of Last Appraisal or Valuation
	2 City	3 State								
9999999 Totals										XXX

**SCHEDULE B - PART 2**

Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter

1 Loan Number	Location		4 Loan Type	5 Date Acquired	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 City	3 State										
9999999 Totals												

E02

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

**SCHEDULE BA - PART 1**

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

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

**SCHEDULE BA - PART 2**

Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter

1 Number of Units and Description	Location		4 Name of Purchaser or Nature of Disposition	5 Date Acquired	6 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Book/Adjusted Carrying Value Less Encumbrances 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 City	3 State										
9999999 Totals												

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

## 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)
<b>BONDS</b>								
All other Governments								
Canada								
135087-WZ-3	CANADA GOV'T 6.375% 11/30/04	02/11/2002	Greenfield	535,000	500,000	6,552	1PE	
Total Canada					535,000	500,000	6,552	XXX
1099999 - Total - Bonds - All Other Government					535,000	500,000	6,552	XXX
Industrial & Miscellaneous								
United States								
718154-CC-9	PHILIP MORRIS COMPANIES INC.	02/14/2002	First Boston Corp.	541,465	500,000	5,206	1PE	
Total United States					541,465	500,000	5,206	XXX
4599999 - Total - Bonds - Industrial, Misc.					541,465	500,000	5,206	XXX
6099997 - Total - Bonds - Part 3					1,076,465	1,000,000	11,758	XXX
6099999 - Total - Bonds					1,076,465	1,000,000	11,758	XXX
6599999 - Total - Preferred Stocks						XXX		XXX
7099999 - Total - Common Stocks						XXX		XXX
7199999 - Total - Preferred and Common Stocks						XXX		XXX
7299999 - Totals					1,076,465	XXX	11,758	XXX

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

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

## SCHEDULE D - PART 4

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

1 CUSIP Identifi- cation	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 Designa- tion (a)	
<b>BONDS</b>																	
Special Revenue & Assessment																	
United States																	
958697-BQ-6	WESTERN MN MUN PWR AGY 6.400% 01/01/05	01/01/2002	Call	100,000.00		40,000	40,000	39,749	40,000	54		0	0	0	1,280		1
Total United States						40,000	40,000	39,749	40,000	54	0	0	0	0	1,280	XXX	XXX
3199999 - Bonds - Special Revenues						40,000	40,000	39,749	40,000	54	0	0	0	0	1,280	XXX	XXX
<b>Industrial &amp; Miscellaneous</b>																	
United States																	
126691-F2-5	COUNTRYWIDE ACES 7.750% 01/25/27 SERIES 1996-A9 CLASS B2 CONT MORTGAGE HOME EQ 7.310% 08/15/28	03/01/2002	Paydown			24,938	24,938	25,624	24,938	(659)					360		1
21075W-FK-6	LN TRUST SERIES 1997-3 CLASS M1F FREDDIE MAC SERIES 6.500% 03/15/05	03/01/2002	Paydown			22,218	22,218	22,579	22,218	(274)					255		1PE
312915-SQ-5	1509 CLASS C GEORGIA PACIFIC CORP 9.500%	03/01/2002	Paydown			9,093	9,093	9,016	9,093	35					88		1
373298-BE-7	12/01/11 HEADLANDS MORTGAGE 7.750% 03/25/27	01/23/2002	M.L. Pierce Fenner Smith Inc.			42,750	50,000	58,518	58,463	(48)		(15,713)	(15,713)	752		2PE	
42209E-AL-4	SECURITIES I SERIES 1997-1 CLASS A111 NORTEL NETWORKS LTD 6.125% 02/15/06	03/01/2002	Paydown			83,678	83,678	86,058	83,678	(2,292)					1,153		1
656659-AA-8	FIXED INCOME PREMIER VENTURE 8.740% 03/01/04	03/11/2002	Various			275,253	338,710	328,071	329,727	237		(54,474)	(54,474)	10,208		2	
74058@-AA-2	CAPITAL CORP NOTES RESIDENTIAL FUNDING 6.750% 06/25/28	03/01/2002	Redemption	100,000.00		13,294	13,294	13,294	13,294						1,162		1PE
760972-XF-1	MTG SEC I SERIES 1998-S13 CLASS M1	03/01/2002	Paydown			1,583	1,583	1,586	1,583	(3)					18		1PE
Total United States						472,806	543,514	544,746	542,994	(3,004)	0	0	(70,187)	(70,187)	13,996	XXX	XXX
4599999 - Bonds - Industrial and Miscellaneous						472,806	543,514	544,746	542,994	(3,004)	0	0	(70,187)	(70,187)	13,996	XXX	XXX
609997 - Bonds - Part 4						512,806	583,514	584,495	582,994	(2,950)	0	0	(70,187)	(70,187)	15,276	XXX	XXX
609999 - Total - Bonds						512,806	583,514	584,495	582,994	(2,950)	0	0	(70,187)	(70,187)	15,276	XXX	XXX
659999 - Total - Preferred Stocks						XXX									XXX		XXX
709999 - Total - Common Stocks						XXX									XXX		XXX
719999 - Total - Preferred and Common Stocks						XXX									XXX		XXX
7299999 Totals						512,806	XXX	584,495	582,994	(2,950)	0	0	(70,187)	(70,187)	15,276	0	XXX

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

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

**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 Statement Value	10 Fair Value	11 Year to Date Increase/ (Decrease) by Adjustment	12 Used to Adjust Basis of Hedged Item	13 Other Investment/ Miscellaneous Income	14
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 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 Statement Value	10 Fair Value	11 Year to Date Increase/ (Decrease) by Adjustment	12 Used to Adjust Basis	13 Other Investment/ Miscellaneous Income	14
2599999 - Subtotal - Hedging Transactions									XXX					
2699999 - Subtotal - Income Generation Transactions									XXX					
2799999 - Subtotal - Other Derivative Transactions									XXX					
9999999 - Totals									XXX					

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

**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
2599999 - Subtotal - Hedging Transactions									XXX					
2799999 - Subtotal - Other Derivative Transactions									XXX					
9999999 - Totals									XXX					

**SCHEDULE DB - PART D - SECTION 1**

Showing all Futures Contracts and Insurance Futures Contracts Open 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	
2599999 - Subtotal - Hedging Transactions								XXX	XXX			
2799999 - Subtotal - Other Derivative Transactions								XXX	XXX			
9999999 - Totals								XXX	XXX			

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

## **SCHEDULE E - PART 1 - CASH**



**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 .....								
<b>DETAILS OF WRITE-INS</b>								
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	0	(1,190)	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)
<b>DETAILS OF WRITE-INS</b>								
5701. +0		0	0	0	0	0	0	0
5702. +0		0	0	0	0	0	0	0
5703. +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
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	9,064	13,033	0	0	4,437	0	8,461
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		9,064	13,033			4,437		8,461
<b>DETAILS OF WRITE-INS</b>								
5701. +0		0	0	0	0	0	0	0
5702. +0		0	0	0	0	0	0	0
5703. +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 .....								
<b>DETAILS OF WRITE-INS</b>								
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 .....								
<b>DETAILS OF WRITE-INS</b>								
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)								