



QUARTERLY STATEMENT

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

ATLANTA SPECIALTY INSURANCE COMPANY

NAIC Group Code..... 0084, 0084
(Current Period) (Prior Period)

NAIC Company Code..... 31925

Employer's ID Number..... 42-1019055

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile

Incorporated..... February 6, 1974

Commenced Business..... February 21, 1974

Statutory Home Office

580 Walnut Street..... Cincinnati OH 45202-2575
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

11700 Great Oaks Way..... Alpharetta GA 30022-2448
(Street and Number) (City or Town, State and Zip Code)

678-627-6000
(Area Code) (Telephone Number)

Mail Address

P.O. Box 105091..... Atlanta GA 30348-5091
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

11700 Great Oaks Way..... Alpharetta GA 30022-2448
(Street and Number) (City or Town, State and Zip Code)

678-627-6000
(Area Code) (Telephone Number)

Internet Website Address

www.atlantacasualty.com

Statement Contact

Robert James Schwartz
(Name)

BSchwartz@GAIC.com
(E-Mail Address)

513-369-5000
(Area Code) (Telephone Number) (Extension)

513-369-3873
(Fax Number)

Policyowner Relations Contact

11700 Great Oaks Way..... Alpharetta GA 30022
(Street and Number) (City or Town, State and Zip Code)

800-225-8930 (x72371)
(Area Code) (Telephone Number) (Extension)

OFFICERS

President James Randall Gober

Treasurer John Thomas Brooks

Secretary Maurice Franklin Washburne

Michael David Krause	Thomas Bligh Freeland III	Karen Holley Horrell	Richard Marion Krovciak
Marsha Jo Walker	Eve Cutler Rosen	Ronald Charles Hayes	Thomas Edward Mischell
Fred Joseph Runk	Robert James Schwartz	David John Witzgall	Robert Jude Zbacnik

DIRECTORS OR TRUSTEES

James Randall Gober	Karen Holley Horrell	Keith Alan Jensen	Michael David Krause
Eve Cutler Rosen	Maurice Franklin Washburne	David John Witzgall	

State of..... Georgia
County of..... Fulton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
James Randall Gober	Maurice Franklin Washburne	John Thomas Brooks
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this

8th day of May, 2002

.....

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1. Bonds.....	10,322,585	0	10,322,585	9,831,621
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 (\$....500) and short-term investments (\$....1,299,175).....	1,299,675	0	1,299,675	1,665,940
6. Other invested assets.....	0	0	0	0
7. Receivable for securities.....	0	0	0	0
8. Aggregate write-ins for invested assets.....	0	0	0	0
9. Subtotals, cash and invested assets (Lines 1 to 8).....	11,622,260	0	11,622,260	11,497,561
10. Agents' balances or uncollected premiums:				
10.1 Premiums and agents' balances in course of collection.....	0	0	0	0
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
10.3 Accrued retrospective premiums.....	0	0	0	0
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 receivable under high deductible policies.....	0	0	0	0
14. Reinsurance recoverables on loss and loss adjustment expense payments.....	0	0	0	0
15. Federal and foreign income tax recoverable and interest thereon (including \$....7,160 net deferred tax asset) -	405,630	398,470	7,160	7,354
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.....	125,286	0	125,286	167,248
19. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0	0	0
20. Receivable from parent, subsidiaries and affiliates.....	0	0	0	14,590
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.....	0	0	0	0
26. Total assets excluding protected cell assets (Lines 9 through 25).....	12,153,176	398,470	11,754,706	11,686,753
27. Protected cell assets.....	0	0	0	0
28. TOTALS (Lines 26 and 27).....	12,153,176	398,470	11,754,706	11,686,753

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.....	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0
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.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$.....28,640).....	128,423	130,547
2. Reinsurance payable on paid losses and loss adjustment expenses.....	0	0
3. Loss adjustment expenses.....	24,713	25,987
4. Commissions payable, contingent commissions and other similar charges.....	0	0
5. Other expenses (excluding taxes, licenses and fees).....	4,701	4,381
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	3,135	2,649
7. Federal and foreign income taxes (including \$.....0 on realized capital gains (losses) (including \$.....0 net deferred tax liability).....	25,685	60,549
8. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....23,199,641 and including warranty reserves of \$.....0).....	53,402	55,253
10. Advance premium.....	0	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).....	0	0
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.....	359	0
20. Payable for securities.....	0	0
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.....	9,800	21,390
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	250,220	300,757
25. Protected cell liabilities.....	0	0
26. Total liabilities (Lines 24 and 25).....	250,220	300,757
27. Aggregate write-ins for special surplus funds.....	0	0
28. Common capital stock.....	3,000,528	3,000,528
29. Preferred capital stock.....	0	0
30. Aggregate write-ins for other than special surplus funds.....	0	0
31. Surplus notes.....	0	0
32. Gross paid in and contributed surplus.....	7,000,000	7,000,000
33. Unassigned funds (surplus).....	1,503,958	1,385,468
34. Less treasury stock, at cost:		
34.10.000 shares common (value included in Line 28 \$.....0).....	0	0
34.20.000 shares preferred (value included in Line 29 \$.....0).....	0	0
35. Surplus as regards policyholders (Lines 27 to 33, less 34).....	11,504,487	11,385,996
36. TOTALS.....	11,754,706	11,686,753

DETAILS OF WRITE-INS

2301. Other liabilities.....	9,800	21,390
2302.	0	0
2303.	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	9,800	21,390
2701.	0	0
2702.	0	0
2703.	0	0
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0
3001.	0	0
3002.	0	0
3003.	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page.....	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	0	0

ATLANTA SPECIALTY INSURANCE COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Previous Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....22,184,179).....	22,378,703	28,109,516	106,184,403
1.2 Assumed..... (written \$.....47,707).....	49,558	81,189	273,988
1.3 Ceded..... (written \$.....22,184,179).....	22,378,703	28,109,516	106,184,403
1.4 Net..... (written \$.....47,707).....	49,558	81,189	273,988
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....32,603):			
2.1 Direct.....	14,237,391	18,308,347	71,387,887
2.2 Assumed.....	28,192	56,175	183,801
2.3 Ceded.....	14,237,391	18,308,347	71,387,887
2.4 Net.....	28,192	56,175	183,801
3. Loss expenses incurred.....	8,536	7,718	38,772
4. Other underwriting expenses incurred.....	11,099	21,863	62,046
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	47,827	85,756	284,619
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	1,731	(4,567)	(10,631)
INVESTMENT INCOME			
9. Net investment income earned.....	161,033	138,786	621,471
10. Net realized capital gains (losses).....	0	0	22,825
11. Net investment gain (loss) (Lines 9 + 10).....	161,033	138,786	644,296
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....943).....	(943)	(1,817)	(5,309)
13. Finance and service charges not included in premiums.....	0	0	0
14. Aggregate write-ins for miscellaneous income.....	0	(11)	(1,131)
15. Total other income (Lines 12 through 14).....	(943)	(1,828)	(6,441)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15).....	161,821	132,391	627,223
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).....	161,821	132,391	627,223
19. Federal and foreign income taxes incurred.....	43,136	34,000	157,595
20. Net income (Line 18 minus Line 19) (to Line 22).....	118,685	98,391	469,628
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 previous year.....	11,385,996	10,909,013	10,909,013
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20).....	118,685	98,391	469,628
23. Net unrealized capital gains or losses.....	0	0	0
24. Change in net unrealized foreign exchange capital gain (loss).....	0	0	0
25. Change in net deferred income taxes.....	(16,339)	(12,047)	(49,181)
26. Change in nonadmitted assets.....	16,145	11,353	(5,385)
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	0	0
30. Cumulative effect of changes in accounting principles.....	0	61,920	61,920
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.....	0	0	0
37. Change in surplus as regards policyholders (Lines 22 through 36).....	118,491	159,617	476,983
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37).....	11,504,487	11,068,630	11,385,996
DETAILS OF WRITE-INS			
0501.	0	0	0
0502.	0	0	0
0503.	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Miscellaneous expense.....	0	(11)	(1,131)
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	(11)	(1,131)
3601.	0	0	0
3602.	0	0	0
3603.	0	0	0
3698. Summary of remaining write-ins for Line 36 from overflow page.....	0	0	0
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above).....	0	0	0

ATLANTA SPECIALTY INSURANCE COMPANY
CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	47,707	295,279
2. Loss and loss adjustment expenses paid (net of salvage and subrogation).....	40,125	242,958
3. Underwriting expenses paid.....	10,613	63,587
4. Other underwriting income (expenses).....	0	0
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4).....	(3,031)	(11,266)
6. Net investment income.....	208,434	669,615
7. Other income (expenses):		
7.1 Agents' balances charged off.....	(943)	(5,309)
7.2 Net funds held under reinsurance treaties.....	0	0
7.3 Net amount withheld or retained for account of others.....	0	0
7.4 Aggregate write-ins for miscellaneous items.....	0	(755)
7.5 Total other income (Lines 7.1 to 7.4).....	(943)	(6,064)
8. Dividends to policyholders on direct business, less \$.....0 dividends on reinsurance assumed or ceded (net).....	0	0
9. Federal and foreign income taxes (paid) recovered.....	(78,000)	(75,000)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9).....	126,461	577,285
CASH FROM INVESTMENTS		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds.....	1,659	1,301,261
11.2 Stocks.....	0	0
11.3 Mortgage loans.....	0	0
11.4 Real estate.....	0	0
11.5 Other invested assets.....	0	0
11.6 Net gains or (losses) on cash and short-term investments.....	0	0
11.7 Miscellaneous proceeds.....	0	0
11.8 Total investment proceeds (Lines 11.1 to 11.7).....	1,659	1,301,261
12. Cost of investments acquired (long-term only):		
12.1 Bonds.....	497,745	3,090,737
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Miscellaneous applications.....	0	0
12.7 Total investments acquired (Lines 12.1 to 12.6).....	497,745	3,090,737
13. Net cash from investments (Line 11.8 minus Line 12.7).....	(496,086)	(1,789,476)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
14. Cash provided:		
14.1 Surplus notes, capital and surplus paid in.....	0	0
14.2 Capital notes \$.....0 less amounts repaid \$.....0.....	0	0
14.3 Net transfers from affiliates.....	14,949	1,305,061
14.4 Borrowed funds received.....	0	0
14.5 Other cash provided.....	0	17,968
14.6 Total (Lines 14.1 to 14.5).....	14,949	1,323,029
15. Cash applied:		
15.1 Dividends to stockholders paid.....	0	0
15.2 Net transfers to affiliates.....	0	0
15.3 Borrowed funds repaid.....	0	0
15.4 Other applications.....	11,590	0
15.5 Total (Lines 15.1 to 15.4).....	11,590	0
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5).....	3,359	1,323,029
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16).....	(366,265)	110,837
18. Cash and short-term investments:		
18.1 Beginning of year.....	1,665,940	1,555,103
18.2 End of period (Line 17 plus Line 18.1).....	1,299,675	1,665,940
DETAILS OF WRITE-INS		
07.401 Miscellaneous expense.....	0	(755)
07.402	0	0
07.403	0	0
07.498 Summary of remaining write-ins for Line 7.4 from overflow page.....	0	0
07.499 Total (Lines 7.401 to 7.403 plus 7.498) (Line 7.4 above).....	0	(755)

17.) SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

C. The Company was not involved in any wash sale transactions during the year to date.

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

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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

Yes [☐]

No [☒ X]

1.2

If yes, explain:.....

2.1

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

Yes [☐]

No [☒ X]

2.2

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

Yes [☐]

No [☐]

3.1

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

Yes [☐]

No [☒ X]

3.2

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.

4.

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

Yes [☐]

No [☒ X]

If yes, attach an organizational chart.

5.1

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

Yes [☐]

No [☒ X]

5.2

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

1	2	3
Name of Entity	NAIC Company Code	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]

N/A [☐]

If yes, attach an explanation.

Not applicable.

7.1

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

.....12/31/1999.....

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.

.....12/31/1999.....

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).

.....11/06/2000.....

7.4

By what department or departments?.....

Ohio

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:

Not applicable.

GENERAL INTERROGATORIES (continued)
INVESTMENT

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

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]
9.2 If yes, explain:..... Not applicable.

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:
Not applicable.

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.....	\$.....0	\$.....0
13.22 Preferred Stock.....	\$.....0	\$.....0
13.23 Common Stock.....	\$.....0	\$.....0
13.24 Short-Term Investments.....	\$.....0	\$.....0
13.25 Mortgages, Loans or Real Estate.....	\$.....0	\$.....0
13.26 All Other.....	\$.....0	\$.....0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$.....0	\$.....0
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$.....0	\$.....0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above.....	\$.....0	\$.....0

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

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

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

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

1 Name of Custodian(s)	2 Custodian Address
The Bank of New York	New York, New York

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
American Money Management Corporation	Not applicable.	1 East Fourth Street, Cinti, OH 45202

ATLANTA SPECIALTY INSURANCE COMPANY

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?
If yes, attach an explanation.

Yes [] No [X] N/A []

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?
If yes, attach an explanation.

Yes [] No [X]

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 Disc. 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	11 Total
.....0.0	0.0	0.0	0	0	0	0	0	0	0	0
Total.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0

Statement as of March 31, 2002 of the

ATLANTA SPECIALTY INSURANCE COMPANY

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.....	0	0	0	0
2. Increase (decrease) by adjustment.....	0	0	0	0
3. Cost of acquired.....	0	0	0	0
4. Cost of additions to and permanent improvements.....	0	0	0	0
5. Total profit (loss) on sales.....	0	0	0	0
6. Increase (decrease) by foreign exchange adjustment.....	0	0	0	0
7. Amount received on sales.....	0	0	0	0
8. Book/adjusted carrying value at end of current period.....	0	0	0	0
9. Total valuation allowance.....	0	0	0	0
10. Subtotal (Lines 8 plus 9).....	0	0	0	0
11. Total nonadmitted amounts.....	0	0	0	0
12. Statement value, current period (Page 2, real estate lines, current period).....	0	0	0	0

SCHEDULE B - VERIFICATION

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

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

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

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

11

	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.....	11,159,052	863,945	695,859	(5,144)	11,321,994	0	0	11,159,052
2. Class 2.....	299,744	0	0	22	299,766	0	0	299,744
3. Class 3.....	0	0	0	0	0	0	0	0
4. Class 4.....	0	0	0	0	0	0	0	0
5. Class 5.....	0	0	0	0	0	0	0	0
6. Class 6.....	0	0	0	0	0	0	0	0
7. Total Bonds.....	11,458,796	863,945	695,859	(5,122)	11,621,760	0	0	11,458,796
PREFERRED STOCK								
8. Class 1.....	0	0	0	0	0	0	0	0
9. Class 2.....	0	0	0	0	0	0	0	0
10. Class 3.....	0	0	0	0	0	0	0	0
11. Class 4.....	0	0	0	0	0	0	0	0
12. Class 5.....	0	0	0	0	0	0	0	0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	11,458,796	863,945	695,859	(5,122)	11,621,760	0	0	11,458,796

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. Totals.....	1,299,175	XXX.....	1,299,175	7,730	0

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period.....	1,627,175	0	0	1,062,008
2. Cost of short-term investments acquired.....	366,200	0	0	4,755,125
3. Increase (decrease) by adjustment.....	0	0	0	0
4. Increase (decrease) by foreign exchange adjustment.....	0	0	0	0
5. Total profit (loss) on disposal of short-term investments.....	0	0	0	0
6. Consideration received on disposal of short-term investments.....	694,200	0	0	4,189,958
7. Book/adjusted carrying value, current period.....	1,299,175	0	0	1,627,175
8. Total valuation allowance.....	0	0	0	0
9. Subtotal (Lines 7 plus 8).....	1,299,175	0	0	1,627,175
10. Total nonadmitted amounts.....	0	0	0	0
11. Statement value (Lines 9 minus 10).....	1,299,175	0	0	1,627,175
12. Income collected during period.....	7,730	0	0	42,331
13. Income earned during period.....	7,730	0	0	42,331

Sch. DB-Part F-Section 1
NONE

Sch. DB-Part F-Section 2
NONE

Sch. F
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.		1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		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	Yes.....	0	0	0	0	0	(1)
2.	Alaska.....AK	Yes.....	0	0	0	0	0	0
3.	Arizona.....AZ	No.....	0	0	0	0	0	0
4.	Arkansas.....AR	Yes.....	6,682	21,993	(1,408)	27,497	102,396	108,936
5.	California.....CA	Yes.....	69,917	(32)	17,819	0	26,358	(45)
6.	Colorado.....CO	Yes.....	95,676	292,226	111,374	182,933	629,284	740,635
7.	Connecticut.....CT	No.....	0	261	0	0	0	(19)
8.	Delaware.....DE	No.....	0	0	0	0	0	0
9.	District of Columbia.....DC	Yes.....	0	0	0	0	0	0
10.	Florida.....FL	Yes.....	7,785,453	14,084,328	5,342,476	6,869,746	11,495,250	9,695,123
11.	Georgia.....GA	Yes.....	6,850,394	7,926,685	3,740,469	6,046,012	9,269,128	10,402,704
12.	Hawaii.....HI	No.....	0	0	0	0	0	0
13.	Idaho.....ID	Yes.....	0	0	0	0	0	0
14.	Illinois.....IL	Yes.....	566	5,547	0	6,398	11,690	52,407
15.	Indiana.....IN	Yes.....	42,788	66,691	32,564	53,888	234,249	299,264
16.	Iowa.....IA	Yes.....	7,529	26,780	4,942	11,633	19,866	73,449
17.	Kansas.....KS	Yes.....	175,250	199,561	208,872	59,587	373,357	155,792
18.	Kentucky.....KY	Yes.....	21,978	189,069	115,230	217,492	459,129	1,057,668
19.	Louisiana.....LA	Yes.....	19,099	73,815	32,296	81,644	209,967	278,255
20.	Maine.....ME	No.....	0	0	0	0	0	0
21.	Maryland.....MD	Yes.....	0	0	0	0	0	0
22.	Massachusetts.....MA	No.....	0	0	0	0	0	0
23.	Michigan.....MI	No.....	0	0	0	0	0	0
24.	Minnesota.....MN	Yes.....	72,875	118,139	137,831	66,697	446,041	146,114
25.	Mississippi.....MS	Yes.....	648,222	317,921	216,926	7,366	418,555	21,347
26.	Missouri.....MO	Yes.....	62,294	131,217	137,022	148,718	307,745	534,690
27.	Montana.....MT	Yes.....	0	0	0	0	0	0
28.	Nebraska.....NE	Yes.....	0	0	0	0	0	0
29.	Nevada.....NV	Yes.....	228,203	0	19,791	0	87,990	29
30.	New Hampshire.....NH	No.....	0	0	0	0	0	0
31.	New Jersey.....NJ	Yes.....	0	0	0	0	0	0
32.	New Mexico.....NM	Yes.....	0	0	0	0	0	0
33.	New York.....NY	Yes.....	454,840	649,884	425,360	950,185	2,279,584	3,311,273
34.	North Carolina.....NC	Yes.....	0	0	0	0	0	0
35.	North Dakota.....ND	Yes.....	0	0	0	0	0	0
36.	Ohio.....OH	Yes.....	48,419	95,394	78,395	48,200	276,957	172,099
37.	Oklahoma.....OK	Yes.....	101,891	105,688	90,113	99,023	162,516	209,387
38.	Oregon.....OR	Yes.....	28,582	149,634	98,373	72,233	253,166	449,113
39.	Pennsylvania.....PA	Yes.....	0	0	0	0	0	0
40.	Rhode Island.....RI	Yes.....	0	0	0	0	0	0
41.	South Carolina.....SC	Yes.....	3,924,087	7,094,303	2,666,448	3,494,217	8,946,654	7,308,080
42.	South Dakota.....SD	Yes.....	0	0	0	0	0	0
43.	Tennessee.....TN	Yes.....	884,012	208,404	54,438	179,146	424,598	482,708
44.	Texas.....TX	Yes.....	0	0	0	0	0	0
45.	Utah.....UT	Yes.....	44,697	143,105	66,299	94,759	187,445	346,346
46.	Vermont.....VT	No.....	0	0	0	0	0	0
47.	Virginia.....VA	Yes.....	0	0	0	0	0	(7)
48.	Washington.....WA	Yes.....	9,371	50,899	2,287	56,907	197,009	288,660
49.	West Virginia.....WV	Yes.....	0	0	0	0	0	0
50.	Wisconsin.....WI	Yes.....	601,354	1,618,865	608,309	1,234,781	1,877,605	1,817,419
51.	Wyoming.....WY	Yes.....	0	0	0	0	(3)	(2)
52.	American Samoa.....AS	No.....	0	0	0	0	0	0
53.	Guam.....GU	No.....	0	0	0	0	0	0
54.	Puerto Rico.....PR	No.....	0	0	0	0	0	0
55.	US Virgin Islands.....VI	No.....	0	0	0	0	0	0
56.	Canada.....CN	No.....	0	0	0	0	0	0
57.	Aggregate Other Alien.....OT	XXX.....	0	0	0	0	0	0
58.	Totals.....	(a).....42	22,184,180	33,570,377	14,206,225	20,009,062	38,696,536	37,951,424
DETAILS OF WRITE-INS								
5701.		XXX.....	0	0	0	0	0	0
5702.		XXX.....	0	0	0	0	0	0
5703.		XXX.....	0	0	0	0	0	0
5798.	Summary of remaining write-ins for Line 57 from overflow page...	XXX.....	0	0	0	0	0	0
5799.	Totals (Lines 5701 thru 5703 + Line 5798) (Line 57 above).....	XXX.....	0	0	0	0	0	0

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

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

PART 1 – ORGANIZATIONAL CHART

NONE

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			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	0.0
2. Allied lines.....	0	0	0.0	0.0
3. Farnowners multiple peril.....	0	0	0.0	0.0
4. Homeowners multiple peril.....	0	0	0.0	0.0
5. Commercial multiple peril.....	0	0	0.0	0.0
6. Mortgage guaranty.....	0	0	0.0	0.0
8. Ocean marine.....	0	0	0.0	0.0
9. Inland marine.....	0	0	0.0	0.0
10. Financial guaranty.....	0	0	0.0	0.0
11.1. Medical malpractice-occurrence.....	0	0	0.0	0.0
11.2. Medical malpractice-claims made.....	0	0	0.0	0.0
12. Earthquake.....	0	0	0.0	0.0
13. Group accident and health.....	0	0	0.0	0.0
14. Credit accident and health.....	0	0	0.0	0.0
15. Other accident and health.....	0	0	0.0	0.0
16. Workers' compensation.....	0	0	0.0	0.0
17.1. Other liability-occurrence.....	0	0	0.0	0.0
17.2. Other liability-claims made.....	0	0	0.0	0.0
18.1. Products liability-occurrence.....	0	0	0.0	0.0
18.2. Products liability-claims made.....	0	0	0.0	0.0
19.1, 19.2 Private passenger auto liability.....	14,339,878	9,255,235	64.5	69.7
19.3, 19.4 Commercial auto liability.....	0	0	0.0	0.0
21. Auto physical damage.....	8,038,825	4,982,156	62.0	56.9
22. Aircraft (all perils).....	0	0	0.0	0.0
23. Fidelity.....	0	0	0.0	0.0
24. Surety.....	0	0	0.0	0.0
26. Burglary and theft.....	0	0	0.0	0.0
27. Boiler and machinery.....	0	0	0.0	0.0
28. Credit.....	0	0	0.0	0.0
29. International.....	0	0	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.....	0	0	0.0	0.0
34. Totals.....	22,378,703	14,237,391	63.6	65.1
DETAILS OF WRITE-INS				
3301.	0	0	0.0	0.0
3302.	0	0	0.0	0.0
3303.	0	0	0.0	0.0
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0.0	0.0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....	0	0	0
2. Allied lines.....	0	0	0
3. Farnowners multiple peril.....	0	0	0
4. Homeowners multiple peril.....	0	0	0
5. Commercial multiple peril.....	0	0	0
6. Mortgage guaranty.....	0	0	0
8. Ocean marine.....	0	0	0
9. Inland marine.....	0	0	0
10. Financial guaranty.....	0	0	0
11.1. Medical malpractice-occurrence.....	0	0	0
11.2. Medical malpractice-claims made.....	0	0	0
12. Earthquake.....	0	0	0
13. Group accident and health.....	0	0	0
14. Credit accident and health.....	0	0	0
15. Other accident and health.....	0	0	0
16. Workers' compensation.....	0	0	0
17.1. Other liability-occurrence.....	0	0	0
17.2. Other liability-claims made.....	0	0	0
18.1. Products liability-occurrence.....	0	0	0
18.2. Products liability-claims made.....	0	0	0
19.1, 19.2 Private passenger auto liability.....	14,375,130	14,375,130	21,249,059
19.3, 19.4 Commercial auto liability.....	0	0	0
21. Auto physical damage.....	7,809,050	7,809,050	12,321,318
22. Aircraft (all perils).....	0	0	0
23. Fidelity.....	0	0	0
24. Surety.....	0	0	0
26. Burglary and theft.....	0	0	0
27. Boiler and machinery.....	0	0	0
28. Credit.....	0	0	0
29. International.....	0	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.....	0	0	0
34. Totals.....	22,184,180	22,184,180	33,570,377
DETAILS OF WRITE-INS			
3301.	0	0	0
3302.	0	0	0
3303.	0	0	0
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

19

	1	2	3	4	5	6	7	8	9	10	11	12	13									
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2002 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/Deficiency (c) (Cols. 11 + 12)									
1. 1999 + Prior	21	5	26	3	0	3	13	0	5	18	(5)	0	(5)									
2. 2000	26	12	38	4	1	5	22	1	12	35	0	2	2									
3. Subtotals 2000 + Prior	47	17	64	7	1	8	35	1	17	53	(5)	2	(3)									
4. 2001	53	40	93	18	6	24	40	6	19	65	5	(9)	(4)									
5. Subtotals 2001 + Prior	100	57	157	25	7	32	75	7	36	118	0	(7)	(7)									
6. 2002	XXX.....	XXX.....	XXX.....	XXX.....	8	8	XXX.....	10	25	35	XXX.....	XXX.....	XXX.....									
7. Totals	100	57	157	25	15	40	75	17	61	153	0	(7)	(7)									
8. Prior Year-End's Surplus As Regards Policyholders	11,386										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									
																				1.0.0 %	2.(12.3)%	3.(4.5)%
																				Col. 13, Line 7 Line 8		
																				4.(0.1)%		

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

EXPLANATIONS:

BAR CODE:



Overflow Page
NONE

Sch. A-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 1
NONE

Sch. B-Part 2
NONE

Sch. BA-Part 1
NONE

Sch. BA-Part 2
NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
Bonds - Industrial and Miscellaneous								
United States								
364725-AC-5.....	GANNETT CO 6.375 04-01-12 NC.....	03/11/2002.....	BANK OF AMERICA NT&SA.....		497,745	500,000	0	1PE.....
	United States.....				497,745	500,000	0	XXX.....
4599999.	Total - Bonds - Industrial & Miscellaneous.....				497,745	500,000	0	XXX.....
6099997.	Total - Bonds - Part 3.....				497,745	500,000	0	XXX.....
6099999.	Total - Bonds.....				497,745	500,000	0	XXX.....
7299999.	Total - Bonds, Preferred and Common Stocks.....				497,745	XXX.....	0	XXX.....

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value At Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Designation (a)
Bonds - Special Revenue and Special Assessment																
United States																
313961-C3-6...	FHLMC GOLD D2-4590 PT 7.50 10-01-22.....	03/15/2002	PAYDOWNS.....		1,659	1,659	1,670	1,659	0	0	0	0	0	22		1.....
	U.S.....				1,659	1,659	1,670	1,659	0	0	0	0	0	22	0	XXX...
	United States.....				1,659	1,659	1,670	1,659	0	0	0	0	0	22	0	XXX...
3199999.	Total - Bonds - Special Revenue & Assessment.....				1,659	1,659	1,670	1,659	0	0	0	0	0	22	0	XXX...
6099997.	Total - Bonds - Part 4.....				1,659	1,659	1,670	1,659	0	0	0	0	0	22	0	XXX...
6099999.	Total - Bonds.....				1,659	1,659	1,670	1,659	0	0	0	0	0	22	0	XXX...
7299999.	Total - Bonds, Preferred and Common Stocks.....				1,659	XXX.....	1,670	1,659	0	0	0	0	0	22	0	XXX...

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

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
Open Depositories							
The Bank of New York..... New York, New York.....	0.600	9	0	413	490	500	
0199999. Total Open Depositories.....	XXX.....	9	0	413	490	500	XXX
0399999. Total Cash on Deposit.....	XXX.....	9	0	413	490	500	XXX
0599999. Total Cash.....	XXX.....	9	0	413	490	500	XXX

Supplement A to Sch. T
NONE

Supplement A to Sch. T
NONE

Supplement A to Sch. T
NONE

Supplement A to Sch. T
NONE

Supplement A to Sch. T
NONE

Overflow Page
NONE

ATLANTA SPECIALTY INSURANCE COMPANY
Overflow Page for Write-Ins