Ohio Dept of Insurance

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Ohio Department of Insurance

Bob Taft – Governor
J. Lee Covington II – Director

IMAGING COVER SHEET

NAIC #: 30554

NAIC Group Code: 000

Company Name: GREAT LAKES PROTECTIVE ASSN.

Company Type: ☒ P&C ☐ Life ☐ HIC ☐ Frat ☐ Title ☐ MEWA ☐ HW ☐ MPA
☒ DOMESTIC ☐ FOREIGN

Form Type: STATEMENTS

Sub-form Type: QUARTERLY

Transaction # (if applicable):

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Affix Bar Code Above

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PROPERTY AND CASUALTY COMPANIES — ASSOCIATION EDITION

QUARTERLY STATEMENT

As of 9-30, 2002

OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Protective Assn.

NAIC Group Code 000 (Current Period) 000 (Prior Period) NAIC Company Code 30554 Employer's ID Number 340262970

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile United States

Incorporated Not Incorporated Commenced Business April 16, 1945

Statutory Home Office 1260 Leader Bldg. (Street and Number), Cleveland OH 44114 (City or Town, State and Zip Code)

Main Administrative Office 1260 Leader Bldg. (Street and Number)

Cleveland, OH 44114 (City or Town, State and Zip Code) 216-241-3121 (Area Code) (Telephone Number)

Mail Address 1260 Leader Bldg (Street and Number or P.O. Box), Cleveland, OH 44114 (City or Town, State and Zip Code)

Primary Location of Books and Records 1260 Leader Bldg. (Street and Number)

Cleveland, OH 44114 (City or Town, State and Zip Code) 216-241-3121 (Area Code) (Telephone Number)

Internet Website Address N/A

Statement Contact Kathleen Selig (Name) 216-241-3121 (Area Code) (Telephone Number) (Extension)

N/A (E-Mail Address) 216-566-8150 (Fax Number)

Policyowner Relations Contact 1260 Leader Bldg. (Street and Number)

Cleveland OH 44114 (City or Town, State and Zip Code) 216-241-3121 (Area Code) (Telephone Number) (Extension)

OFFICERS

~~President~~ Chairman Kathleen A. Selig

Secretary Nancy R. Brent

Treasurer John P. Macuski

Vice-Presidents

~~DIRECTORS OR TRUSTEES~~

Advisory Committee

Philip J. Andrie	John P. Macuski	Garry L. Ostrander
Al M. Auffart	Kevin McMonagle	Michael J. Siragusa
H. Roger Farber	Parker Melliughausen	Sidney E. Smith III

State of Ohio
County of Cuyahoga } ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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.

Kathleen A. Selig (Signature)	Nancy R. Brent (Signature)	John P. Macuski (Signature)
Kathleen A. Selig (Printed Name)	Nancy R. Brent (Printed Name)	John P. Macuski (Printed Name)
~~President~~ Chairman	Secretary	Treasurer

Subscribed and sworn to before me this

9/30 day of 2002

J. Castillo

JENNY L. CASTILLO
Notary Public, State of Ohio
My Commission Expires April 25, 2004

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 – 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
a. First liens				
b. Other than first liens				
4. Real Estate:				
4.1 Properties occupied by the company (less $. encumbrances)				
4.2 Properties held for the production of income (less $. encumbrances)				
4.3 Properties held for sale (less $. encumbrances)				
5. Cash ($. 5737 and short-term investments $2812,606)	2818,343		2818,343	2096,239
6. Other invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	2818,343		2818,343	2096,239
10. Agents' balances or uncollected premiums:				
10.1 Premiums and agent's balances in course of collection	227,367		227,367	
10.2 Premiums, agent's balances and installments booked but deferred and not yet due (Including $. earned but unbilled premiums)				
10.3 Accrued retrospective premiums				
11. Funds held by or deposited with reinsured companies				
12. Bills receivable, taken for premiums				
13. Amounts receivable under high deductible policies				
14. Reinsurance recoverables on loss and loss adjustment expense payments				
15. Federal and foreign income tax recoverable and interest thereon (including $. net deferred tax asset)				
16. Guaranty funds receivable or on deposit				
17. Electronic data processing equipment and software				
18. Interest, dividends and real estate income due and accrued				
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates				
21. Amount due from/to protected cells				
22. Equities and deposits in pools and associations				
23. Amounts receivable relating to uninsured accident and health plans				
24. Other assets nonadmitted				
25. Aggregate write-ins for other than invested assets	29,069		29,069	
26. Total assets excluding protected cells (Lines 9 through 25)	3074,779		3074,779	2096,239
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	3074,779		3074,779	2096,239
DETAILS OF WRITE-INS				
0801.				
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2501. Surplus Receivable	29,069		29,069	
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	29,069		29,069	

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year $............)	1487,705	1163,487
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	148,771	116,349
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)		
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
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 $............)	255,015	117,085
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commission)		
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittance 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		
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	133,095	86,090
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	2024,586	1483,011
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	2024,586	1483,011
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)	1050,193	613,228
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)	1050,193	613,228
36. TOTALS	3074,779	2096,239
DETAILS OF WRITE-INS		
2301. Reinsurance Premium	133,095	86,090
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	133,095	86,090
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 thru 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 thru 3003 plus 3098) (Line 30 above)		

STATEMENT AS OF 9-30-02 **OF THE** Great Lakes Protective Assn

STATEMENT OF INCOME UNDERWRITING INCOME	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums earned:			
1.1 Direct (written $.............)	852,107	1017,472	1225,266
1.2 Assumed (written $.............)			
1.3 Ceded (written ....)			
1.4 Net (written $.............)	852,107	1017,472	1225,266
DEDUCTIONS:			
2. Loss incurred (current accident year $.............):			
2.1 Direct	375,989	839,661	1120,666
2.2 Assumed			
2.3 Ceded			
2.4 Net	375,989	839,661	1120,666
3. Loss expenses incurred	37,519	83,966	145,395
4. Other underwriting expenses incurred	116,280	91,957	83,878
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2.4 thru 5)	529,868	1015,584	1349,939
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 plus Line 7)	322,239	1888	<124,673>
INVESTMENT INCOME			
9. Net investment income earned	27,530	54,982	57,671
10. Net realized capital gains or (losses)			
11. Net investment gain or (loss) (Lines 9 + 10)	27,530	54,982	57,671
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			
14. Aggregate write-ins for miscellaneous income			10
15. Total other income (Lines 12 thru 14)			10
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	349,769	56,870	<66,992>
17. Dividends to policyholders			
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	349,769	56,870	<66,992>
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19) (to Line 22)	349,769	56,870	<66,992>
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	613,228	700,156	700,156
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	349,769	56,870	<66,992>
23. Net unrealized capital gains or losses			
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax			
26. Change in nonadmitted assets			
27. Change in provision for reinsurance			
28. Change in surplus notes			
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of change in accounting principles			
31. Capital changes:			
31.1 Paid in			
31.2 Transferred from surplus (Stock Dividend)			
31.3 Transferred to surplus			
32. Surplus adjustments:			
32.1 Paid in	87,196	61,787	<19,936>
32.2 Transferred to surplus (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			
37. Change in surplus as regards policyholders (Lines 22 through 36)	436,965	118,657	<86,928>
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	1050,193	818,813	613,228
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			
1401. Recovery per Commutation + Release Agreement			10
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)			10
3601.			
3602.			
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)			

STATEMENT AS OF 9-30-02 **OF THE** Great Lakes Protective Assn.

CASH FLOW

CASH FROM OPERATIONS	1 Current Year to Date	2 Prior Year Ended December 31
1. Premiums collected net of reinsurance	762,670	1157,627
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)	56,948	682,175
3. Underwriting expenses paid	116,280	83,878
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	589,442	391,574
6. Net investment income	27,530	57,671
7. Other income (expenses)		
7.1 Agents' balances charged off		
7.2 Net funds held under reinsurance treaties		
7.3 Net amount withheld or retained for account of others		
7.4 Aggregate write-ins for miscellaneous items		10
7.5 Total other income (Lines 7.1 to 7.4)		10
8. Dividends to policyholders on direct business, less $............ dividends on reinsurance assumed or ceded (net)		
9. Federal and foreign income taxes (paid) recovered		
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	616,972	449,255
CASH FROM INVESTMENTS		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds		
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Net gains or (losses) on cash and short-term investments		
11.7 Miscellaneous proceeds		
11.8 Total investment proceeds (Lines 11.1 to 11.7)		
12. Cost of investments acquired (long-term only):		
12.1 Bonds		
12.2 Stocks		
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)		
13. Net cash from investments (Line 11.8 minus Line 12.7)		
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
14. Cash provided:		
14.1 Surplus notes, capital and surplus paid in	58,127	<19,936>
14.2 Capital notes $............ less amounts repaid $		
14.3 Net transfers from affiliates		
14.4 Borrowed funds received		
14.5 Other cash provided		
14.6 Total (Lines 14.1 to 14.5)	58,127	<19,936>
15. Cash applied:		
15.1 Dividends to stockholders paid		
15.2 Net transfers to affiliates		
15.3 Borrowed funds repaid		
15.4 Other applications	<47,005>	
15.5 Total (Lines 15.1 to 15.4)	<47,005>	
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	105,132	<19,936>
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10 plus Line 13 plus Line 16)	722,104	429,319
18. Cash and short-term investments:		
18.1 Beginning of year	2096,239	1666,920
18.2 End of period (Line 17 plus Line 18.1)	2818,343	2096,239

DETAILS OF WRITE-INS		
7.401 Recovery per Commutation + Release Agreement		10
7.402		
7.403		
7.498 Summary of remaining write-ins for Line 7.4 from overflow page		
7.499 Totals (Lines 7.401 thru 7.403 plus 7.498) (Line 7.4 above)		10

NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

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 [ ] N/A

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 has ceased to exist as a result of the merger or consolidation.

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

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12-31-97

7.2 State the as of date of the latest financial examination report that is 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. 12-31-97

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). 8-12-98

7.4 By what department or departments? Ohio Department of Insurance . . . . . .

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any government 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 (continued)

(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: . . . .

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

10.2 If yes, give full and complete information relating thereto: . . . .

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

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

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

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	$	$
13.22 Preferred Stock	$	$
13.23 Common Stock	$	$
13.24 Short-Term Investments	$	$
13.25 Mortgages, loans or real estate	$	$
13.26 All Other	$	$
13.27 Investment in parent, subsidiaries and affiliates (Subtotal Lines 13.21 to 13.26 above)	$	$
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 [ ] N/A

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 I-General, Seciton IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ ] No [ ] N/A

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 [ ] N/A

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

GENERAL INTERROGATORIES (continued)

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

PART 2 – PROPERTY & CASUALTY

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity s participation change? Yes [ ] No [ ] NA [X]

   If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other 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? Yes [ ] No [X]

   If yes, attach an explanation.

3.1 Have any of the reporting entity s primary reinsurance contracts been canceled? Yes [ ] No [X]

3.2 If yes, give full and complete information thereto . . . .

. . . .

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain worker s compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of tabular reserves) discounted at a rate of interest greater than zero? Yes [ ] No [X]

4.2 If yes, complete the following schedule:

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

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE A — VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period				
2. Increase (decrease) by adjustment				
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales		N/A		
6. Increase (decrease) by foreign exchange adjustment:				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period				
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)				
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B — VERIFICATION

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

SCHEDULE BA — VERIFICATION

Other Invested Assets Included in Schedule BA

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

SCHEDULE D — PART 1B

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

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1								
2. Class 2								
3. Class 3								
4. Class 4		NA						
5. Class 5								
6. Class 6								
7. Total Bonds								
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock								

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

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	2812,606	XXX	2812,606	9474	

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	2092,515	1976,808	2203,018	1660,032
2.	Cost of short-term investments acquired	6161,231	6484719	6954,139	20,578,983
3.	Increase (decrease) by adjustment				
4.	Increase (decrease) by foreign exchange adjustment				
5.	Total profit (loss) on disposal of short-term investments				
6.	Consideration received on disposal of short-term investments	6276,938	6258,509	6344,551	20,146,500
7.	Book/adjusted carrying value, current period	1976,808	2203,018	2812,606	2092,515
8.	Total valuation allowance				
9.	Subtotals (Lines 7 plus 8)	1976,808	2203,018	2812,606	2092,515
10.	Total nonadmitted amounts				
11.	Statement value (Lines 9 minus 10)	1976,808	2203,018	2812,606	2092,515
12.	Income collected during period	8920	9136	9474	66,008
13.	Income earned during period	8920	9136	9474	66,008

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE DB — PART F — SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
				NA							
9999999	Totals				XXX		XXX	XXX			XXX

SCHEDULE DB — PART F — SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

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

N/A

STATEMENT AS OF 6-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE F – CEDED REINSURANCE

Showing all new reinsurers – Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
		NA		

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE T — EXHIBIT OF PREMIUMS WRITTEN

During 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							
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		106,924	144,069	0	75,010	12,000	12,000
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	XXX	883,113	1027,223	56,948	429,027	1475705	1002,127
58. Totals	(a)	990,037	1171,292	56,948	504,037	1487,705	1014,127
DETAILS OF WRITE-INS							
5701.	XXX						
5702.	XXX						
5703.	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX						
5799. TOTALS (Lines 5701 thru 5703 plus 5798) (Line 57 above)	XXX						

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

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

PART 1–ORGANIZATIONAL CHART

N/A

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

PART 1 — LOSS EXPERIENCE

	Lines of Business	Current Year to Date 1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date Direct Loss Percentage
1.	Fire				
2.	Allied lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine Hull	852,107	375,989	44	83
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				
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Reinsurance – nonproportional assumed – property	XXX	XXX	XXX	XXX
31.	Reinsurance – nonproportional assumed – liability	XXX	XXX	XXX	XXX
32.	Reinsurance – nonproportional assumed – financial lines	XXX	XXX	XXX	XXX
33.	Aggregate write-ins for other lines of business				
34.	TOTALS	852,107	375,989	44	83
DETAILS OF WRITE-INS					
3301.					
3302.					
3303.					
3398.	Summary of remaining write-ins for Line 33 from overflow page				
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33)				

PART 2 — DIRECT PREMIUMS WRITTEN

		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.	Allied lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine Hull	27,144	990,037	1171,292
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			
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Reinsurance – nonproportional assumed – property	XXX	XXX	XXX
31.	Reinsurance – nonproportional assumed – liability	XXX	XXX	XXX
32.	Reinsurance – nonproportional assumed – financial lines	XXX	XXX	XXX
33.	Aggregate write-ins for other lines of business			
34.	TOTALS	27,144	990,037	1171,292
DETAILS OF WRITE-INS				
3301.				
3302.				
3303.				
3398.	Summary of remaining write-ins for Line 33 from overflow page			
3399.	Totals (Lines 3301 thru 3303 plus 3398) (Line 33)			

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

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

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	4 2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2002 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (c) (Cols. 11 + 12)
1. 1999 + Prior	81.910	-	81.910	0	0	0	81.910	0	-	81.910	0	0	0
2. 2000	1072.790	-	1072.790	55.354	0	55.354	1238.830	0	-	1238.830	221.394	0	221.394
3. Subtotals 2000 + prior	1154.700	-	1154.700	55.354	0	55.354	1320.740	0	-	1320.740	221.394	0	221.394
4. 2001	125.136	-	125.136	0	1594	1594	148.236	33.000	-	181.236	23.100	34.594	57.694
5. Subtotals 2001 + prior	1279.836	-	1279.836	55.354	1594	56.948	1468.976	33.000	-	1501.976	244.494	34.594	279.088
6. 2002	XXX	XXX	XXX	XXX	0	0	XXX	134.500	-	134.500	XXX	XXX	XXX
7. Totals	1279.836	-	1279.836	55.354	1594	56.948	1468.976	167.500	-	1636.476	244.494	34.594	279.088

8. Prior Year-End's Surplus As Regards Policyholders 613.228

(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.

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. 19	2. 0	3. 22

Col. 13, Line 7 / Line 8

4. 46

STATEMENT AS OF 9-30-02 **OF THE** Great Lakes Protective Assn

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

EXPLANATIONS:

BAR CODES:

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF 9-30-02 **OF THE** Great Lakes Protective Assn.

SCHEDULE A — PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Expended for Additions and Permanent Improvements
				N/	A			
9999999 Totals								

SCHEDULE A — PART 3

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

1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3													
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Emcumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
							N/	A							
9999999 Totals															

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE B — PART 1

Showing all Mortgage Loans ACQUIRED during the Current Quarter

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

SCHEDULE B — PART 2

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

1 Loan Number	Location 2 City	Location 3 State	4 Loan Type	5 Date Acquired	6 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Book Value/Recorded Investment Excluding Accrued Interest at Disposition	10 Consideration Received	11 Foreign Exchange Profit (Loss) on Sale	12 Realized Profit (Loss) on Sale	13 Total Profit (Loss) on Sale
						N/A						
9999999 Totals												

SCHEDULE BA — PART 1

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

1	Location		4	5	6	7	8	9	10
Number of Units and Description	2 City	3 State	Name of Vendor	Date Acquired	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment
				N/A					
9999999 Totals									

SCHEDULE BA — PART 2

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

1	Location		4	5	6	7	8	9	10	11	12	13
Number of Units and Description	2 City	3 State	Name of Purchaser or Nature of Disposition	Date Acquired	Book/Adjusted Carrying Value Less Encumbrances Prior Year End	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/Adjusted Carrying Value Less Encumbrances at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale
						N/A						
9999999 Totals												

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

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)
			N/A					
7299999	Totals					XXX		XXX

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

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn

SCHEDULE D — PART 4

Show all Long Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/ Adjusted Carrying Value at Date of Disposal	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) on Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Designation (a)
				NA												
7299999	Totals					XXX										XXX

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

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE DB — PART A — SECTION 1

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

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/Option Premiums	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income
					N/A								
2599999 Subtotal – Hedging Transactions								XXX					
2799999 Subtotal – Other Derivative Transactions								XXX					
9999999 Totals								XXX					

SCHEDULE DB — PART B — SECTION 1

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

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income
					N/A								
2599999 Subtotal – Hedging Transactions								XXX					
2699999 Subtotal – Income Generation Transactions								XXX					
2799999 Subtotal – Other Derivative Transactions								XXX					
9999999 Totals								XXX					

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

SCHEDULE DB – PART C – SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 •	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure
							N/A							
2599999	Subtotal – Hedging Transactions							XXX						
2799999	Subtotal – Other Derivative Transactions							XXX						
9999999	Totals							XXX						

SCHEDULE DB – PART D – SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts Open at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	Potential Exposure
					N/A							
2599999 Subtotal – Hedging Transactions						XXX	XXX					
2799999 Subtotal – Other Derivative Transactions						XXX	XXX					
9999999 Totals						XXX	XXX					

STATEMENT AS OF 9-30-02 OF THE Great Lakes Protective Assn.

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 5 First Month	6 Second Month	7 Third Month	8 *
Huntington National Bank Cleveland, OH				4461	3191	4382	
Merrill Lynch Cleveland, OH				750	1474	1355	
0199998 Deposits in ____ depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX						XXX
0199999 Total Open Depositories	XXX						XXX
0299998 Deposits in ____ depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX						XXX
0299999 Total Suspended Depositories	XXX						XXX
0399999 Total Cash on Deposit	XXX						XXX
0499999 Cash in Company's Office	XXX	XXX	XXX				XXX
0599999 Total Cash	XXX			5211	4665	5737	XXX