



QUARTERLY STATEMENT

As of June 30, 2002
of the Condition and Affairs of the

Fireman's Fund Insurance Company of Ohio

NAIC Group Code..... 761, 761
(Current Period) (Prior Period) NAIC Company Code..... 39640 Employer's ID Number..... 34-0860093

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

Country of Domicile US

Incorporated..... April 27, 1959

Commenced Business..... April 15, 1960

Statutory Home Office 312 Walnut Street, Suite 1100 Cincinnati OH 45202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 312 Walnut Street, Suite 1100 Cincinnati OH 45202 513-762-5700
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 777 San Marin Drive Novato CA 94998
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 312 Walnut Street, Suite 1100 Cincinnati OH 45202 513-762-5700
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.firemansfund.com

Statement Contact Andy T. Pritchard 415-899-3033
(Name) (Area Code) (Telephone Number) (Extension)
Andy_T_Pritchard@ffic.com 415-899-3192
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 777 San Marin Drive Novato CA 94998 800-243-9622
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President John Alexander McGrain Treasurer Linda Eastes Wright Secretary Janet Sharon Kloenhamer
Peter Huehne Harold Newman Marsh, III Susan Piercy Velichko William Miller Wilson

DIRECTORS OR TRUSTEES

Peter Huehne Janet Sharon Kloenhamer # Howard David Lundgren Harold Newman Marsh, III
John Alexander McGrail Jeffrey Holder Post

State of..... California
County of..... Marin

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

(Signature)
Janet S. Kloenhamer
(Printed Name)
Sr. Vice President & Corporate Secretary

(Signature)
Barbara A. Hughes
(Printed Name)
Sr. Vice President & Controller

(Signature)
Linda E. Wright
(Printed Name)
Vice President & Treasurer

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

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio

ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	38,507,461		38,507,461	35,782,151
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	281,670		281,670	1,882,592
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....0) and short-term investments (\$.....0).....			0	899,955
6. Other invested assets.....			0	
7. Receivable for securities.....			0	
8. Aggregate write-ins for invested assets.....	0	0	0	0
9. Subtotals, cash and invested assets (Lines 1 to 8).....	38,789,131	0	38,789,131	38,564,698
10. Agents' balances or uncollected premiums:				
10.1 Premiums and agents' balances in course of collection.....	1,557,081	41,854	1,515,227	1,213,097
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$.....36,894 earned but unbilled premiums).....	662,472	4,349	658,123	634,896
10.3 Accrued retrospective premiums.....			0	
11. Funds held by or deposited with reinsured companies.....			0	
12. Bills receivable, taken for premiums.....	46,174		46,174	53,275
13. Amounts receivable under high deductible policies.....			0	
14. Reinsurance recoverables on loss and loss adjustment expense payments.....			0	
15. Federal and foreign income tax recoverable and interest thereon (including \$.....396,779 net deferred tax asset).....	507,346		507,346	481,331
16. Guaranty funds receivable or on deposit.....			0	
17. Electronic data processing equipment and software.....			0	
18. Interest, dividends and real estate income due and accrued.....	412,762		412,762	404,171
19. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
20. Receivable from parent, subsidiaries and affiliates.....	(446,053)		(446,053)	186,119
21. Amounts due from/to protected cells.....			0	
22. Equities and deposits in pools and associations.....			0	
23. Amounts receivable relating to uninsured accident and health plans.....			0	
24. Other assets nonadmitted.....			0	
25. Aggregate write-ins for other than invested assets.....	(6)	0	(6)	5,978
26. Total assets excluding protected cell assets (Lines 9 through 25).....	41,528,907	46,203	41,482,704	41,543,565
27. Protected cell assets.....			0	
28. TOTALS (Lines 26 and 27).....	41,528,907	46,203	41,482,704	41,543,565

DETAILS OF WRITE-INS

0801.			0	
0802.			0	
0803.			0	
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0
2501. Sundry assets.....	(6)		(6)	5,978
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	(6)	0	(6)	5,978

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$.....1,955,015).....	9,647,102	10,203,288
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	2,312,122	2,409,055
4. Commissions payable, contingent commissions and other similar charges.....	68,853	90,425
5. Other expenses (excluding taxes, licenses and fees).....	183,131	161,952
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	77,007	85,203
7. Federal and foreign income taxes (including \$.....0 on realized capital gains (losses) (including \$.....0 net deferred tax liability).....	102,579	102,579
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....10,171,133 and including warranty reserves of \$....200,052).....	3,252,980	3,417,064
10. Advance premium.....	(320)	
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....	6,190	6,729
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
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.....		
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.....	149,463	136,870
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23).....	15,799,107	16,613,165
25. Protected cell liabilities.....		
26. Total liabilities (Lines 24 and 25).....	15,799,107	16,613,165
27. Aggregate write-ins for special surplus funds.....	0	0
28. Common capital stock.....	4,500,000	4,500,000
29. Preferred capital stock.....		
30. Aggregate write-ins for other than special surplus funds.....	0	0
31. Surplus notes.....		
32. Gross paid in and contributed surplus.....	13,000,310	13,000,310
33. Unassigned funds (surplus).....	8,183,287	7,430,090
34. Less treasury stock, at cost:		
34.1 .....0.000 shares common (value included in Line 28 \$.....0).....		
34.2 .....0.000 shares preferred (value included in Line 29 \$.....0).....		
35. Surplus as regards policyholders (Lines 27 to 33, less 34).....	25,683,597	24,930,400
36. TOTALS.....	41,482,704	41,543,565

DETAILS OF WRITE-INS

2301. Sundry liabilities.....	123,849	98,422
2302. Loss portfolio transfer.....	25,614	38,448
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	149,463	136,870
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	0	0

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
STATEMENT OF INCOME

	1 Current Year to Date	2 Previous Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....14,715,346).....	15,852,965	13,097,283	28,514,947
1.2 Assumed..... (written \$.....3,580,782).....	3,744,866	3,889,621	7,889,146
1.3 Ceded..... (written \$.....14,715,346).....	15,852,965	13,097,283	28,514,947
1.4 Net..... (written \$.....3,580,782).....	3,744,866	3,889,621	7,889,146
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....2,446,614):			
2.1 Direct.....	3,733,909	20,883,132	35,179,938
2.2 Assumed.....	2,564,941	2,562,513	5,680,971
2.3 Ceded.....	3,752,397	20,889,723	35,136,820
2.4 Net.....	2,546,453	2,555,922	5,724,089
3. Loss expenses incurred.....	554,311	531,421	1,324,928
4. Other underwriting expenses incurred.....	1,292,870	1,353,468	2,671,469
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	4,393,634	4,440,811	9,720,486
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(648,768)	(551,190)	(1,831,340)
INVESTMENT INCOME			
9. Net investment income earned.....	989,833	1,084,079	2,157,980
10. Net realized capital gains (losses).....	209,837		8,599
11. Net investment gain (loss) (Lines 9 + 10).....	1,199,670	1,084,079	2,166,579
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....4,853 amount charged off \$.....13,453).....	(8,599)	(10,951)	(36,879)
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	(2,807)	(25,069)	(94,048)
15. Total other income (Lines 12 through 14).....	(11,406)	(36,020)	(130,927)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15).....	539,496	496,869	204,312
17. Dividends to policyholders.....	11,065	27,463	31,101
18. Net income after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17).....	528,431	469,406	173,211
19. Federal and foreign income taxes incurred.....	(110,567)	113,485	58,320
20. Net income (Line 18 minus Line 19) (to Line 22).....	638,998	355,921	114,891
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 previous year.....	24,930,400	24,458,151	24,458,151
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20).....	638,998	355,921	114,891
23. Net unrealized capital gains or losses.....			
24. Change in net unrealized foreign exchange capital gain (loss).....	825		
25. Change in net deferred income taxes.....	(84,552)		(49,669)
26. Change in nonadmitted assets.....	197,926	243,374	72,802
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.....		317,000	334,225
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.....			
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.....	0	0	0
37. Change in surplus as regards policyholders (Lines 22 through 36).....	753,197	916,295	472,249
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37).....	25,683,597	25,374,446	24,930,400

DETAILS OF WRITE-INS

0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Loss portfolio transfer - gain(loss).....	10,193	1,931	256
1402. Restructuring/corporate expenses.....	(13,000)	(27,000)	(94,304)
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	(2,807)	(25,069)	(94,048)
3601.			
3602.			
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page.....	0	0	0
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above).....	0	0	0

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	3,262,525	8,119,973
2. Loss and loss adjustment expenses paid (net of salvage and subrogation).....	3,753,884	6,520,165
3. Underwriting expenses paid.....	1,470,560	2,501,613
4. Other underwriting income (expenses).....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4).....	(1,961,919)	(901,805)
6. Net investment income.....	1,044,930	2,290,598
7. Other income (expenses):		
7.1 Agents' balances charged off.....	(8,599)	(36,879)
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.....	(2,807)	(94,048)
7.5 Total other income (Lines 7.1 to 7.4).....	(11,406)	(130,927)
8. Dividends to policyholders on direct business, less \$.....(11,598) dividends on reinsurance assumed or ceded (net).....	11,604	40,618
9. Federal and foreign income taxes (paid) recovered.....	84,552	(65,943)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9).....	(855,447)	1,151,305
CASH FROM INVESTMENTS		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds.....	10,978,505	3,136,536
11.2 Stocks.....	8,014,196	5,255,172
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.....	825	
11.8 Total investment proceeds (Lines 11.1 to 11.7).....	18,993,526	8,391,708
12. Cost of investments acquired (long-term only):		
12.1 Bonds.....	13,557,666	1,515,176
12.2 Stocks.....	6,413,274	6,264,144
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).....	19,970,940	7,779,320
13. Net cash from investments (Line 11.8 minus Line 12.7).....	(977,414)	612,388
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
14. Cash provided:		
14.1 Surplus notes, capital and surplus paid in.....		
14.2 Capital notes \$.....0 less amounts repaid \$.....0.....		
14.3 Net transfers from affiliates.....	632,172	
14.4 Borrowed funds received.....		
14.5 Other cash provided.....	300,734	
14.6 Total (Lines 14.1 to 14.5).....	932,906	0
15. Cash applied:		
15.1 Dividends to stockholders paid.....		
15.2 Net transfers to affiliates.....		454,337
15.3 Borrowed funds repaid.....		
15.4 Other applications.....		409,401
15.5 Total (Lines 15.1 to 15.4).....	0	863,738
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5).....	932,906	(863,738)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16).....	(899,955)	899,955
18. Cash and short-term investments:		
18.1 Beginning of year.....	899,955	
18.2 End of period (Line 17 plus Line 18.1).....	0	899,955
DETAILS OF WRITE-INS		
07.401 Loss portfolio transfer.....	10,193	256
07.402 Restructuring/corporate expenses.....	(13,000)	(94,304)
07.403		
07.498 Summary of remaining write-ins for Line 7.4 from overflow page.....	0	0
07.499 Total (Lines 7.401 to 7.403 plus 7.498) (Line 7.4 above).....	(2,807)	(94,048)

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. The accompanying financial statements of Fireman's Fund Insurance Company of Ohio ("the Company") have been prepared in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the State of Ohio. The Company received approval from the Ohio Department of Insurance to settle policies on a structured basis over periods of time and discount the loss reserves associated with those policies.
- B. The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The most significant estimates inherent in these financial statements are loss and loss adjustment expense reserves.
- C. Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost. Bonds rated at below investment grade are carried at the lower of amortized cost or market value. Amortization of bond premium or discount is calculated using the modified scientific method, which calculates the yield in the same manner as in the scientific method, and there is no effect from accrued interest on coupon dates.
3. Common stocks are stated at market except investment in stocks of unconsolidated subsidiaries and affiliates in which the Company has interest of 20% or more which are carried on the equity basis.
4. Non-redeemable preferred stocks are stated at market. Redeemable preferred stocks are stated at statement value.
5. The Company does not carry any mortgage loans on real estate.
6. Prepayment assumptions for loan-backed bonds and structured securities were obtained from sources within the Bloomberg system or internal estimates. The assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all CMO and Asset-Backed securities with significant changes in estimated cash flows.
7. The Company directly owns the following companies as of June 30, 2002:

None
8. The Company has no ownership interests in Joint Ventures.
9. The Company does not hold or issue any derivative financial instruments at this time.
10. The Company does not include investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premium.
11. Company actuaries use a number of generally accepted actuarial techniques and give consideration to the potential biases of each. For most lines of business, reserves are based on historical development of paid losses and case reserves, reasonably adjusted to current conditions. For the longer-tailed liability lines (not including asbestos/environmental), estimates derived using Bornhuetter-Ferguson methods were also used. Frequency and severity trends are considered as well in making final selections.

For asbestos and environmental claims, the company establishes full case reserves for all reported claims. Reserves for IBNR losses include a provision for development of reserves on reported losses. The company's IBNR reserves are established after examining a variety of techniques including market share based estimates, curve-fitting extrapolations, average cost models, and multiplying payments by an industry average survival ratio.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

- A. There are no corrections of errors or changes in accounting principles other than as described below in part B.
- B. The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001, the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures Manual – version effective March 1, 2001, subject to any deviations prescribed or permitted by the State of Ohio insurance commissioner.

Accounting changes adopted to conform to the provisions of the NAIC Accounting Practices and Procedures manual – version effective March 1, 2001, are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported a change of accounting principle, as an adjustment that increased unassigned funds (surplus) by \$334,225 as of January 1, 2001.

Included in this total adjustment is an increase in unassigned funds of \$531,000 related to net deferred tax assets, \$17,225 related to earned but unbilled premium receivable, and a reduction in unassigned funds of \$214,000 related to non-admitted premium receivables.

9. INCOME TAXES

There were no material recorded changes to either the deferred tax assets or liabilities during the second quarter.

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
NOTES TO FINANCIAL STATEMENTS

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. Transactions by the Company and any affiliated insurer with any affiliates are as follows:

1. During 2Q2002 the Company sold \$110,000 of agent balances without recourse to Allianz of America, Inc. The Company realized a loss of \$10,000 as a result of the sale of these assets.

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

A. See Note 10.

B. Transfer and Servicing of Financial Assets - Not applicable.

C. The Company was not involved in any wash sale transactions during the second quarter of 2002.

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
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? Yes [] No [X]
 If yes, attach an organizational chart.

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

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

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

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

If yes, attach an explanation.

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.12/31/1996.....

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).04/30/1999.....

7.4 By what department or departments?..... Ohio _____

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information:

GENERAL INTERROGATORIES (continued)

INVESTMENT

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

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain: _____

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 [X] No []

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds.....	\$.....0	\$.....0
13.22 Preferred Stock.....	\$.....0	\$.....0
13.23 Common Stock.....	\$.....1,882,592	\$.....281,670
13.24 Short-Term Investments.....	\$.....0	\$.....0
13.25 Mortgages, Loans or Real Estate.....	\$.....0	\$.....0
13.26 All Other.....	\$.....0	\$.....0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$.....1,882,592	\$.....281,670
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above.....	\$.....0	\$.....0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above.....	\$.....186,119	\$.....(446,053)

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

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

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

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

1 Name of Custodian(s)	2 Custodian Address
Mellon Trust	One Mellon Bank Center Pittsburgh, PA 15258-0001

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address
107032	Ronald M. Clark (CIO)	55 Greens Farms Rd Westport, CT 06881-5160
107032	Gary Brown	55 Greens Farms Rd Westport, CT 06881-5160
107032	Pamela J. Cornell	55 Greens Farms Rd Westport, CT 06881-5160
107032	John R. Fields	55 Greens Farms Rd Westport, CT 06881-5160
107032	Charles J. Dudley	55 Greens Farms Rd Westport, CT 06881-5160
107032	Eric C. DiMiceli	55 Greens Farms Rd Westport, CT 06881-5160
107032	Claire Bave	55 Greens Farms Rd Westport, CT 06881-5160
107032	LJ Tyler	55 Greens Farms Rd Westport, CT 06881-5160
107032	Amy Cameron	55 Greens Farms Rd Westport, CT 06881-5160
107032	Livia Asher	55 Greens Farms Rd Westport, CT 06881-5160
107032	Charles P. Guerriero, IV	55 Greens Farms Rd Westport, CT 06881-5160
107032	Todd Smith	55 Greens Farms Rd Westport, CT 06881-5160
107032	Jeff Weber	55 Greens Farms Rd Westport, CT 06881-5160
107032	Lisa Murray	55 Greens Farms Rd Westport, CT 06881-5160

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
GENERAL INTERROGATORIES (continued)

PART 2
PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

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

3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
Fire.....						.....0				.....0
Allied lines.....						.....0				.....0
Farmowners multiple peril...			.....534			.....534	.....534			.....534
Homeowners multiple peril..			.....23,177			.....23,177	.....1,326			.....1,326
Commercial multiple peril...			.....195,099			.....195,099	.....4,369			.....4,369
Mortgage guaranty.....						.....0				.....0
Ocean marine.....			.....482			.....482	.....(18)			.....(18)
Inland marine.....			.....261			.....261	.....(6)			.....(6)
Financial guaranty.....						.....0				.....0
Medical malpractice-occurren						.....0				.....0
Medical malpractice-claims m			.....627			.....627	.....(8)			.....(8)
Earthquake.....						.....0				.....0
Group accident and health..						.....0				.....0
Credit accident and health..						.....0				.....0
Other accident and health...						.....0				.....0
Workers' compensation.....						.....0				.....0
Other liability.....			.....146,776			.....146,776	.....(1,509)			.....(1,509)
Products liability-occurrence						.....0				.....0
Products liability-claims mad						.....0				.....0
19.2 Private passenger auto			.....14,452			.....14,452	.....(1,424)			.....(1,424)
19.4 Commercial auto liabilit			.....137,545			.....137,545	.....(11,628)			.....(11,628)
Auto physical damage.....						.....0				.....0
Aircraft (all perils).....						.....0				.....0
Fidelity.....						.....0				.....0
Surety.....						.....0				.....0
Burglary and theft.....						.....0				.....0
Boiler and machinery.....						.....0				.....0
Credit.....						.....0				.....0
International.....						.....0				.....0
Reinsurance.....						.....0				.....0
Reinsurance.....						.....0				.....0
Reinsurance.....						.....0				.....0
Aggregate write-ins.....						.....0				.....0
Totals.....						.....0				.....0
Burglary and theft.....						.....0				.....0
Boiler and machinery.....						.....0				.....0
Credit.....						.....0				.....0
International.....						.....0				.....0
Reinsurance A.....						.....0				.....0
Reinsurance B.....						.....0				.....0
Reinsurance C.....						.....0				.....0
Total.....	.....XXX	.....XXX	.....518,953	.....0	.....0	.....518,953	.....(8,364)	.....0	.....0	.....(8,364)

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period.....	0	0	0	
2. Increase (decrease) by adjustment.....				
3. Cost of acquired.....				
4. Cost of additions to and permanent improvements.....				
5. Total profit (loss) on sales.....				
6. Increase (decrease) by foreign exchange adjustment.....				
7. Amount received on sales.....				
8. Book/adjusted carrying value at end of current period.....	0	0	0	0
9. Total valuation allowance.....				
10. Subtotal (Lines 8 plus 9).....	0	0	0	0
11. Total nonadmitted amounts.....				
12. Statement value, current period (Page 2, real estate lines, current period).....	0	0	0	0

NONE

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period.....	0	0	0	
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.....	0	0	0	0
10. Total valuation allowance.....				
11. Subtotal (Lines 9 plus 10).....	0	0	0	0
12. Total nonadmitted amounts.....				
13. Statement value of mortgages owned at end of current period.....	0	0	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

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

NONE

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.....	40,052,480	(293)	1,511,931	(32,795)	40,052,480	38,507,461		36,682,105
2. Class 2.....								
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	40,052,480	(293)	1,511,931	(32,795)	40,052,480	38,507,461	0	36,682,105
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	40,052,480	(293)	1,511,931	(32,795)	40,052,480	38,507,461	0	36,682,105

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 NONE Per Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. Totals.....		XXX			

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.....	899,955	0	0	
2. Cost of short-term investments acquired.....				1,599,419
3. Increase (decrease) by adjustment.....	45			536
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.....	900,000			700,000
7. Book/adjusted carrying value, current period.....	0	0	0	899,955
8. Total valuation allowance.....				
9. Subtotal (Lines 7 plus 8).....	0	0	0	899,955
10. Total nonadmitted amounts.....				
11. Statement value (Lines 9 minus 10).....	0	0	0	899,955
12. Income collected during period.....	45			536
13. Income earned during period.....	45			536

**Sch. DB-Part F-Section 1
NONE**

**Sch. DB-Part F-Section 2
NONE**

**Sch. F
NONE**

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	NO	2,785	222,154	82,500		(541,028)	158,274
2. Alaska.....AK	NO	7,011	8,941			(18,130)	6,457
3. Arizona.....AZ	NO	38,322	(23)			764,126	810,832
4. Arkansas.....AR	NO		74,045	835,527	689,861	2,182,123	5,620,032
5. California.....CA	NO	669,907	1,362,525	84,382	150,184	245,503	295,013
6. Colorado.....CO	NO	39,953	104,752		10,000	(265,434)	(4,272)
7. Connecticut.....CT	NO	27,512	25,552	250,000	6,500,000	1,911,266	743,606
8. Delaware.....DE	NO	7,511				1,303	(30)
9. District of Columbia.....DC	NO	100,188	7,195			12,420	(317)
10. Florida.....FL	NO	698,439	412,086	1,293,528	28,482,313	1,155,722	1,635,959
11. Georgia.....GA	NO	78,354	87,048		(1,687)	(150,309)	12,040
12. Hawaii.....HI	NO	152,442	181,685			(373,138)	46,250
13. Idaho.....ID	NO		6			255,288	253,556
14. Illinois.....IL	NO	129,284	106,197	6,750		(187,066)	68,687
15. Indiana.....IN	NO	10,049	11,073		2,468	(35,080)	21,895
16. Iowa.....IA	NO	2,793	24			1,417	605
17. Kansas.....KS	NO	6,640	22,418	2,500		(107,967)	19,090
18. Kentucky.....KY	NO	4,080	2,857	12,950	9,058	27,390	39,624
19. Louisiana.....LA	NO	131,875	1,732,910	10,269	923,700	(1,088,205)	2,431,365
20. Maine.....ME	NO						
21. Maryland.....MD	NO	33,847	14,065			(108,777)	107,574
22. Massachusetts.....MA	NO	26,542	2			1,992	2,359
23. Michigan.....MI	NO	28,918	91,742	1,100,000	110,000	(224,288)	268,870
24. Minnesota.....MN	NO	8,872	(292)			843	88,799
25. Mississippi.....MS	NO		37,682			(58,100)	12,538
26. Missouri.....MO	NO	9,381	52,828	137,078	939,342	136,333	260,212
27. Montana.....MT	NO		190			32	14
28. Nebraska.....NE	NO		7,640	6,000		(34,898)	(4,248)
29. Nevada.....NV	NO	2,342,097	66,369	4,661,500	20,767	3,148,677	1,596,959
30. New Hampshire.....NH	NO						
31. New Jersey.....NJ	NO	(14,033)	16,836			8,428	2,359
32. New Mexico.....NM	NO	2,501	37,197	460,000	15,000	278,583	537,138
33. New York.....NY	NO	1,554,139	1,433,985	4,541,228	776,046	(1,699,989)	7,459,535
34. North Carolina.....NC	NO	92,131	5,313			6,059	1,613
35. North Dakota.....ND	NO		19			68	5
36. Ohio.....OH	YES	6,172,954	5,938,313	1,782,320	5,611,331	22,105,795	18,770,516
37. Oklahoma.....OK	NO	1,178	46,655			(104,219)	(33,416)
38. Oregon.....OR	NO	2,846	17			7,735	66,864
39. Pennsylvania.....PA	NO	12,553	1,054,490	61,415	6,502,012	3,839,017	696,179
40. Rhode Island.....RI	NO		(2)			(2,149)	(334)
41. South Carolina.....SC	NO	394,990	627,477	112,119	6,880	83,102	66,786
42. South Dakota.....SD	NO		23			50	5
43. Tennessee.....TN	NO	5,317	51,304	100,000	100,002	21,254	965,145
44. Texas.....TX	NO	1,688,585	1,697,801	1,593,705	215,263	351,001	5,568,746
45. Utah.....UT	NO	(1,723)	1,730			(420)	(872)
46. Vermont.....VT	NO						
47. Virginia.....VA	NO	178,093	81,657	2,578	66,080	10,085,497	10,509,813
48. Washington.....WA	NO	36,020	14,338			(312,783)	169,062
49. West Virginia.....WV	NO		(6)			(3,032)	1,636
50. Wisconsin.....WI	NO	29,107	(21)	74,000		54,469	210,143
51. Wyoming.....WY	NO	3,886	27,640			(17,141)	(425)
52. American Samoa.....AS	NO						
53. Guam.....GU	NO						
54. Puerto Rico.....PR	NO						
55. US Virgin Islands.....VI	NO						
56. Canada.....CN	NO						
57. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
58. Totals.....	(a) 1	14,715,346	15,666,437	17,210,349	51,128,620	41,353,340	59,482,241

DETAILS OF WRITE-INS

5701.....	XXX						
5702.....	XXX						
5703.....	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page...	XXX	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + Line 5798) (Line 57 above).....	XXX	0	0	0	0	0	0

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

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

PART 1 – ORGANIZATIONAL CHART

NONE

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	96	5,350	5,572.9	234,701.1
2. Allied lines.....	48	(445,784)	(928,716.7)	1,333,326.7
3. Farmowners multiple peril.....		(2)	0.0	8.8
4. Homeowners multiple peril.....	1,889,490	536,939	28.4	24.2
5. Commercial multiple peril.....	197,373	(915,840)	(464.0)	263.4
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....	159,745	109,575	68.6	(116.5)
9. Inland marine.....	2,748,425	2,263,911	82.4	70.9
10. Financial guaranty.....			0.0	
11.1. Medical malpractice-occurrence.....		500,350	0.0	
11.2. Medical malpractice-claims made.....	4,148,762	118,865	2.9	1,107.0
12. Earthquake.....	68,371	(7)	(0.0)	
13. Group accident and health.....			0.0	
14. Credit accident and health.....			0.0	
15. Other accident and health.....			0.0	
16. Workers' compensation.....	28,642	(24,598)	(85.9)	(50.0)
17.1. Other liability-occurrence.....	3,120,270	(111,082)	(3.6)	(173.3)
17.2. Other liability-claims made.....	2,690,798	1,587,877	59.0	(206.7)
18.1. Products liability-occurrence.....	801,725	110,371	13.8	(251.1)
18.2. Products liability-claims made.....		203	0.0	
19.1, 19.2 Private passenger auto liability.....	(176)	(705)	400.6	125.5
19.3, 19.4 Commercial auto liability.....	2	(1,730)	(86,500.0)	(361.5)
21. Auto physical damage.....	(606)	216	(35.6)	(311.6)
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....			0.0	
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
31. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business.....	0	0	0.0	0.0
34. Totals.....	15,852,965	3,733,909	23.6	159.4
DETAILS OF WRITE-INS				
3301.....			0.0	
3302.....			0.0	
3303.....			0.0	
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0.0	0.0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....	1,042,660	1,534,765	1,901,961
5. Commercial multiple peril.....	41,602	331,284	396,637
6. Mortgage guaranty.....			
8. Ocean marine.....	67,438	130,718	(3,013)
9. Inland marine.....	1,812,776	2,869,867	2,628,883
10. Financial guaranty.....			
11.1. Medical malpractice-occurrence.....			
11.2. Medical malpractice-claims made.....	3,406,893	3,053,624	3,602,458
12. Earthquake.....	38,109	52,114	42,829
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....	15,043	17,167	29,011
17.1. Other liability-occurrence.....	1,386,375	2,919,482	3,789,756
17.2. Other liability-claims made.....	1,859,130	2,949,846	2,651,480
18.1. Products liability-occurrence.....	427,927	858,200	619,843
18.2. Products liability-claims made.....			
19.1, 19.2 Private passenger auto liability.....	(758)	(753)	981
19.3, 19.4 Commercial auto liability.....	1	2	3,528
21. Auto physical damage.....	(970)	(970)	2,083
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.....	0	0	0
34. Totals.....	10,096,226	14,715,346	15,666,437
DETAILS OF WRITE-INS			
3301.....			
3302.....			
3303.....			
3398. Sum. of remaining write-ins for Line 33 from overflow page.....	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	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)	2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2002 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (b)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/Deficiency (c)
1. 1999 + Prior	4,049	2,752	6,801	1,027	(30)	997	3,547	129	2,073	5,749	525	(580)	(55)
2. 2000	837	736	1,573	838	(2)	836	410	78	145	633	411	(515)	(104)
3. Subtotals 2000 + Prior	4,886	3,488	8,374	1,865	(32)	1,833	3,957	207	2,218	6,382	936	(1,095)	(159)
4. 2001	1,295	2,940	4,235	1,154	156	1,310	1,482	230	1,554	3,266	1,341	(1,000)	341
5. Subtotals 2001 + Prior	6,181	6,428	12,609	3,019	124	3,143	5,439	437	3,772	9,648	2,277	(2,095)	182
6. 2002	XXX	XXX	XXX	XXX	608	608	XXX	585	1,722	2,307	XXX	XXX	XXX
7. Totals	6,181	6,428	12,609	3,019	732	3,751	5,439	1,022	5,494	11,955	2,277	(2,095)	182
8. Prior Year-End's Surplus As Regards Policyholders	24,930										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. 36.8 %	2. (32.6)%	3. 1.4 %
													Col. 13, Line 7 Line 8
													4. 0.7 %

19

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

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

EXPLANATIONS:

BAR CODE:



**Overflow Page
NONE**

**Sch. A-Part 2
NONE**

**Sch. A-Part 3
NONE**

**Sch. B-Part 1
NONE**

**Sch. B-Part 2
NONE**

**Sch. BA-Part 1
NONE**

**Sch. BA-Part 2
NONE**

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
Bonds - U.S. Government								
36200S-WV-8	GNMA SF POOL 571360 6.000% 12/15/31	03/06/2002	Greenwich Capital Markets Inc		45,725	46,517	155	1
36200U-L8-6	GNMA SF POOL 572851 6.000% 01/15/32	03/06/2002	Greenwich Capital Markets Inc		881,323	896,594	2,989	1
36201E-LV-0	GNMA SF POOL 580940 6.000% 12/15/31	03/06/2002	Greenwich Capital Markets Inc		56,159	57,132	190	1
36201K-K6-2	GNMA SF POOL 585417 6.000% 05/15/32	03/06/2002	Greenwich Capital Markets Inc		892,901	908,372	3,028	1
36212D-4C-0	GNMA SF POOL 531019 6.000% 02/15/32	03/06/2002	Greenwich Capital Markets Inc		45,302	46,087	154	1
36213E-B7-0	GNMA SF POOL 551862 6.000% 11/15/31	03/06/2002	Greenwich Capital Markets Inc		51,106	51,991	173	1
36213E-UE-4	GNMA SF POOL 552381 6.000% 02/15/32	03/06/2002	Greenwich Capital Markets Inc		44,581	45,353	151	1
36213G-MZ-1	GNMA SF POOL 553976 6.000% 11/15/31	03/06/2002	Greenwich Capital Markets Inc		44,015	44,778	149	1
36213G-VZ-1	GNMA SF POOL 554232 6.000% 01/15/32	03/06/2002	Greenwich Capital Markets Inc		874,164	889,310	2,964	1
000000-00-0	GNMA TBA 6.0% GREENWIC 6.000% 03/01/32	03/06/2002	Greenwich Capital Markets Inc		(2,948,906)	(3,000,000)	(10,000)	1PE
0399999	Total - Bonds - U.S. Government				(13,630)	(13,866)	(47)	XXX
6099997	Total - Bonds - Part 3				(13,630)	(13,866)	(47)	XXX
6099998	Total - Bonds - Summary Item for Bonds Bought and Sold This Quarter				13,338	13,569	45	XXX
6099999	Total - Bonds				(292)	(297)	(2)	XXX
Common Stocks - Parent, Subsidiaries and Affiliates								
United States								
01881*-10-2	ALLIANZ CASH POOL LLC	06/17/2002	Direct	170,430.000	170,430			U
	United States				170,430	XXX	0	XXX
6999999	Total - Common Stocks - Parent, Subsidiaries and Affiliates				170,430	XXX	0	XXX
7099997	Total - Common Stocks - Part 3				170,430	XXX	0	XXX
7099998	Total - Common Stocks - Summary Item for Common Stocks Bought and Sold This Quarter				923,823	XXX		XXX
7099999	Total - Common Stocks				1,094,253	XXX	0	XXX
7199999	Total - Preferred and Common Stocks				1,094,253	XXX	0	XXX
7299999	Total - Bonds, Preferred and Common Stocks				1,093,961	XXX	(2)	XXX

EO4

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues:.....1.

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 Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value At Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Designation (a)
Bonds - U.S. Government																
912827-7M-8...	U.S. TREASURY NOTES 3.000% 02/29/04.....	05/20/2002	Lehman Brothers.....	.....	.....996,992	.....1,000,000	.....1,000,386	.....1,000,344	.....(26)	.....	.....	.....(3,351)	.....(3,351)	.....6,685	.....	1.....
0399999	Total - Bonds - U.S. Government.....				.....996,992	.....1,000,000	.....1,000,386	.....1,000,344	.....(26)	.....0	.....0	.....(3,351)	.....(3,351)	.....6,685	.....0	XXX..
Bonds - Special Revenue and Special Assessment																
United States																
31379N-GV-3...	FNMA POOL 424212 6.500% 05/01/28.....	06/01/2002	Paydown.....	.....	.....498,019	.....498,019	.....493,389	.....498,019	.....4,425	.....	.....	.....	.....0	.....4,918	.....	1.....
	U.S.....				.....498,019	.....498,019	.....493,389	.....498,019	.....4,425	.....0	.....0	.....0	.....0	.....4,918	.....0	XXX..
	United States.....				.....498,019	.....498,019	.....493,389	.....498,019	.....4,425	.....0	.....0	.....0	.....0	.....4,918	.....0	XXX..
3199999	Total - Bonds - Special Revenue & Assessment.....				.....498,019	.....498,019	.....493,389	.....498,019	.....4,425	.....0	.....0	.....0	.....0	.....4,918	.....0	XXX..
6099997	Total - Bonds - Part 4.....				.....1,495,011	.....1,498,019	.....1,493,775	.....1,498,363	.....4,399	.....0	.....0	.....(3,351)	.....(3,351)	.....11,603	.....0	XXX..
6099998	Total - Bonds - Summary Item for Bonds Bought and Sold This Quarter.....				.....13,569	.....13,569	.....13,338	.....13,569	.....231	.....	.....	.....	.....0	.....68	.....	XXX..
6099999	Total - Bonds.....				.....1,508,580	.....1,511,588	.....1,507,113	.....1,511,932	.....4,630	.....0	.....0	.....(3,351)	.....(3,351)	.....11,671	.....0	XXX..
Common Stocks - Parent, Subsidiaries and Affiliates																
United States																
01881*-10-2....	ALLIANZ CASH POOL LLC.....	05/21/2002	Direct.....	.....	.....1,883,175.000	.....1,883,175	.....1,883,175	.....1,883,175	.....	.....	.....	.....	.....0	.....	.....5,164	U.....
	United States.....				.....1,883,175	.....XXX	.....1,883,175	.....1,883,175	.....0	.....0	.....0	.....0	.....0	.....0	.....5,164	XXX..
6999999	Total - Common Stocks - Parent, Subsidiaries and Affiliates.....				.....1,883,175	.....XXX	.....1,883,175	.....1,883,175	.....0	.....0	.....0	.....0	.....0	.....0	.....5,164	XXX..
7099997	Total - Common Stocks - Part 4.....				.....1,883,175	.....XXX	.....1,883,175	.....1,883,175	.....0	.....0	.....0	.....0	.....0	.....0	.....5,164	XXX..
7099998	Total - Common Stocks - Summary Item for Common Stocks Bought and Sold This Quarter.....				.....923,823	.....XXX	.....923,823	.....923,823	.....	.....	.....	.....	.....0	.....785	.....	XXX..
7099999	Total - Common Stocks.....				.....2,806,998	.....XXX	.....2,806,998	.....2,806,998	.....0	.....0	.....0	.....0	.....0	.....0	.....5,949	XXX..
7199999	Total - Preferred and Common Stocks.....				.....2,806,998	.....XXX	.....2,806,998	.....2,806,998	.....0	.....0	.....0	.....0	.....0	.....0	.....5,949	XXX..
7299999	Total - Bonds, Preferred and Common Stocks.....				.....4,315,578	.....XXX	.....4,314,111	.....4,318,930	.....4,630	.....0	.....0	.....(3,351)	.....(3,351)	.....11,671	.....5,949	XXX..

EOS

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues:.....1.

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

Statement as of June 30, 2002 of the Fireman's Fund Insurance Company of Ohio
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
Open Depositories							
MELLON BANK..... PITTSBURGH, PA.....				(0)	0	(0)	
0199999. Total Open Depositories.....	XXX	0	0	(0)	0	(0)	XXX
0399999. Total Cash on Deposit.....	XXX	0	0	(0)	0	(0)	XXX
0599999. Total Cash.....	XXX	0	0	(0)	0	(0)	XXX



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care providers reported on this page.

Physicians - Including Surgeons and Osteopaths

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	25,584	1,171,274				34,184		
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		(4,606)						
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. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	25,584	1,166,668	0	0	0	34,184	0	0

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care providers reported on this page.

Hospitals

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					(18,336)			(3,584)
4. Arkansas.....AR			193,750	1	144,627	207,511		(91,442)
5. California.....CA								
6. Colorado.....CO					(3,755)			(8,374)
7. Connecticut.....CT			250,000	1	994,976	1,796,790		(24,287)
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL			1,400,000	1	1,056,381	49,102		(469,541)
11. Georgia.....GA					(4,753)			(14,730)
12. Hawaii.....HI		17,428			(29,594)			(128,474)
13. Idaho.....ID					2,108			500
14. Illinois.....IL					349			(2,046)
15. Indiana.....IN					14			(93)
16. Iowa.....IA					2,657			1,927
17. Kansas.....KS								
18. Kentucky.....KY					8			(37)
19. Louisiana.....LA	(96,735)	1,196,977	3,869	2	(811,794)	116,333		(2,836,242)
20. Maine.....ME								
21. Maryland.....MD					15			(102)
22. Massachusetts.....MA								
23. Michigan.....MI					(4,842)			(6,710)
24. Minnesota.....MN					84			(4,600)
25. Mississippi.....MS					7,304			
26. Missouri.....MO						12,411		(8,870)
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV	2,339,463		500,000	1	976,053	4,087,855		(1,859,841)
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM		61,021	460,000	1	(542,398)	102,511		(40,354)
33. New York.....NY					947			327
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH					8			93,823
37. Oklahoma.....OK					21			(5,942)
38. Oregon.....OR					(3,672)			(7,672)
39. Pennsylvania.....PA		1,225,024	415	1	(330,060)	18,600		(919,210)
40. Rhode Island.....RI								
41. South Carolina.....SC					(10)			(24)
42. South Dakota.....SD								
43. Tennessee.....TN					(25,052)			(504)
44. Texas.....TX	785,312	477,538	1,593,705	2	(739,013)	1,661,801		(3,490,593)
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA					(53,285)	10,006		(107,564)
48. Washington.....WA					(54)			521
49. West Virginia.....WV					2			(23)
50. Wisconsin.....WI					270			(237)
51. Wyoming.....WY					9			(74)
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	3,028,040	2,977,988	4,401,739	10	619,215	8,062,920	0	(9,934,072)

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0	0



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

Designate the type of health care providers reported on this page.

Other Health Care Professionals, Including Dentists

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		4,106						
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						400		
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. US Virgin Islands.....VI								
56. Canada.....CN								
57. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
58. Totals.....	0	4,106	0	0	0	400	0	0

DETAILS OF WRITE-INS

5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page.....	0	0	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 + 5798) (Line 57 above).....	0	0	0	0	0	0	0	0

**Supplement A to Sch. T
NONE**

**Supplement A to Sch. T
NONE**

**Overflow Page
NONE**

