



QUARTERLY STATEMENT

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

NATIONWIDE GENERAL INSURANCE COMPANY

NAIC Group Code	0140 (Current Period)	0140 (Prior Period)	NAIC Company Code	23760	Employer's ID Number	31-4425763
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States of America					
Incorporated	08/22/1957			Commenced Business	09/03/1958	
Statutory Home Office	One Nationwide Plaza (Street and Number)			,	Columbus, OH 43216 (City or Town, State and Zip Code)	
Main Administrative Office	Columbus, OH 43216 (City or Town, State and Zip Code)			One Nationwide Plaza (Street and Number)	614-249-7111 (Area Code) (Telephone Number) (Extension)	
Mail Address	One Nationwide Plaza (Street and Number or P.O. Box)			,	Columbus, OH 43216 (City or Town, State and Zip Code)	
Primary Location of Books and Records	Columbus, OH 43216 (City or Town, State and Zip Code)			One Nationwide Plaza (Street and Number)	614-249-1545 (Area Code) (Telephone Number)	
Internet Website Address	www.nationwide.com					
Statement Contact	Teresa Jane Potts (Name)				614-249-1545 (Area Code) (Telephone Number) (Extension)	
	pottst@nationwide.com (E-mail Address)				614-249-4718 (FAX Number)	
Policyowner Relations Contact	Columbus, OH 43216 (City or Town, State and Zip Code)			One Nationwide Plaza (Street and Number)	614-249-6408 (Area Code) (Telephone Number) (Extension)	

OFFICERS

President and Chief Operating Officer	Galen Ross Barnes	Assoc. VP and Assist. Secretary	Glenn Warren Soden
Sr. VP and Treasurer	Brian Waggoner Nocco		

VICE PRESIDENTS

David Andrew Diamond	Patricia Ruth Hatler	Edwin Pugh McCausland Jr
Brian Waggoner Nocco	Robert Alan Oakley	Robert Jay Woodward Jr

DIRECTORS OR TRUSTEES

Galen Ross Barnes	David Ralph Jahn	Michael Dean Miller
Douglas Craig Robinette	Richard Michael Waggoner	

State ofOhio.....
County ofFranklin.....
} 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.

Galen Ross Barnes President and Chief Operating Officer	Glenn Warren Soden Assoc. VP and Assist. Secretary	Brian Waggoner Nocco Sr. VP and Treasurer
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Subscribed and sworn to before me this
_____ day of _____, 2002

ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	16,805,464	0	16,805,464	17,089,927
2. Stocks:				
2.1 Preferred stocks	0	0		
2.2 Common stocks	0	0		
3. Mortgage loans on real estate:				
3.1 First liens	0	0		
3.2 Other than first liens	0	0		
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0		
4.2 Properties held for the production of income (less \$ encumbrances)	0	0		
4.3 Properties held for sale (less \$ encumbrances)	0	0		
5. Cash (\$1,516 and short-term investments \$2,063,171)	2,064,687	0	2,064,687	1,635,098
6. Other invested assets	0	0		
7. Receivable for securities	900	0	900	
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	18,871,051		18,871,051	18,725,025
10. Agents' balances or uncollected premiums				
10.1 Premiums and agents' balances in course of collection	0	0		
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	0	0		
10.3 Accrued retrospective premiums	0	0		
11. Funds held by or deposited with reinsured companies	0	0		
12. Bills receivable, taken for premiums	0	0		
13. Amounts billed and receivable under high deductible policies	0	0		
14. Reinsurance recoverables on loss and loss adjustment expense payments	0	0		
15. Federal and foreign income tax recoverable and interest thereon (including \$2,879 net deferred tax asset).....	2,879	0	2,879	6,846
16. Guaranty funds receivable or on deposit.....	0	0		
17. Electronic data processing equipment and software.....	0	0		
18. Interest, dividends and real estate income due and accrued	274,419	0	274,419	285,321
19. Net adjustments in assets and liabilities due to foreign exchange rates	0	0		
20. Receivable from parent, subsidiaries and affiliates	320,439	0	320,439	135,131
21. Amounts due from /to protected cells	0	0		
22. Equities and deposits in pools and associations	0	0		
23. Amounts receivable relating to uninsured accident and health plans.....	0	0		
24. Other assets nonadmitted				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding protected cell assets (Lines 9 through 25)	19,468,788		19,468,788	19,152,323
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	19,468,788		19,468,788	19,152,323
DETAILS OF WRITE-INS				
0801.	0	0		
0802.	0	0		
0803.	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		
2502.	0	0		
2503.	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 \$)	0	
2. Reinsurance payable on paid losses and loss adjustment expenses	0	
3. Loss adjustment expenses	0	
4. Commissions payable, contingent commissions and other similar charges	0	
5. Other expenses (excluding taxes, licenses and fees)	0	
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	
7. Federal and foreign income taxes [including \$9,962 on realized capital gains (losses)] (including \$ net deferred tax liability)	87,810	6,725
8. Borrowed money \$ and interest thereon \$	0	
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$30,214,015 and including warranty reserves of \$)	0	
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders	0	
11.2 Policyholders	0	
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	
13. Funds held by company under reinsurance treaties	0	
14. Amounts withheld or retained by company for account of others	0	
15. Remittances and items not allocated	194,737	194,738
16. Provision for reinsurance	0	
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	
18. Drafts outstanding	0	
19. Payable to parent, subsidiaries and affiliates	0	
20. Payable for securities	0	
21. Liability for amounts held under uninsured accident and health plans	0	
22. Capital notes \$ and interest thereon \$	0	
23. Aggregate write-ins for liabilities		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	282,547	201,463
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	282,547	201,463
27. Aggregate write-ins for special surplus funds		
28. Common capital stock	2,500,000	2,500,000
29. Preferred capital stock	0	
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes	0	
32. Gross paid in and contributed surplus	2,660,974	2,660,974
33. Unassigned funds (surplus)	14,025,268	13,789,887
34. Less treasury stock, at cost		
34.1 shares common (value included in Line 28 \$)	0	
34.2 shares preferred (value included in Line 29 \$)	0	
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	19,186,242	18,950,861
36. TOTALS	19,468,788	19,152,323
DETAILS OF WRITE-INS		
2301.	0	
2302.	0	
2303.	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	
2702.	0	
2703.	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	
3002.	0	
3003.	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 \$ 30,912,475)	30,824,086	27,795,529	117,404,546
1.2 Assumed (written \$)	0		
1.3 Ceded (written \$ 30,912,475)	30,824,086	27,795,529	117,404,546
1.4 Net (written \$ 0)	0		0
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	21,338,228	20,379,033	89,797,976
2.2 Assumed	0		
2.3 Ceded	21,338,228	20,379,033	89,797,976
2.4 Net	0		0
3. Loss expenses incurred	0		
4. Other underwriting expenses incurred	0		
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2.4 thru 5)	0		0
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	0		0
INVESTMENT INCOME			
9. Net investment income earned	270,492	284,692	1,155,695
10. Net realized capital gains or (losses)	0		1,644
11. Net investment gain (loss) (Lines 9 + 10)	270,492	284,692	1,157,339
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0		
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	270,492	284,692	1,157,339
17. Dividends to policyholders	0		
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	270,492	284,692	1,157,339
19. Federal and foreign income taxes incurred	87,810	85,500	285,731
20. Net income (Line 18 minus Line 19)(to Line 22)	182,682	199,192	871,608
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	18,950,861	18,129,074	18,129,073
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	182,682	199,192	871,608
23. Net unrealized capital gains or losses	56,666		(56,666)
24. Change in net unrealized foreign exchange capital gain (loss)	0		
25. Change in net deferred income tax	(3,967)	3,075	2,845
26. Change in nonadmitted assets	0		
27. Change in provision for reinsurance	0		
28. Change in surplus notes	0		
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of changes in accounting principles	0		4,000
31. Capital changes:			
31.1 Paid in	0		
31.2 Transferred from surplus (Stock Dividend)	0		
31.3 Transferred to surplus	0		
32. Surplus adjustments:			
32.1 Paid in	0		
32.2 Transferred to capital (Stock Dividend)	0		
32.3 Transferred from capital	0		
33. Net remittances from or (to) Home Office	0		
34. Dividends to stockholders	0		
35. Change in treasury stock	0		
36. Aggregate write-ins for gains and losses in surplus			
37. Change in surplus as regards policyholders (Lines 22 through 36)	235,381	202,267	821,787
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	19,186,242	18,331,341	18,950,861
DETAILS OF WRITE-INS			
0501.	0		
0502.	0		
0503.	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		
1402.	0		
1403.	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		
3602.	0		
3603.	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. Loss and loss adjustment expenses paid (net of salvage and subrogation)	1	0
3. Underwriting expenses paid		34,893
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(1)	(34,893)
6. Net investment income	288,783	1,172,457
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	0	0
7.4 Aggregate write-ins for miscellaneous items		
7.5 Total other income (Lines 7.1 to 7.4)	0	0
8. Dividends to policyholders on direct business , less \$ dividends on reinsurance assumed or ceded (net)		
9. Federal and foreign income taxes (paid) recovered	(6,725)	(273,983)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	282,057	863,581
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds	340,671	3,729,985
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Net gains or (losses) on cash and short-term investments		
11.7 Miscellaneous proceeds		1,500
11.8 Total investment proceeds (Lines 11.1 to 11.7)	340,671	3,731,485
12. Cost of investments acquired (long-term only):		
12.1 Bonds	6,931	3,160,194
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Miscellaneous applications	900	
12.7 Total investments acquired (Lines 12.1 to 12.6)	7,831	3,160,194
13. Net Cash from investments (Line 11.8 minus Line 12.7)	332,840	571,291
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	0	12,907
14.4 Borrowed funds received		
14.5 Other cash provided		
14.6 Total (Lines 14.1 to 14.5)	0	12,907
15. Cash applied:		
15.1 Dividends to stockholders paid		0
15.2 Net transfers to affiliates	185,309	
15.3 Borrowed funds repaid		
15.4 Other applications		
15.5 Total (Lines 15.1 to 15.4)	185,309	0
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	(185,309)	12,907
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	429,588	1,447,779
18. Cash and short-term investments:		
18.1 Beginning of year	1,635,098	187,320
18.2 End of year (Line 17 plus Line 18.1)	2,064,686	1,635,099
DETAILS OF WRITE-INS		
07.401		0
07.402		0
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

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying statutory financial statements of Nationwide General Insurance Company (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the State of Ohio.

Throughout this statement, the failure of items to add to the totals shown is due to the dropping of amounts less than one dollar.

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

In preparing the statutory financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the statutory financial statements and revenues and expenses for the reporting period. Actual results could differ from those estimates.

C. Accounting Policies

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connections with acquiring new insurance business including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized cost using the interest method. Non-investment grade bonds are stated at the lower of amortized value or fair value.
3. Common Stocks, other than investments in stocks of subsidiaries and affiliated, are stated at market.
4. Redeemable preferred stocks are stated at amortized value. Perpetual preferred stocks are stated at fair value. Non-investment grade preferred stocks are stated at the lower of amortized value or fair value.
5. First lien mortgage loans on real estate are stated at their unpaid principal balance. Mortgages other than first liens are nonadmitted.
6. Loan-backed securities are stated at amortized cost. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade securities are stated at the lower of amortized value or fair value.
7. Investments in subsidiary and affiliated companies are stated as follows:

Not applicable.
8. Investments in joint ventures and partnerships are stated at the underlying audited GAAP equity value.

Not applicable.
9. Accounting for derivatives

Not applicable.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premiums.
11. The liability for losses is provided based upon formula and case basis estimates for losses reported with respect to direct business, estimates of unreported losses based upon past experience, estimates based on information received relating to assumed reinsurance, and deduction for ceded reinsurance, including amounts placed with affiliates. The company reflects its liability for losses net of anticipated salvage and subrogation recoverables.

The liability for loss adjustment expenses is provided by estimating future expenses to be incurred in settlement of claims provided for in the liability for losses, and is stated after deduction for amounts to be recovered from reinsurers, including affiliates.

Note 2 - Accounting Changes and Corrections of Errors

A. Accounting Change or Correction of Error

Not applicable

NOTES TO FINANCIAL STATEMENTS

B. Accounting Changes as a Result of Codification

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the Ohio Insurance Department. The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Ohio Insurance Department.

The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of policyholders' surplus at the beginning of the year and the amount of policyholders' surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. There were no surplus adjustments for changes in accounting principle.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at March 31 are as follows:

		3/31/02	12/31/01
(1)	Total of all deferred tax assets (admitted and nonadmitted)	276,676	286,547
(2)	Total of all deferred tax liabilities	(228,125)	(231,391)
(3)	Total deferred tax assets nonadmitted	(45,672)	(48,310)
(4)	Increase(decrease) in deferred tax assets non admitted	(2,638)	(21,690)

B. Deferred tax liabilities are not recognized for the following amounts:

N/A

C. Current income tax incurred consist of the following major components:

		3/31/02	12/31/01
1.	Current year expense	87,810	285,731
2.	Tax credits	-	-
3.	Prior year over/under accrual	-	-
4.	Current income tax incurred	87,810	285,731

The main components of the 2002 deferred tax amounts are as follows:

	DTAs	Statutory	Tax	Difference	Tax Effect
6.	Intercompany Receivable	(320,439)	(1,010,070)	689,631	241,371
7.	Accts Payable&Other Liabilities	-	-	-	-
8.	Capital Gains	-	(59,737)	59,737	20,908
9.	Total DTAs	(17,125,904)	(17,916,407)	790,503	276,676
10.	DTAs nonadmitted	45,672	N/A	45,672	45,672
	DTLs	Statutory	Tax	Difference	Tax Effect
11.	Bonds	-	-	-	-
12.	Market Discount	-	(651,786)	(651,786)	(228,125)
13.	Accts Payable&Other Liabilities	-	-	-	-
14.	Accrued dividends	-	-	-	-
15.	Total DTLs	-	(651,786)	(651,786)	(228,125)

The changes in main components of DTAs and DTLs are as follows:

	DTAs	3/31/02	12/31/01	Change
16.	Intercompany Receivable	241,371	241,371	(0)
17.	Accts Payable&Other Liabilities	-	-	-
18.	Capital Gains	20,908	10,946	9,962
19.	Total DTAs	276,676	286,547	(9,871)
20.	DTAs nonadmitted	45,672	48,310	(2,638)
	DTLs	3/31/02	12/31/01	Change
21.	Bonds	-	-	-
22.	Market Discount	(228,125)	(231,391)	3,266
23.	Accts Payable&Other Liabilities	-	-	-
24.	Accrued dividends	-	-	-
25.	Total DTLs	(228,125)	(231,391)	3,266

NOTES TO FINANCIAL STATEMENTS

D. Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect
1. Income before taxes	270,492	94,672
2. Tax-exempt interest, net	(57,400)	(20,090)
3. Dividends received deduction, net	-	-
4. Dividends received deduction, 100% owned subs	-	-
5. Loss reserve discounting	-	-
6. Unearned premium adjustment	-	-
7. Agents security compensation	-	-
8. Investment related transactions	-	-
9.	-	-
10. All other	37,794	13,228
11. Separate company taxable income	250,886	87,810
12. Consolidation		-
13. Reclass to deferred taxes		-
14. Prior year over/under accrual		-
15. Other		-
16. Tax		87,810

E.		Amount	Origination	Expiration
(1)	Amount of operating loss carryforwards	N/A		
	Amount of AMT tax credits	N/A		
	Business credits	N/A		
(2)	The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:			
	Current year			87,810
	2001			-
	2000			-

F.

- (1) The company’s federal income tax return is consolidated with the following entities:
(Please include additions or deletions listed below to the most recent annual statement)

Additions	None
Deletions	None

- (2) The method of allocation among the companies is subject to the resolution approved by the Board of Directors. Allocation is based upon separate return or sub-group aggregated separate return calculations with the company being reimbursed for the actual Federal income tax benefit of its net operating losses which are actually used to reduce the taxable income of other companies in the consolidated return.

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

C) Wash Sales: None

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 [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

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

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide 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 [] NA [X]
If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2001

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1996

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). 09/03/1998

7.4 By what department or departments?
Ohio, Delaware, California.....

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:\$

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

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

13.2 If yes, please complete the following:

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

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

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

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

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

1 Name of Custodian(s)	2 Custodian Address
Bank of New York.....	One Wall Street, 14th Floor, New York, NY 10286.....

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

GENERAL INTERROGATORIES
(continued)

PART 2
PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] 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 NATIONWIDE GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1B

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

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	17,301,031	679,886	571,640	(7,579)	17,401,698			17,301,031
2. Class 2	496,603			127	496,730			496,603
3. Class 3	913,476			56,732	970,208			913,476
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	18,711,110	679,886	571,640	49,280	18,868,636			18,711,110
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	18,711,110	679,886	571,640	49,280	18,868,636			18,711,110

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	2,063,172	xxx	2,063,172	8,385	

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	1,621,186			177,340
2. Cost of short-term investments acquired	672,955			9,369,874
3. Increase (decrease) by adjustment				
4. Increase (decrease) by foreign exchange adjustment				
5. Total profit (loss) on disposal of short-term investments				
6. Consideration received on disposal of short-term investments	230,969			7,926,028
7. Book/adjusted carrying value, current period	2,063,172			1,621,186
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	2,063,172			1,621,186
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	2,063,172			1,621,186
12. Income collected during period	9,067			31,024
13. Income earned during period	9,067			31,024

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

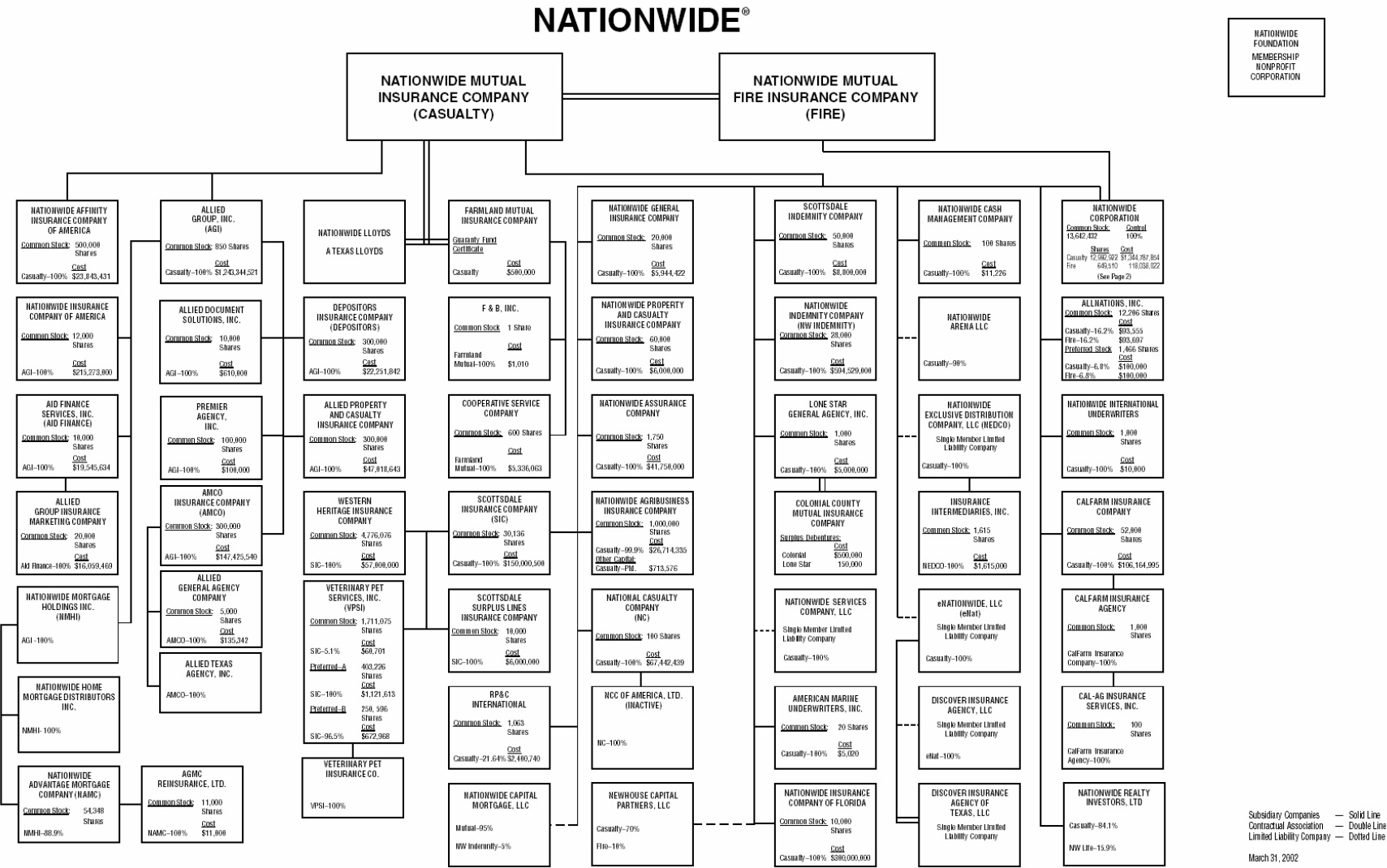
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories								
		1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, etc.			Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL	Yes	1,190,970	1,159,060	697,974	1,027,131	1,909,801	1,486,034
2. Alaska	AK	Yes	0		0		0	
3. Arizona	AZ	No	0		0		433	359
4. Arkansas	AR	Yes	0		0		0	
5. California	CA	Yes	0		0		(579)	(727)
6. Colorado	CO	No	0		0		0	
7. Connecticut	CT	Yes	0		0		0	
8. Delaware	DE	Yes	5,217,894	4,865,389	4,138,301	3,878,724	16,745,017	15,789,613
9. District of Columbia	DC	Yes	221,564	220,597	110,361	136,061	506,687	424,167
10. Florida	FL	Yes	2,058,204	1,893,777	1,479,018	1,163,530	4,653,189	3,353,290
11. Georgia	GA	Yes	277,665	253,241	165,566	174,734	678,973	386,520
12. Hawaii	HI	No	0		0		0	
13. Idaho	ID	Yes	0		0	77,726	0	
14. Illinois	IL	Yes	205,905	150,181	94,383	68,446	343,882	264,560
15. Indiana	IN	Yes	137,730	104,189	49,804		274,218	160,257
16. Iowa	IA	Yes	0		0		0	
17. Kansas	KS	Yes	0		0	23,240	0	
18. Kentucky	KY	Yes	97,593	82,644	43,662		77,828	51,099
19. Louisiana	LA	Yes	0		0		0	
20. Maine	ME	Yes	0		0		0	
21. Maryland	MD	Yes	5,266,379	4,836,406	4,180,410	3,388,497	11,145,676	8,690,170
22. Massachusetts	MA	No	0		0		0	
23. Michigan	MI	Yes	0		0		0	
24. Minnesota	MN	Yes	0		0	1,885,537	0	
25. Mississippi	MS	Yes	2,713,506	2,954,503	1,529,255		6,017,509	4,899,385
26. Missouri	MO	Yes	0		0		(99)	(141)
27. Montana	MT	Yes	0		0		0	
28. Nebraska	NE	Yes	0		0		0	
29. Nevada	NV	Yes	0		0		0	
30. New Hampshire	NH	No	0		0		0	
31. New Jersey	NJ	No	0		0		0	
32. New Mexico	NM	Yes	0		0		0	
33. New York	NY	Yes	0		0		0	
34. North Carolina	NC	No	0		0		0	
35. North Dakota	ND	Yes	0		0		0	
36. Ohio	OH	Yes	1,482,339	1,577,056	1,347,469	1,058,746	3,978,495	3,497,381
37. Oklahoma	OK	Yes	0		0		0	
38. Oregon	OR	Yes	0		0		0	
39. Pennsylvania	PA	Yes	6,551,241	5,291,418	3,737,187	2,854,592	15,284,737	16,738,053
40. Rhode Island	RI	No	0		0		0	
41. South Carolina	SC	Yes	0		0		0	
42. South Dakota	SD	Yes	0		0		0	
43. Tennessee	TN	Yes	1,976,777	2,042,592	1,381,511	1,560,415	4,502,923	3,174,154
44. Texas	TX	Yes	2,414,272	2,278,408	1,416,088	1,683,375	3,691,248	3,506,996
45. Utah	UT	Yes	0		0		0	
46. Vermont	VT	Yes	0		0		0	
47. Virginia	VA	Yes	1,100,437	1,094,108	728,659	589,625	2,127,017	1,686,139
48. Washington	WA	Yes	0		0		0	
49. West Virginia	WV	No	0		0		0	
50. Wisconsin	WI	Yes	0		0		0	
51. Wyoming	WY	No	0		0		0	
52. American Samoa	AS	No	0		0		0	
53. Guam	GU	No	0		0		0	
54. Puerto Rico	PR	No	0		0		0	
55. U.S. Virgin Islands	VI	No	0		0		0	
56. Canada	CN	No	0		0		0	
57. Aggregate Other Aliens	OT	XXX						
58. Totals	(a) 41		30,912,475	28,803,569	21,099,648	19,570,379	71,936,955	64,107,309
DETAILS OF WRITE-INS								
5701.		XXX	0		0		0	
5702.		XXX	0		0		0	
5703.		XXX	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						

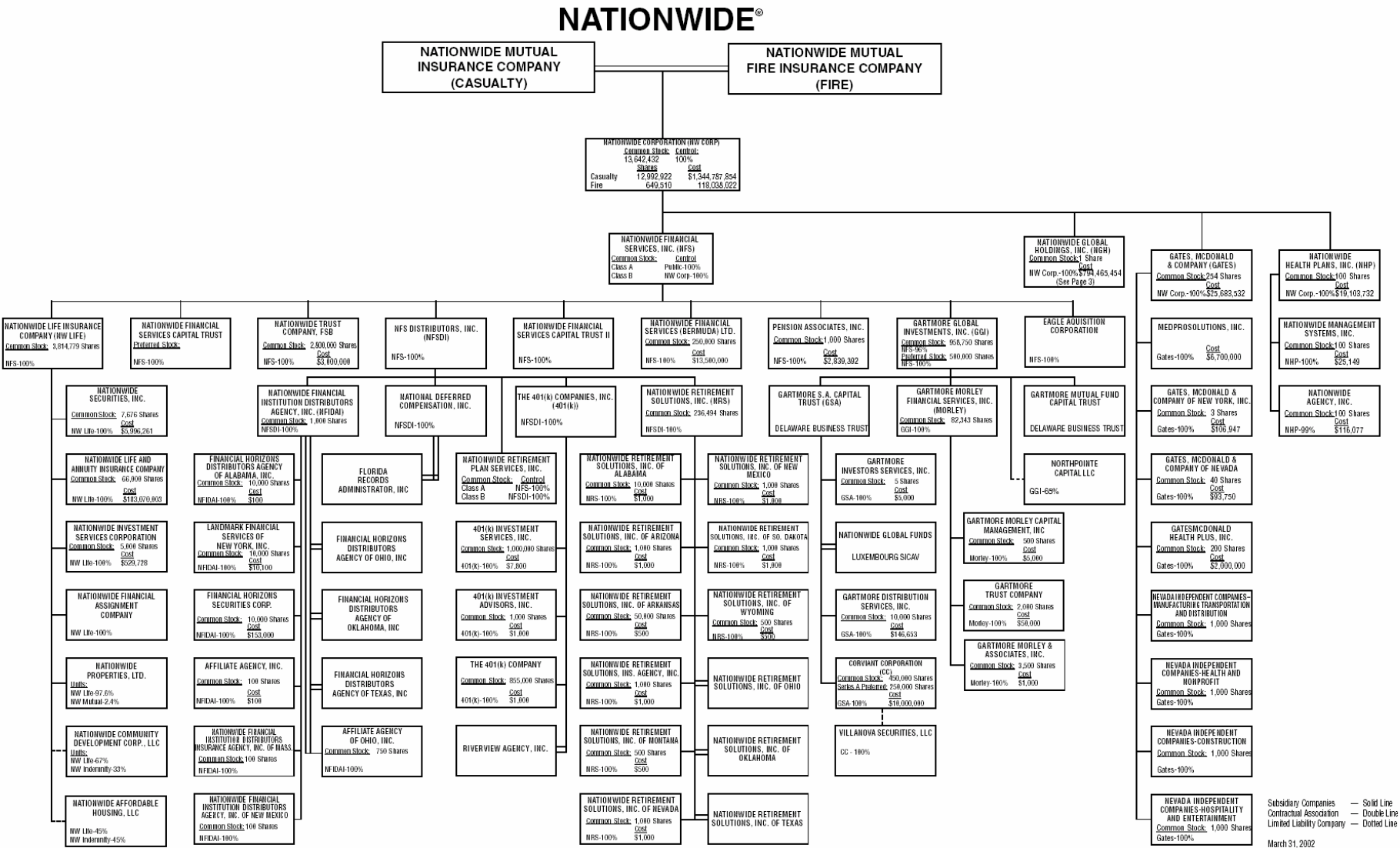
(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

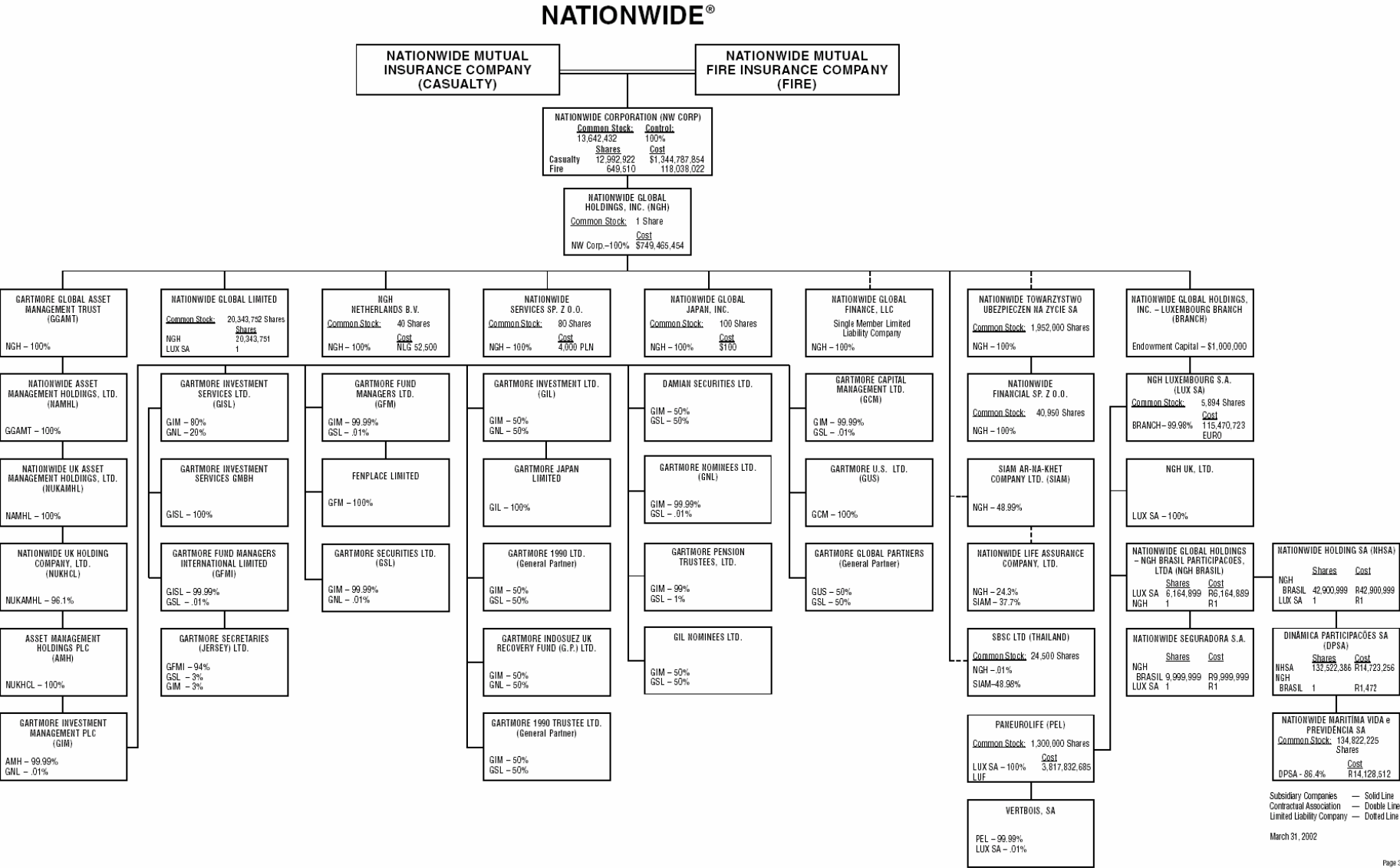


17

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



PART 1 - LOSS EXPERIENCE

Lines of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	0	0		
2.	Allied Lines	0	0		
3.	Farmowners multiple peril	0	0		
4.	Homeowners multiple peril	0	130		
5.	Commercial multiple peril	0	0		
6.	Mortgage guaranty	0	0		
8.	Ocean marine	0	0		
9.	Inland marine	0	1		
10.	Financial guaranty	0	0		
11.1	Medical malpractice - occurrence	0	0		
11.2	Medical malpractice - claims-made	0	0		
12.	Earthquake	0	(1)		
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	0	(1)		
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	18,927,604	13,233,151	69.9	74.0
19.3,19.4	Commercial auto liability	0	0		
21.	Auto physical damage	11,896,482	8,104,949	68.1	72.3
22.	Aircraft (all perils)	0	0		
23.	Fidelity	0	0		
24.	Surety	0	0		
26.	Burglary and theft	0	0		
27.	Boiler and machinery	0	0		
28.	Credit	0	0		
29.	International	0	0		
30.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
31.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
33.	Aggregate write-ins for other lines of business				
34.	Totals	30,824,086	21,338,228	69.2	73.3
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)				

PART 2 - DIRECT PREMIUMS WRITTEN

		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire		0	
2.	Allied Lines		0	
3.	Farmowners multiple peril		0	
4.	Homeowners multiple peril		0	
5.	Commercial multiple peril		0	
6.	Mortgage guaranty		0	
8.	Ocean marine		0	
9.	Inland marine		0	
10.	Financial guaranty		0	
11.1	Medical malpractice - occurrence		0	
11.2	Medical malpractice - claims-made		0	
12.	Earthquake		0	
13.	Group accident and health		0	
14.	Credit accident and health		0	
15.	Other accident and health		0	
16.	Workers' compensation		0	
17.1	Other liability - occurrence		0	
17.2	Other liability - claims-made		0	
18.1	Products liability - occurrence		0	
18.2	Products liability - claims-made		0	
19.1,19.2	Private passenger auto liability	19,018,028	19,018,028	17,609,827
19.3,19.4	Commercial auto liability	0	0	
21.	Auto physical damage	11,894,448	11,894,448	11,193,739
22.	Aircraft (all perils)		0	
23.	Fidelity		0	
24.	Surety		0	
26.	Burglary and theft		0	
27.	Boiler and machinery		0	
28.	Credit		0	
29.	International		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	30,912,475	30,912,475	28,803,566
DETAILS OF WRITE-INS				
3301.			0	
3302.			0	
3303.			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 3
NONE

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

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

SCHEDULE D - PART 3

[illegible]

E04

SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

STATEMENT AS OF MARCH 31, 2002 OF THE NATIONWIDE GENERAL INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

[illegible]



SUPPLEMENT FOR MARCH 31, 2002 OF THE NATIONWIDE GENERAL INSURANCE COMPANY

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 NATIONWIDE GENERAL INSURANCE COMPANY

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								
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 NATIONWIDE GENERAL INSURANCE COMPANY

Designate the type of health care providers reported on this page
Other Health Care 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								
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 NATIONWIDE GENERAL INSURANCE COMPANY

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 NATIONWIDE GENERAL INSURANCE COMPANY

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)								