

AMENDED EXPLANATION COVER



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2002

OF THE CONDITION AND AFFAIRS OF THE

MIAMI MUTUAL INSURANE COMPANY

NAIC Group Code 0000 0000 NAIC Company Code 16764 Employer's ID Number 31-0617569

(Current Period) (Prior Period)

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

Country of Domicile US

Incorporated August 10, 1877 Commenced Business December 31, 1877

Statutory Home Office 1201 BRUKNER DRIVE, TROY, Ohio 45373-0249

(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1201 BRUKNER DRIVE, TROY, Ohio 45373-0249 937-339-0524

(Street and Number, City or Town, State and Zip Code)

(Area Code) (Telephone Number)

Mail Address 1201 BRUKNER DRIVE, TROY, Ohio 45373-0249

(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1201 BRUKNER DRIVE, TROY, Ohio 45373-0249

(Street and Number, City or Town, State and Zip Code)

937-339-0524 -118

(Area Code) (Telephone Number)

Internet Website Address

Statement Contact SUZANNE L WELLS 937-339-0524 -118

(Name)

(Area Code) (Telephone Number) (Extension)

suzanne.wells@miamimutual.com

(E-Mail Address)

(Fax Number)

Policyowner Relations Contact

(Street and Number, City or Town, State and Zip Code)

(Area Code) (Telephone Number) (Extension)

OFFICERS

President TERRY S HOAG
Secretary JOHN E FULKER
Treasurer SUZANNE L WELLS

VICE PRESIDENTS

WILLIAM WALTERS

PAMELA K ERBAUGH

DIRECTORS OR TRUSTEES

JEFF PRIEST
JAMES MEARS

CARL R NEWBRIGHT
KEN RUPP
RICHARD FRAAS

KEN HOCKENHEIMER
ROBERT SHOOK
TERRY HOAG

State of Ohio SS
County of Miami

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.

TERRY S HOAG
President

SUZANNE L WELLS
Treasurer

Secretary

Subscribed and sworn to before me this
day of 2002

ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	2,607,900		2,607,900	2,494,430
2. Stocks:				
2.1 Preferred stocks	1,463,500		1,463,500	349,710
2.2 Common stocks	3,138,602		3,138,602	5,468,964
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	823,702		823,702	842,174
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				64,849
5. Cash (\$ 405,225) and short-term investments (\$ 2,341,696)	2,746,921		2,746,921	2,887,189
6. Other invested assets	25,000		25,000	125,817
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	10,805,625		10,805,625	12,233,133
10. Agents' balances or uncollected premiums :				
10.1 Premiums and agents' balances in course of collection	71,200		71,200	75,797
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	2,639,128		2,639,128	2,450,930
10.3 Accrued retrospective premiums				
11. Funds held by or deposited with reinsured companies	38,211		38,211	46,120
12. Bills receivable, taken for premiums				
13. Amounts billed and receivable under high deductible policies				
14. Reinsurance recoverables on loss and loss adjustment expense payments	43,275		43,275	125,029
15. Federal and foreign income tax recoverable and interest thereon (including \$ net deferred tax asset)	177,000		177,000	98,579
16. Guaranty funds receivable or on deposit				
17. Electronic data processing equipment and software	695,106	432,106	263,000	263,894
18. Interest, dividends and real estate income due and accrued	121,413		121,413	82,711
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates	2,546		2,546	
21. Amounts due from/to protected cells				1,591
22. Equities and deposits in pools and associations				
23. Amounts receivable relating to uninsured accident and health plans				
24. Other assets nonadmitted	41,734	41,734		
25. Aggregate write-ins for other than invested assets	635,857	388,601	247,256	223,209
26. Total assets excluding protected cell assets (Lines 9 through 25)	15,271,095	862,441	14,408,654	15,600,993
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	15,271,095	862,441	14,408,654	15,600,993
DETAILS OF WRITE-INS				
0801.				
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2501. Prepaid	332,311	332,311		
2502. Deferred Comp	247,256		247,256	223,209
2503. Automobiles	56,290	56,290		
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	635,857	388,601	247,256	223,209

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)	1,309,568	1,221,889
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	118,234	120,597
4. Commissions payable, contingent commissions and other similar charges	96,000	109,255
5. Other expenses (excluding taxes, licenses and fees)	65,265	97,002
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	8,472	52,334
7. Federal and foreign income taxes, including \$ on realized capital gains (losses) (including \$ net deferred tax liability)		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$)	4,805,643	4,303,361
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		118,641
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	6,983	2,808
20. Payable for securities		
21. Liability for amounts held under uninsured accident and health plans		
22. Capital notes \$ and interest thereon \$		
23. Aggregate write-ins for liabilities	785,893	796,315
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	7,196,058	6,822,202
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	7,196,058	6,822,202
27. Aggregate write-ins for special surplus funds		
28. Common capital stock		
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus		
33. Unassigned funds (surplus)	7,212,587	8,778,791
34. Less treasury stock, at cost:		
34.1 shares common (value included in Line 28 \$)		
34.2 shares preferred (value included in Line 29 \$)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	7,212,587	8,778,791
36. TOTALS	14,408,645	15,600,993
DETAILS OF WRITE-INS		
2301. Deferred Comp	247,256	223,209
2302. Pension	427,526	451,502
2303. Post Retirement	111,111	121,604
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	785,893	796,315
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 through 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 \$ 7,775,812)	7,273,531	5,783,271	7,549,708
1.2 Assumed (written \$ 602,677)	602,677	566,285	
1.3 Ceded (written \$ 1,280,381)	1,280,381	738,322	
1.4 Net (written \$ 7,098,108)	6,595,827	5,611,234	7,549,708
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	3,890,213	2,889,595	3,608,608
2.2 Assumed	220,230	392,798	
2.3 Ceded	645,336	624,322	
2.4 Net	3,465,107	2,658,071	3,608,608
3. Loss expenses incurred	299,797	221,906	347,380
4. Other underwriting expenses incurred	3,774,922	3,099,421	4,310,944
5. Aggregate write-ins for underwriting deductions		26,819	32,019
6. Total underwriting deductions (Lines 2 through 5)	7,539,826	6,006,217	8,298,951
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(943,999)	(394,983)	(749,243)
INVESTMENT INCOME			
9. Net investment income earned	297,029	165,444	143,446
10. Net realized capital gains (losses)	(53,568)	(187,032)	(622,947)
11. Net investment gain (loss) (Lines 9 plus 10)	243,461	(21,588)	(479,501)
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums	35,510		
14. Aggregate write-ins for miscellaneous income	5,221	3,591	6,447
15. Total other income (Lines 12 through 14)	40,731	3,591	6,447
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 plus 11 plus 15)	(659,807)	(412,980)	(1,222,297)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	(659,807)	(412,980)	(1,222,297)
19. Federal and foreign income taxes incurred	(313,260)	(136,000)	(91,342)
20. Net income (Line 18 minus Line 19) (to Line 22)	(346,547)	(276,980)	(1,130,955)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	8,778,791	7,513,178	10,767,987
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	(346,547)	(276,980)	(1,130,955)
23. Net unrealized capital gains or losses	(914,432)	(970,917)	(138,450)
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax		365,000	
26. Change in nonadmitted assets	(321,545)	(742,267)	(288,197)
27. Change in provision for reinsurance			
28. Change in surplus notes			
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of changes in accounting principles		138,000	11,004
31. Capital changes:			
31.1 Paid in			
31.2 Transferred from surplus (Stock Dividend)			
31.3 Transferred to surplus		3,249,608	
32. Surplus adjustments:			
32.1 Paid in			
32.2 Transferred to capital (Stock Dividend)			
32.3 Transferred from capital			
33. Net remittances from or (to) Home Office			
34. Dividends to stockholders			
35. Change in treasury stock			
36. Aggregate write-ins for gains and losses in surplus	16,320	(348,646)	(442,598)
37. Change in surplus as regards policyholders (Lines 22 through 36)	(1,566,204)	1,413,798	(1,989,196)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	7,212,587	8,926,976	8,778,791
DETAILS OF WRITE-INS			
0501. Miscellaneous - Miami Valley			5,201
0502.			
0503.		26,819	26,818
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)		26,819	32,019
1401. Other income	5,221	3,591	6,447
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	5,221	3,591	6,447
3601. Pension	16,320		(442,598)
3602.		(348,646)	
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. TOTALS (Lines 3601 through 3603 plus 3698) (Line 36 above)	16,320	(348,646)	(442,598)

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	6,644,280	8,129,776
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)	3,454,892	3,688,195
3. Underwriting expenses paid	3,887,335	4,306,203
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(697,947)	135,378
6. Net investment income	269,392	131,514
7. Other income (expenses):		
7.1 Agents' balances charged off		
7.2 Net funds held under reinsurance treaties		(57,216)
7.3 Net amount withheld or retained for account of others		
7.4 Aggregate write-ins for miscellaneous items	46,449	6,447
7.5 Total other income (Lines 7.1 to 7.4)	46,449	(50,769)
8. Dividends to policyholders on direct business, less \$ dividends on reinsurance assumed or ceded (net)		(109,117)
9. Federal and foreign income taxes (paid) recovered	206,249	
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	(175,857)	325,240
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds	21,000	674,947
11.2 Stocks	4,309,261	3,463,327
11.3 Mortgage loans		
11.4 Real estate		2,644
11.5 Other invested assets		
11.6 Net gains or (losses) on cash and short-term investments		
11.7 Miscellaneous proceeds		
11.8 Total investment proceeds (Lines 11.1 to 11.7)	4,330,261	4,140,918
12. Cost of investments acquired (long-term only):		
12.1 Bonds	293,625	1,288,743
12.2 Stocks	4,001,047	1,753,928
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Miscellaneous applications		
12.7 Total investments acquired (Lines 12.1 to 12.6)	4,294,672	3,042,671
13. Net cash from investments (Line 11.8 minus Line 12.7)	35,589	1,098,247
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		
14.4 Borrowed funds received		355,333
14.5 Other cash provided		
14.6 Total (Lines 14.1 to 14.5)		355,333
15. Cash applied:		
15.1 Dividends to stockholders paid		
15.2 Net transfers to affiliates		
15.3 Borrowed funds repaid		
15.4 Other applications		
15.5 Total (Lines 15.1 to 15.4)		
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)		355,333
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	(140,268)	1,778,820
18. Cash and short-term investments:		
18.1 Beginning of year	2,887,189	1,108,369
18.2 End of period (Line 17 plus Line 18.1)	2,746,921	2,887,189
DETAILS OF WRITE-INS		
7.401		6,447
7.402	46,449	
7.403		
7.498 Summary of remaining write-ins for Line 7.4 from overflow page		
7.499 Totals (Lines 7.401 through 7.403 plus 7.498) (Line 7.4 above)	46,449	6,447

NOTES TO FINANCIAL STATEMENTS

1.SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

THE STATEMENT HAS BEEN COMPLETED IN ACCORDANCE WITH THE NAIC ACCOUNTING PRACTICES AND PROCEDURES MANUAL EXCEPT TO THE EXTENT THAT STATE LAW DIFFERS.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

INCLUDED IN THIS STATEMENT IS AN ADJUSTMENT FOR HEALTH CARE BENEFITS AND DIRECTORS BENEFITS THAT IS A FUTURE LIABILITY.

3. BUSINESS COMBINATION AND GOODWILL

MIAMI VALLEY MUTUAL INSURANCE ASSOCIATION WAS MERGED INTO MIAMI MUTUAL INSURANCE COMPANY ON 05/31/01. THIS INCREASED SURPLUS BY \$3,249,608.

4. DISCONTINUED OPERATIONS

NONE.

5. INVESTMENTS

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

NONE.

7. INVESTMENT INCOME

8. DERIVATIVE INSTRUMENTS

NONE.

9. INCOME TAXES

NO DEFERRED TAX ASSET OR LIABILITY

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES.

MIAMI VALLEY MUTUAL INSURANCE ASSOCIATION WAS MERGED INTO MIAMI MUTUAL INSURANCE COMPANY ON 05/31/01.

11. DEBT

THE COMPANY HAS NO OUTSTANDING DEBENTURES.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, AND OTHER POSTRETIREMENT BENEFITS PLAN

401(K) EMPLOYEE BENEFIT PLAN EXISTS AND AS A MATTER OF POLICY, ALL 401(K) COSTS ARE FUNDED AS THEY ACCRUE AND VEST PURSUANT TO SCHEDULE. FOR KEY OR LONG TERM EMPLOYEES A DEFERRED COMPENSATION IS PROVIDED. A DIRECTOR RETIREMENT PLAN FOR DIRECTORS ELECTED TO THE BOARD PRIOR TO JAN. 1, 1997 IS IN PLACE.

13. CAPITAL AND SURPLUS AND SHAREHOLDER'S DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

THE COMPANY HAS NO OUTSTANDING STOCK.

14. CONTINGENCIES

ANY CONTIGENT LIABILITIES ARISING FROM LITIGATION AND OTHER MATTERS ARE NOT CONSIDERED MATERIAL IN RELATION TO THE FINANCIAL POSITION OF THE COMPANY.

15. LEASES

THE COMPANY DOES NOT HAVE ANY MATERIAL LEASE OBLIGATIONS AT THIS TIME.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

NONE.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITES

NONE.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM INSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS.

NONE.

19. DIRECT PREMIUM WRITTEN BY MANAGING GENERAL AGENTS/THIRD PARTY

NONE.

20. OTHER ITEMS

NOT APPLICABLE.

21. EVENTS SUBSEQUENT

NONE

22. REINSURANCE RECOVERABLE IN DISPUTE

NOTES TO FINANCIAL STATEMENTS

A& B NONE.

C. THE COMPANY HAS ASSUMED REINSURANCE FROM AN AFFILIATE, LAND OF LAKES MUTUAL INSURANCE COMPANY OF HOPKINS, MINNESOTA
EFFECTIVE 7/1/95. SAID REINSURANCE TRANSACTION WAS APPROVED BY THE OHIO DEPARTMENT OF INSURANCE AND THE MINNESOTA DEPARTMENT OF COMMERCE. THE MAXIMUM AMOUNT OF RETURN COMMISSION IF THE REINSURNCE WAS CANCELLED WOULD BE 40% OF ASSUMED PREMIUM.

23. RETROSPECTIVELY RATED CONTRACTS

NONE.

24. HIGH DEDUCTILBES

NONE.

25. INTERCOMPANY POOLING

NONE

26. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

27. DISCOUNTING OF LIABILITIES FOR UNPAID LOSS ADJUSTMENT EXPENSES

NOT APPLICABLE.

28. STRUCTURED SETTLEMENTS

NONE.

29. ASBESTOS/ENVIRONMENTAL (MASS TORT) RESERVES

NONE

30. SUBSCRIBER SAVINGS ACCOUNTS

NONE.

31. FINANCIAL GUARANTY INSURANCE EXPOSURES

NONE.

GENERAL INTERROGATORIES

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

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes () No (X)
- 1.2

If yes, explain:
- 2.1

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

Yes () No (X)
- 2.2

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

Yes () No ()
- 3.1

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

Yes () No (X)
- 3.2

If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4.

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

If yes, attach an organizational chart.

Yes () No (X)
- 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 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?

If yes, attach an explanation.

Yes () No () N/A (X)
- 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).

06/01/2001
- 7.4

By what department or departments?
- 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 - Line 5.2 (continued)

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

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since 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	\$ 125,817	\$ 25,000
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$ 125,817	\$ 25,000
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 () No (X)

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

¹ Name of Custodian(s)	² Custodian Address
.....
.....
.....

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 Identifiy all investment advisors, brokers/dealers or individuals acting on behalf of brokers/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 - Line 15.1 (continued)

1 Name of Custodian(s)	2 Custodian Address
Agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook Fifth Third Bank Dayton, Ohio	
15.1 Agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook	

GENERAL INTERROGATORIES - Line 15.2 (continued)

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

GENERAL INTERROGATORIES - Line 15.4 (continued)

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

GENERAL INTERROGATORIES - Line 15.5 (continued)

1 Central Registration Depository	2 Name(s)	3 Address
Investment advisors, brokers/dealers or others acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments Fifth Third Bank CinFin Cincinnati, Ohio		
15.5 Investment advisors, brokers/dealers or others acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments		

GENERAL INTERROGATORIES
(continued)

PART 2
PROPERTY AND 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 () N/A ()
2.

Has the reporting entity reinsured any risk with any other reporting 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 ()
- 3.1

Have any of the reporting entity's primary reinsurance contracts been cancelled?

Yes () No ()
- 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 ()
- 4.2

If yes, complete the Discount Schedule.

GENERAL INTERROGATORIES - LINE 4.2

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

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	907,022	900,866	829,859	928,079
2. Increase (decrease) by adjustment	(6,156)	(6,158)	(6,157)	(21,057)
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales		97,093		
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales		161,942		
8. Book/adjusted carrying value at end of current period	900,866	829,859	823,702	907,022
9. Total valuation allowance				
10. Subtotal (Line 8 plus Line 9)	900,866	829,859	823,702	907,022
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)	900,866	829,859	823,702	907,022

SCHEDULE B - VERIFICATION

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

Description	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	125,817	125,817	25,000	128,461
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		100,817		2,644
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	125,817	25,000	25,000	125,817
10. Total valuation allowance				
11. Subtotal (Line 9 plus Line 10)	125,817	25,000	25,000	125,817
12. Total nonadmitted amounts				
13. Statement value of long term invested assets at end of current period	125,817	25,000	25,000	125,817

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	2	3	4	5	6	7	8
	Statement Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Statement Value End of First Quarter	Statement Value End of Second Quarter	Statement Value End of Third Quarter	Statement Value December 31 Prior Year
BONDS								
1. Class 1	5,208,560	105,575	391,694	(1,282)	5,568,872	5,208,560	4,921,159	4,793,591
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6	36,294		198,656	168,656	6,294	36,294	6,294	6,294
7. Total Bonds	5,244,854	105,575	590,350	167,374	5,575,166	5,244,854	4,927,453	4,799,885
PREFERRED STOCK								
8. Class 1	914,690				805,790	914,690	914,690	
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	914,690				805,790	914,690	914,690	
15. Total Bonds and Preferred Stock	6,159,544	105,575	590,350	167,374	6,380,956	6,159,544	5,842,143	4,799,885

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	2,341,696	X X X	2,341,696	7,173	

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	2,306,883	2,820,784	2,630,586	778,325
2. Cost of short-term investments acquired	1,213,923	1,446,018	105,578	4,412,665
3. Increase (decrease) by adjustment				172,381
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	700,022	1,636,216	394,468	3,056,488
7. Book / adjusted carrying value, current period	2,820,784	2,630,586	2,341,696	2,306,883
8. Total valuation allowance				
9. Subtotal (Line 7 plus Line 8)	2,820,784	2,630,586	2,341,696	2,306,883
10. Total nonadmitted amounts				
11. Statement value (Line 9 minus Line 10)	2,820,784	2,630,586	2,341,696	2,306,883
12. Income collected during period	7,453	10,257	7,173	34,533
13. Income earned during period	7,453	10,257	7,173	34,533

Page 13

Sch. DB, Pt. F, Sn. 1, Summary Replicated (Syn.) Assets Open
NONE

Page 14

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets
NONE

Page 15

Schedule F - Ceded Reinsurance
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	No					
2. Alaska	AK	No					
3. Arizona	AZ	No					
4. Arkansas	AR	No					
5. California	CA	No					
6. Colorado	CO	No					
7. Connecticut	CT	No					
8. Delaware	DE	No					
9. District of Columbia	DC	No					
10. Florida	FL	No					
11. Georgia	GA	No					
12. Hawaii	HI	No					
13. Idaho	ID	No					
14. Illinois	IL	No					
15. Indiana	IN	Yes	331,673	85,197	306,820	3,367	
16. Iowa	IA	No					
17. Kansas	KS	No					
18. Kentucky	KY	No					
19. Louisiana	LA	No					
20. Maine	ME	No					
21. Maryland	MD	No					
22. Massachusetts	MA	No					
23. Michigan	MI	No					
24. Minnesota	MN	Yes					
25. Mississippi	MS	No					
26. Missouri	MO	No					
27. Montana	MT	No					
28. Nebraska	NE	No					
29. Nevada	NV	No					
30. New Hampshire	NH	No					
31. New Jersey	NJ	No					
32. New Mexico	NM	No					
33. New York	NY	No					
34. North Carolina	NC	No					
35. North Dakota	ND	No					
36. Ohio	OH	Yes	7,444,139	6,345,754	3,785,817	2,582,668	1,694,714
37. Oklahoma	OK	No					1,111,908
38. Oregon	OR	No					
39. Pennsylvania	PA	No					
40. Rhode Island	RI	No					
41. South Carolina	SC	No					
42. South Dakota	SD	No					
43. Tennessee	TN	No					
44. Texas	TX	No					
45. Utah	UT	No					
46. Vermont	VT	No					
47. Virginia	VA	No					
48. Washington	WA	No					
49. West Virginia	WV	No					
50. Wisconsin	WI	No					
51. Wyoming	WY	No					
52. American Samoa	AS	No					
53. Guam	GU	No					
54. Puerto Rico	PR	No					
55. U.S. Virgin Islands	VI	No					
56. Canada	CN	No					
57. Aggregate Other Alien	OT	X X X					
58. Totals	(a) 3	7,775,812	6,430,951	4,092,637	2,582,668	1,698,081	1,111,908
DETAILS OF WRITE-INS							
5701.	X X X						
5702.	X X X						
5703.	X X X						
5798. Summary of remaining write-ins for Line 57 from overflow page ..	X X X						
5799. TOTALS (Lines 5701 through 5703 plus Line 5798)(Line 57 above) ..	X X X						

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

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

PART 1 - ORGANIZATIONAL CHART

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1. Fire	593,214	397,714	67.0	34.1
2. Allied lines				
3. Farmowners multiple peril	2,129,334	1,406,917	66.1	61.3
4. Homeowners multiple peril	1,065,158	844,543	79.3	32.2
5. Commercial multiple peril	2,732,833	963,139	35.2	56.7
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical malpractice-occurrence				
11.2 Medical malpractice-claims made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability-occurrence				
17.2 Other liability-claims made				
18.1 Products liability-occurrence				
18.2 Products liability-claims made				
19.1, 19.2 Private passenger auto liability				
19.3, 19.4 Commercial auto liability				
21. Auto physical damage	591,391	199,257	33.7	47.2
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	161,599	78,643	48.7	
27. Boiler and machinery				
28. Credit				
29. International				
30. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
31. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
33. Aggregate write-ins for other lines of business				
34. TOTALS	7,273,529	3,890,213	53.0	46.0
DETAILS OF WRITE-INS				
3301.				
3302.				
3303.				
3398. Summary of remaining write-ins for Line 33 from overflow page				
3399. Totals (Lines 3301 through 3303 plus Line 3398) (Line 33)				

PART 2 - DIRECT PREMIUMS WRITTEN

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	211,715	601,369	516,131
2. Allied lines			
3. Farmowners multiple peril	748,762	2,343,676	353,030
4. Homeowners multiple peril	412,083	1,110,398	1,066,313
5. Commercial multiple peril	894,435	2,786,528	4,297,436
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical malpractice-occurrence			
11.2 Medical malpractice-claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1, 19.2 Private passenger auto liability			
19.3, 19.4 Commercial auto liability	220,032	786,850	
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft	46,894	146,992	198,042
27. Boiler and machinery			
28. Credit			
29. International			
30. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
31. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
33. Aggregate write-ins for other lines of business			
34. TOTALS	2,533,921	7,775,813	6,430,952
DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page			
3399. Totals (Lines 3301 through 3303 plus Line 3398) (Line 33)			

PART 3 (000 Omitted)
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves(a) (Cols. 1 plus 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 plus 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 plus 8 plus 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 plus 7 minus Col. 1)	Prior-Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 plus 8 plus 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency(c) (Cols. 11 plus 12)
1. 1999 + Prior	101		101	102	5	107	59	9		68	60	14	74
2. 2000	211		211	154	6	160	60	6		66	3	12	15
3. Subtotals 2000 + prior	312		312	256	11	267	119	15		134	63	26	89
4. 2001	721	309	1,030	644	110	754	204	29	100	333	127	(70)	57
5. Subtotals 2001 + prior	1,033	309	1,342	900	121	1,021	323	44	100	467	190	(44)	146
6. 2002	X X X	X X X	X X X	X X X	2,874	2,874	X X X	733	227	960	X X X	X X X	X X X
7. Totals	1,033	309	1,342	900	2,995	3,895	323	777	327	1,427	190	(44)	146
8. Prior Year-End's Surplus As Regards Policy-holders	8,778,791										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. 18.4 %	2. (14.2)%	3. 10.9 %
													Col. 13 , Line 7 Line 8
													4. %

(a) Should Equal Prior Year-End Annual Statement; Page 3, Column 1, Lines 1 plus 3
(b) Should Equal Quarterly Statement Page 3, Column 1, Lines 1 and 3
(c) Should Also Equal Columns 6 plus 10 less Column 3 for Lines A through E 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.

1. Will the SVO Compliance Certification be filed with this statement?

RESPONSES

Yes

EXPLANATION:

BARCODE:

Document Identifier 470:

2. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC with this statement?

No

EXPLANATION:

BARCODE:

2. Document Identifier 490:



3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?

No

EXPLANATION:

BARCODE:

3. Document Identifier 450:



SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

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

SCHEDULE A - PART 3

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

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Expended for Additions, Permanent Improvements and Changes in Encumbrances	10 Book/Adjusted Carrying Value Less Encumbrances	11 Amounts Received	12 Foreign Exchange Profit (Loss) on Sale	13 Realized Profit (Loss) on Sale	14 Total Profit (Loss) on Sale	15 Gross Income Earned Less Interest Incurred on Encumbrances	16 Taxes, Repairs and Expenses Incurred
	2 City	3 State													
Property sold															
40 x 80 One Story Building with Basement Troy	Ohio		05/30/2002	Midwestern Ohio Association	64,849					161,942		97,093			
0199999 Property sold					64,849					161,942		97,093			
9999999 TOTALS					64,849					161,942		97,093			

Page E02

Schedule B, Part 1, Mortgage Loans Acquired
NONE

Schedule B, Part 2, Mortgage Loans Sold
NONE

Page E03

Sch. BA, Pt. 1, Other Long-Term Invested Assets Acquired
NONE

Sch. BA, Pt. 2, Other Long-Term Invested Assets Sold
NONE

SCHEDULE D - PART 3

Show All Long-term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation (a)
Preferred Stock - Industrial and Miscellaneous								
INDUSTRIAL & MISCELLANEOUS - U.S.								
345395-20-6	FORD CAP TRUST	07/17/2002	Fifth Third Bank	2,000.000	97,600			L
370442-73-3	GENERAL MOTORS	07/09/2002	Fifth Third Bank	4,000.000	99,733			L
91528T-20-7	UNOCAL CAP TRUST	07/16/2002	Fifth Third Bank	2,500.000	122,405			L
G68603-20-1	PARTNERRE LTD	07/12/2002	Fifth Third Bank	2,000.000	99,785			L
COUNTRY TOTAL					419,523			
6399999	Subtotal - Preferred Stock - Industrial and Miscellaneous				419,523			
6599997	Subtotal - Preferred Stock - Part 3				419,523			
6599999	Subtotal - Preferred Stock				419,523			
7199999	Subtotal - Preferred and Common Stock				419,523			
7299999	TOTALS				419,523			

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identif- ication	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 Designa- tion (a)
Bonds - Industrial and Miscellaneous																
INDUSTRIAL & MISCELLANEOUS - U.S.																
98155K-AH-5	WORLDCOM INC GA	08/21/2002	Fifth Third Bank		21,000	200,000.00	198,112	198,656	255			(177,656)	(177,656)	6,400		6
	COUNTRY TOTAL				21,000	200,000.00	198,112	198,656	255			(177,656)	(177,656)	6,400		
4599999	Subtotal - Bonds - Industrial and Miscellaneous				21,000	200,000.00	198,112	198,656	255			(177,656)	(177,656)	6,400		
6099997	Subtotal - Bonds - Part 4				21,000	200,000.00	198,112	198,656	255			(177,656)	(177,656)	6,400		
6099999	Subtotal - Bonds				21,000	200,000.00	198,112	198,656	255			(177,656)	(177,656)	6,400		
7299999	TOTALS				21,000		198,112	198,656	255			(177,656)	(177,656)	6,400		

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

Page E06

Schedule DB, Part A, Section 1
NONE

Schedule DB, Part B, Section 1
NONE

Page E07

Schedule DB, Part C, Section 1
NONE

Schedule DB, Part D, Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	Book Balance at End of Each Month During Current Quarter			8
Depository					5	6	7	*
Name	Location and Supplemental Information							
Open Depositories								
Fifth Third Bank	Dayton, Ohio				96,332	302,046	405,225	
0199999	TOTAL - Open Depositories				96,332	302,046	405,225	
0399999	TOTAL Cash on Deposit				96,332	302,046	405,225	
0599999	TOTALS				96,332	302,046	405,225	

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2002 OF THE MIAMI MUTUAL INSURANE COMPANY

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

The type of health care providers reported on this page is:

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 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 Alien	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 through 5703 plus Line 5798) (Line 57 above)								



PROPERTY AND CASUALTY SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2002
OF THE U.S. BRANCH OF THE MIAMI MUTUAL INSURANCE COMPANY

TRUSTEED SURPLUS STATEMENT

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE C

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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

TRUSTEED SURPLUS STATEMENT (Continued)
ASSETS

1	2	3	4	5
Line Number	Description	Admitted Asset Value	Par Value	Fair Value

TRUSTEED SURPLUS STATEMENT (Continued)

LIABILITIES AND TRUSTEED SURPLUS		1 Current Quarter
1. Total Liabilities		
ADDITIONS TO LIABILITIES:		
2. Ceded Reinsurance Balances Payable		
3. Agents' Credit Balances		
4. Aggregate Write-ins For Other Additions to Liabilities		
5. Total Additions (Line 2 plus Line 3 plus Line 4)		
6. Total (Line 1 plus Line 5)		
DEDUCTIONS FROM LIABILITIES:		
7. Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:		
7.1 Authorized Companies		
7.2 Unauthorized Companies		
8. Special State Deposits, not exceeding net liabilities carried in this statement on business in each respective state:		
8.1 Special State Deposits (submit schedule)		
8.2 Accrued interest on Special State Deposits		
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon		
10. Unpaid Reinsurance Premiums Receivable, not exceeding losses and loss adjustment expenses due to reinsured:		
10.1 Authorized Companies		
10.2 Unauthorized Companies		
11. Aggregate write-ins for other deductions from liabilities		
12. Total Deductions (Lines 7 through 11)		
13. Total Adjusted Liabilities (Line 6 minus Line 12)		
14. Trusteed Surplus		
15. Total		
DETAILS OF WRITE-INS		
0401.		
0402.		
0403.		
0498. Summary of remaining write-ins for Line 4 from overflow page		
0499. Totals (Lines 0401 through 0403 plus Line 0498) (Line 4 above)		
1101.		
1102.		
1103.		
1198. Summary of remaining write-ins for Line 11 from overflow page		
1199. Totals (Lines 1101 through 1103 plus Line 1198) (Line 11 above)		