



QUARTERLY STATEMENT

As of September 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 (Street and Number) (City or Town, State and Zip Code)	513-762-5700 (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 (Street and Number) (City or Town, State and Zip Code)	513-762-5700 (Area Code) (Telephone Number)
Internet Website Address	www.firemansfund.com	
Statement Contact	Andy T. Pritchard (Name) Andy_T._Pritchard@ffic.com (E-Mail Address)	415-899-3033 (Area Code) (Telephone Number) (Extension) 415-899-3192 (Fax Number)
Policyowner Relations Contact	777 San Marin Drive Novato CA 94998 (Street and Number) (City or Town, State and Zip Code)	800-243-9622 (Area Code) (Telephone Number) (Extension)

OFFICERS

President John Alexander McGrail	Treasurer Linda Eastes Wright	Secretary Janet Sharon Kloehamer
Peter Huehne	Harold Newman Marsh, III	William Miller Wilson

DIRECTORS OR TRUSTEES

Peter Huehne	Janet Sharon Kloehamer	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. Kloehamer
(Printed Name)
Sr. Vice President & Corporate Secretary

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

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

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

Statement as of September 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.....	36,275,911		36,275,911	35,782,151
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	2,356,298		2,356,298	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).....	38,632,209	0	38,632,209	38,564,698
10. Agents' balances or uncollected premiums:				
10.1 Premiums and agents' balances in course of collection.....	1,448,793	74,819	1,373,974	1,213,097
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$....30,931 earned but unbilled premiums).....	599,122	3,711	595,411	634,896
10.3 Accrued retrospective premiums.....	15,661		15,661	
11. Funds held by or deposited with reinsured companies.....			0	
12. Bills receivable, taken for premiums.....	29,233		29,233	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).....	686,557		686,557	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.....	578,512		578,512	404,171
19. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
20. Receivable from parent, subsidiaries and affiliates.....	137,618		137,618	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).....	42,127,699	78,530	42,049,169	41,543,565
27. Protected cell assets.....			0	
28. TOTALS (Lines 26 and 27).....	42,127,699	78,530	42,049,169	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 September 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 \$....2,844,314)	10,936,034	10,203,288
2. Reinsurance payable on paid losses and loss adjustment expenses	.....	.....
3. Loss adjustment expenses	2,437,010	2,409,055
4. Commissions payable, contingent commissions and other similar charges	82,335	90,425
5. Other expenses (excluding taxes, licenses and fees)	62,693	161,952
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	142,502	85,203
7. Federal and foreign income taxes (including \$.....0 on realized capital gains (losses) (including \$.....0 net deferred tax liability)	110,567	102,579
8. Borrowed money \$.....0 and interest thereon \$.....0	.....	.....
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....11,096,749 and including warranty reserves of \$....199,646)	3,330,652	3,417,064
10. Advance premium	(302)	.....
11. Dividends declared and unpaid:		
11.1 Stockholders	.....	.....
11.2 Policyholders	680	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	142,951	136,870
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	17,245,122	16,613,165
25. Protected cell liabilities	.....	.....
26. Total liabilities (Lines 24 and 25)	17,245,122	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)	7,303,737	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)	24,804,047	24,930,400
36. TOTALS	42,049,169	41,543,565

DETAILS OF WRITE-INS

2301. Sundry liabilities	117,337	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)	142,951	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 September 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 \$....21,524,504)	21,736,507	21,421,642	28,514,947
1.2 Assumed..... (written \$....5,725,885)	5,812,340	5,992,687	7,889,146
1.3 Ceded..... (written \$....21,524,504)	21,736,507	21,421,642	28,514,947
1.4 Net..... (written \$....5,725,885)	5,812,340	5,992,687	7,889,146
DEDUCTIONS:			
2. Losses incurred (current accident year \$....3,749,019):			
2.1 Direct.....	11,292,322	41,870,513	35,179,938
2.2 Assumed.....	5,092,550	4,359,870	5,680,971
2.3 Ceded.....	11,316,613	41,886,490	35,136,820
2.4 Net.....	5,068,259	4,343,893	5,724,089
3. Loss expenses incurred.....	1,038,787	865,925	1,324,928
4. Other underwriting expenses incurred.....	1,988,818	1,925,355	2,671,469
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	8,095,864	7,135,173	9,720,486
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(2,283,524)	(1,142,486)	(1,831,340)
INVESTMENT INCOME			
9. Net investment income earned.....	1,524,238	1,628,529	2,157,980
10. Net realized capital gains (losses).....	293,287	8,599	8,599
11. Net investment gain (loss) (Lines 9 + 10).....	1,817,525	1,637,128	2,166,579
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$....6,336 amount charged off \$....19,495).....	(13,159)	(27,738)	(36,879)
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	(21,807)	(38,907)	(94,048)
15. Total other income (Lines 12 through 14).....	(34,966)	(66,645)	(130,927)
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15).....	(500,965)	427,997	204,312
17. Dividends to policyholders.....	11,065	31,101	31,101
18. Net income after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17).....	(512,030)	396,896	173,211
19. Federal and foreign income taxes incurred.....	(289,778)	92,417	58,320
20. Net income (Line 18 minus Line 19) (to Line 22).....	(222,252)	304,479	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).....	(222,252)	304,479	114,891
23. Net unrealized capital gains or losses.....			
24. Change in net unrealized foreign exchange capital gain (loss).....	801		
25. Change in net deferred income taxes.....	(84,552)		(49,669)
26. Change in nonadmitted assets.....	165,599	153,939	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.....	14,051	334,225	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).....	(126,353)	792,643	472,249
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37).....	24,804,047	25,250,794	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	1,093	.256
1402. Restructuring/corporate expenses.....	(32,000)	(40,000)	(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).....	(21,807)	(38,907)	(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 September 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.....	5,612,917	8,119,973
2.	Loss and loss adjustment expenses paid (net of salvage and subrogation).....	5,346,345	6,520,165
3.	Underwriting expenses paid.....	2,207,972	2,501,613
4.	Other underwriting income (expenses).....		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4).....	(1,941,400)	(901,805)
6.	Net investment income.....	1,449,992	2,290,598
7.	Other income (expenses):		
7.1	Agents' balances charged off.....	(13,159)	(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.....	(21,807)	(94,048)
7.5	Total other income (Lines 7.1 to 7.4).....	(34,966)	(130,927)
8.	Dividends to policyholders on direct business, less \$.....(17,103) dividends on reinsurance assumed or ceded (net).....	17,114	40,618
9.	Federal and foreign income taxes (paid) recovered.....	92,540	(65,943)
10.	Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9).....	(450,948)	1,151,305
	CASH FROM INVESTMENTS		
11.	Proceeds from investments sold, matured or repaid:		
11.1	Bonds.....	16,408,856	3,136,536
11.2	Stocks.....	11,661,760	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.....	801	
11.8	Total investment proceeds (Lines 11.1 to 11.7).....	28,071,417	8,391,708
12.	Cost of investments acquired (long-term only):		
12.1	Bonds.....	16,709,424	1,515,176
12.2	Stocks.....	12,135,466	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).....	28,844,890	7,779,320
13.	Net cash from investments (Line 11.8 minus Line 12.7).....	(773,473)	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.....	48,501	
14.4	Borrowed funds received.....		
14.5	Other cash provided.....	275,965	
14.6	Total (Lines 14.1 to 14.5).....	324,466	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).....	324,466	(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.....		256
07.402	Restructuring/corporate expenses.....	(21,807)	(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).....	(21,807)	(94,048)

Statement as of September 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 September 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 and \$14,051 as of January 1, 2001 and 2002, respectively.

Included in the 2001 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. The 2002 adjustment was due to accrued retrospective premiums.

9. INCOME TAXES

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

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

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

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

1. During the second quarter, 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 nine months ended September 30, 2002.

23. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

- A. Method Used to Estimate

The Company sells workers' compensation, commercial auto, and general liability policies for which the premiums vary based on loss experience. Future premium adjustments for these retrospective policies are estimated and accrued. The Company estimates these accrued retrospective premium adjustments through the review of each individual retrospective rated risk, comparing case basis development with that anticipated in the policy contract to arrive at the best estimate of return or additional retrospective premiums.

- B. Method Used to Record

The Company records the retrospective premium accrual as earned by adjusting written premiums.

- C. Amount of Net Retrospective Premiums

Net premiums written for the nine month period ended September 30, 2002, on retrospective premium contracts were \$1,610.

29. ASBESTOS/ENVIRONMENTAL RESERVES

Reserves for asbestos-related illnesses, toxic waste clean-up claims and latent drug and chemical exposures cannot be reasonably estimated with traditional loss reserving techniques. Case reserves are established when sufficient information has been obtained to indicate the involvement of a specific insurance policy. In addition, IBNR reserves are established to cover additional exposures on both known and unasserted claims. In establishing liabilities for claims arising from asbestos-related illnesses, toxic waste clean-up and latent drug and chemical exposures, management considers facts currently known and the current state of the law and coverage litigation. However, given the expansion of coverage and liability by the courts and the legislatures in the past and the possibilities of similar interpretation in the future, there is significant uncertainty regarding the extent of remediation and insurer liability.

The industry-wide loss trends for some of these exposures, especially for asbestos-related losses, have deteriorated recently. Some of the reasons for this deterioration include: insureds who either produced or installed products containing asbestos have seen more and larger claims brought against them, some of these companies have declared bankruptcy which has caused plaintiff attorneys to seek larger amounts from solvent defendants and to also include new defendants. Some defendants are also seeking relief under different coverage provisions when the products liability portion of their coverage has been exhausted. These developments led the Company to engage outside actuarial consulting firms to update a previous study conducted in 1995 to analyze the adequacy of the Company's reserves for these types of losses.

These A&E reserve analyses were completed in the third quarter, and ultimately resulted in a \$1,500,000 reserve increase, attributed entirely to asbestos-related exposures. This amount includes a significant additional provision for uncollectible reinsurance, based on the Company's assessment of its reinsurers' current financial condition, as well as an expectation of increasing reinsurer financial impairment in the future.

It should be noted that the range of reasonable potential outcomes for A&E liabilities provided in these analyses is particularly large. Given this inherent uncertainty in estimating A&E liabilities, material adverse (or favorable) deviation from the current carried A&E reserve position is clearly possible.

**Statement as of September 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 [X] No []

1.2 If yes, explain:..... See Note to Financial Statement #2.

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 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] 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: \$ 0.....

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

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [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	\$ 2,356,298
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	\$ 2,356,298
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	\$ 137,618

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 Pittsburg, 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)
N/A		

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 Road Westport, CT 06881-5160
107032	Gary Brown	55 Greens Farms Road Westport, CT 06881-5160
107032	Pamela J. Cornell	55 Greens Farms Road Westport, CT 06881-5160
107032	John R. Fields	55 Greens Farms Road Westport, CT 06881-5160
107032	Charles J. Dudley	55 Greens Farms Road Westport, CT 06881-5160
107032	Eric C. DiMiceli	55 Greens Farms Road Westport, CT 06881-5160
107032	Claire Bave	55 Greens Farms Road Westport, CT 06881-5160
107032	LJ Tyler	55 Greens Farms Road Westport, CT 06881-5160
107032	Amy Cameron	55 Greens Farms Road Westport, CT 06881-5160
107032	Livia Asher	55 Greens Farms Road Westport, CT 06881-5160
107032	Charles P. Guerriero, IV	55 Greens Farms Road Westport, CT 06881-5160
107032	Todd Smith	55 Greens Farms Road Westport, CT 06881-5160
107032	Jeff Weber	55 Greens Farms Road Westport, CT 06881-5160
107032	Lisa Murray	55 Greens Farms Road Westport, CT 06881-5160

**Statement as of September 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.....			427			427	-(107)			(107)
Homeowners multiple peril.....			25,241			25,241	2,064			2,064
Commercial multiple peril.....			203,411			203,411	8,312			8,312
Mortgage guaranty.....						.0				.0
Ocean marine.....			481			481	(2)			(2)
Inland marine.....			255			255	(6)			(6)
Financial guaranty.....						.0				.0
Medical malpractice-occurred.....						.0				.0
Medical malpractice-claims made.....			619			619	(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.....			135,196			135,196	-(11,581)			(11,581)
Products liability-occurrence.....						.0				.0
Products liability-claims made.....						.0				.0
Private passenger auto liability.....			14,216			14,216	-(236)			(236)
Commercial auto liability.....			146,218			146,218	8,673			8,673
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	526,064	0	0	526,064	7,109	0	0	7,109

Statement as of September 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

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

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

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.....	38,507,461	3,151,758	5,346,901	(36,406)	40,052,480	38,507,461	36,275,911	36,682,105
2. Class 2.....								
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	38,507,461	3,151,758	5,346,901	(36,406)	40,052,480	38,507,461	36,275,911	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.....	38,507,461	3,151,758	5,346,901	(36,406)	40,052,480	38,507,461	36,275,911	36,682,105

Statement as of September 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 Par Value Paid-in Capital Less Reserves	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. Totals.....		XXX.....			

NONE

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 September 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.....	84,180	356,369	115,623	2,500	(547,609)
2. Alaska.....	AK	NO.....	22,011	8,939			(16,396)
3. Arizona.....	AZ	NO.....	48,964	(27)			681,435
4. Arkansas.....	AR	NO.....		74,033	835,527	3,111,039	2,538,133
5. California.....	CA	NO.....	1,086,486	2,174,920	160,635	237,385	407,718
6. Colorado.....	CO	NO.....	52,702	138,519		10,000	(274,497)
7. Connecticut.....	CT	NO.....	119,372	121,229	250,000	6,697,500	2,119,501
8. Delaware.....	DE	NO.....	12,543				1,802
9. District of Columbia.....	DC	NO.....	100,188	7,196			16,316
10. Florida.....	FL	NO.....	919,301	549,580	1,323,795	28,490,110	574,491
11. Georgia.....	GA	NO.....	141,180	167,767		(1,687)	(109,009)
12. Hawaii.....	HI	NO.....	191,486	252,605			(338,155)
13. Idaho.....	ID	NO.....	2,501	6			253,852
14. Illinois.....	IL	NO.....	295,553	208,027	6,750		(154,830)
15. Indiana.....	IN	NO.....	10,049	45,189		4,256	(45,245)
16. Iowa.....	IA	NO.....	2,793	16			(3,205)
17. Kansas.....	KS	NO.....	14,071	22,386	2,500	4,500	(111,077)
18. Kentucky.....	KY	NO.....	4,080	(211)	12,950	21,332	28,304
19. Louisiana.....	LA	NO.....	171,933	2,970,505	36,398	935,200	732,153
20. Maine.....	ME	NO.....					
21. Maryland.....	MD	NO.....	111,397	45,548			(102,070)
22. Massachusetts.....	MA	NO.....	34,548	33,366			4,462
23. Michigan.....	MI	NO.....	28,918	118,701	1,100,000	109,750	(167,856)
24. Minnesota.....	MN	NO.....	8,872	7,413			(114,427)
25. Mississippi.....	MS	NO.....		38,156			(65,019)
26. Missouri.....	MO	NO.....	9,381	72,946	311,364	1,044,342	74,168
27. Montana.....	MT	NO.....		189			(26)
28. Nebraska.....	NE	NO.....	2,375	26,972	6,000		(34,367)
29. Nevada.....	NV	NO.....	2,342,097	88,189	4,674,000	769,913	1,005,077
30. New Hampshire.....	NH	NO.....					
31. New Jersey.....	NJ	NO.....	4,235	20,019	10,448		1,947
32. New Mexico.....	NM	NO.....	10,052	71,981	539,572	15,000	150,046
33. New York.....	NY	NO.....	2,303,120	2,012,052	4,279,321	1,664,342	(1,435,641)
34. North Carolina.....	NC	NO.....	98,834	21,767			15,352
35. North Dakota.....	ND	NO.....		19			259
36. Ohio.....	OH	YES.....	9,872,384	8,076,349	3,696,528	8,746,515	23,381,980
37. Oklahoma.....	OK	NO.....	1,178	31,347			(112,575)
38. Oregon.....	OR	NO.....	4,821	17			550
39. Pennsylvania.....	PA	NO.....	15,230	1,215,324	65,787	6,517,012	4,587,719
40. Rhode Island.....	RI	NO.....		(2)			(2,192)
41. South Carolina.....	SC	NO.....	659,999	941,205	121,924	6,880	50,114
42. South Dakota.....	SD	NO.....		23			156
43. Tennessee.....	TN	NO.....	112,998	189,745	127,009	100,001	(162,336)
44. Texas.....	TX	NO.....	2,309,896	4,092,168	2,899,453	830,672	2,760,468
45. Utah.....	UT	NO.....	(1,723)	1,730			(6,597)
46. Vermont.....	VT	NO.....					
47. Virginia.....	VA	NO.....	249,652	104,389	303,867	66,937	9,735,297
48. Washington.....	WA	NO.....	31,882	14,910			(319,827)
49. West Virginia.....	WV	NO.....		(7)			(3,221)
50. Wisconsin.....	WI	NO.....	31,079	(24)	74,000		191,267
51. Wyoming.....	WY	NO.....	3,886	27,012			(17,739)
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
58. Totals.....		(a).....1	21,524,504	24,348,552	20,953,451	59,383,499	45,168,651
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
5799. Totals (Lines 5701 thru 5703 + Line 5798) (Line 57 above).....		XXX.....	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 September 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	(860)	(895.8)	516.2
2. Allied lines.....	48	(450,663)	(938,881.3)	495,869.4
3. Farmowners multiple peril.....		(96)	0.0	(6.9)
4. Homeowners multiple peril.....	2,830,668	348,639	12.3	135.2
5. Commercial multiple peril.....	299,044	(817,801)	(273.5)	212.0
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....	251,661	54,006	21.5	18.3
9. Inland marine.....	4,042,509	2,637,858	65.3	57.0
10. Financial guaranty.....			0.0	
11.1. Medical malpractice-occurrence.....		504,453	0.0	
11.2. Medical malpractice-claims made.....	4,149,292	1,948,248	47.0	649.6
12. Earthquake.....	84,743	(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.....	43,575	(33,958)	(77.9)	0.9
17.1 Other liability-occurrence.....	4,735,617	1,979,557	41.8	450.5
17.2 Other liability-claims made.....	4,030,234	2,811,148	69.8	(520.3)
18.1 Products liability-occurrence.....	1,269,699	2,115,766	166.6	(73.1)
18.2 Products liability-claims made.....		7	0.0	
19.1, 19.2 Private passenger auto liability.....	(76)	(3,769)	4,959.2	182.2
19.3, 19.4 Commercial auto liability.....	3	198,801	6,626,700.0	(414.8)
21. Auto physical damage.....	(606)	993	(163.9)	(279.6)
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.....	21,736,507	11,292,322	52.0	195.5

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

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			330
2. Allied lines.....			166
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....	1,080,094	2,614,859	3,055,461
5. Commercial multiple peril.....	102,718	434,002	415,981
6. Mortgage guaranty.....			
8. Ocean marine.....	82,786	213,504	90,064
9. Inland marine.....	1,291,824	4,161,691	3,321,034
10. Financial guaranty.....			
11.1. Medical malpractice-occurrence.....			
11.2. Medical malpractice-claims made.....	.2,152	3,055,776	6,831,505
12. Earthquake.....	.7,345	.59,459	104,521
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....	11,148	.28,315	.40,645
17.1 Other liability-occurrence.....	2,128,271	5,047,753	5,648,472
17.2 Other liability-claims made.....	1,409,205	4,359,051	3,823,392
18.1 Products liability-occurrence.....	.693,346	1,551,546	1,009,831
18.2 Products liability-claims made.....			
19.1, 19.2 Private passenger auto liability.....	.268	(485)	.1,545
19.3, 19.4 Commercial auto liability.....	1	.3	.3,522
21. Auto physical damage.....		(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.....	6,809,158	21,524,504	24,348,552

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

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 (Cols. 11 + 12)
1. 1999 + Prior	.....4,049	.....2,752	.....6,801	.....1,509	.....(14)	.....1,495	.....3,420	.....170	.....3,337	.....6,927	.....880	.....741	.....1,621
2. 2000	.....837	.....736	.....1,573	.....1,069	.....6	.....1,075	.....359	.....110	.....2	.....471	.....591	.....(618)	.....(27)
3. Subtotals 2000 + Prior	.....4,886	.....3,488	.....8,374	.....2,578	.....(8)	.....2,570	.....3,779	.....280	.....3,339	.....7,398	.....1,471	.....123	.....1,594
4. 2001	.....1,295	.....2,940	.....4,235	.....1,446	.....216	.....1,662	.....1,351	.....276	.....1,067	.....2,694	.....1,502	.....(1,381)	.....121
5. Subtotals 2001 + Prior	.....6,181	.....6,428	.....12,609	.....4,024	.....208	.....4,232	.....5,130	.....556	.....4,406	.....10,092	.....2,973	.....(1,258)	.....1,715
6. 2002	.....XXX	.....XXX	.....XXX	.....XXX	.....1,112	.....1,112	.....XXX	.....993	.....2,286	.....3,279	.....XXX	.....XXX	.....XXX
7. Totals	.....6,181	.....6,428	.....12,609	.....4,024	.....1,320	.....5,344	.....5,130	.....1,549	.....6,692	.....13,371	.....2,973	.....(1,258)	.....1,715
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. .....48.1 %	2. .....(19.6)%	3. .....13.6 %
													Col. 13, Line 7 Line 8
													4. .....6.9 %

(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 September 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?

YES

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

NO

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

YES

EXPLANATIONS:

BAR 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								
912827-4V-1.....	U.S. TREASURY NOTES 4.750% 11/15/08.....	07/25/2002.....	Direct.....	.....	3,151,758	3,000,000	27,880	1.....
0399999.	Total - Bonds - U.S. Government.....	.....	.....	.....	3,151,758	3,000,000	27,880	XXX.....
6099997.	Total - Bonds - Part 3.....	.....	.....	.....	3,151,758	3,000,000	27,880	XXX.....
6099999.	Total - Bonds.....	.....	.....	.....	3,151,758	3,000,000	27,880	XXX.....
Common Stocks - Parent, Subsidiaries and Affiliates								
United States								
01881*10-2.....	ALLIANZ CASH POOL LLC.....	09/30/2002.....	Direct.....	2,074,628.000	2,074,628	.....	.....	U.....
.....	United States.....	.....	.....	.....	2,074,628	XXX.....	0	XXX.....
6999999.	Total - Common Stocks - Parent, Subsidiaries and Affiliates.....	.....	.....	.....	2,074,628	XXX.....	0	XXX.....
7099997.	Total - Common Stocks - Part 3.....	.....	.....	.....	2,074,628	XXX.....	0	XXX.....
7099998.	Total - Common Stocks - Summary Item for Common Stocks Bought and Sold This Quarter.....	.....	.....	.....	3,647,564	XXX.....	.....	XXX.....
7099999.	Total - Common Stocks.....	.....	.....	.....	5,722,192	XXX.....	0	XXX.....
7199999.	Total - Preferred and Common Stocks.....	.....	.....	.....	5,722,192	XXX.....	0	XXX.....
7299999.	Total - Bonds, Preferred and Common Stocks.....	.....	.....	.....	8,873,950	XXX.....	27,880	XXX.....

(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 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 Disposal Date	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)	
Bonds - U.S. Government																	
36200S-WV-8...	GNMA SF POOL 571360 6.000% 12/15/31.....	09/01/2002	Paydown.....			1,275	1,275	1,254	1,275	.22				0	10	1.....	
36200U-L8-6...	GNMA SF POOL 572851 6.000% 01/15/32.....	09/01/2002	Paydown.....			20,516	20,516	20,166	20,516	.349				0	.231	1.....	
36201E-LV-0...	GNMA SF POOL 580940 6.000% 12/15/31.....	09/01/2002	Paydown.....			5,859	5,859	5,759	5,859	.100				0	.59	1.....	
36201K-K6-2...	GNMA SF POOL 585417 6.000% 05/15/32.....	09/01/2002	Paydown.....			18,239	18,239	17,928	18,239	.310				0	.257	1.....	
36212D-4C-0...	GNMA SF POOL 531019 6.000% 02/15/32.....	09/01/2002	Paydown.....			141	141	139	141	.2				0	.1	1.....	
36213E-B7-0...	GNMA SF POOL 551862 6.000% 11/15/31.....	09/01/2002	Paydown.....			654	654	643	654	.11				0	.7	1.....	
36213E-UE-4...	GNMA SF POOL 552381 6.000% 02/15/32.....	09/01/2002	Paydown.....			1,054	1,054	1,036	1,054	.18				0	.12	1.....	
36213G-MZ-1...	GNMA SF POOL 553976 6.000% 11/15/31.....	09/01/2002	Paydown.....			128	128	.126	.128	.2				0	.1	1.....	
36213G-VZ-1...	GNMA SF POOL 554232 6.000% 01/15/32.....	09/01/2002	Paydown.....			9,053	9,053	8,899	9,053	.154				0	.60	1.....	
912827-4H-2...	U.S. TREASURY NOTES 5.500% 05/31/03.....	09/17/2002	Direct.....			102,625	100,000	101,766	100,315	(.96)				2,310	.2,310	.1,653	1.....
912827-7M-8...	U.S. TREASURY NOTES 3.000% 02/29/04.....	07/23/2002	Direct.....			4,672,594	4,600,000	4,589,498	4,591,453	.325				81,141	.81,141	.54,750	1.....
0399999.	Total - Bonds - U.S. Government.....					4,832,138	4,756,919	4,747,214	4,748,687	1,197	0	0	0	83,451	.83,451	.57,041	0
Bonds - Special Revenue and Special Assessment																	
United States																	
31379N-GV-3...	FNMA POOL 424212 6.500% 05/01/28.....	09/01/2002	Paydown.....			.598,213	.598,213	.592,651	.598,213	.5,298				0	.7,585	.7,585	1.....
	U.S.....					.598,213	.598,213	.592,651	.598,213	.5,298	0	0	0	0	.7,585	.7,585	0
	United States.....					.598,213	.598,213	.592,651	.598,213	.5,298	0	0	0	0	.7,585	.7,585	0
3199999.	Total - Bonds - Special Revenue & Assessment.....					.598,213	.598,213	.592,651	.598,213	.5,298	0	0	0	0	.7,585	.7,585	0
6099997.	Total - Bonds - Part 4.....					5,430,351	5,355,132	5,339,865	5,346,900	6,495	0	0	0	83,451	.83,451	.64,626	0
6099999.	Total - Bonds.....					5,430,351	5,355,132	5,339,865	5,346,900	6,495	0	0	0	83,451	.83,451	.64,626	0
7099998.	Total - Common Stocks - Summary Item for Common Stocks Bought and Sold This Quarter.....					3,647,564	XXX.....	3,647,564	3,647,564					0		.236	XXX.....
7099999.	Total - Common Stocks.....					3,647,564	XXX.....	3,647,564	3,647,564		0	0	0	0	0	.236	XXX.....
7199999.	Total - Preferred and Common Stocks.....					3,647,564	XXX.....	3,647,564	3,647,564		0	0	0	0	0	.236	XXX.....
7299999.	Total - Bonds, Preferred and Common Stocks.....					9,077,915	XXX.....	8,987,429	8,994,464	6,495	0	0	0	83,451	.83,451	.64,626	0

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

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

Statement as of September 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	
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

Designate the type of health care

providers reported on this page.

Physicians - Including Surgeons and Osteopaths

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Number of Claims	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		1,170,885				35,294	34
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			(4,604)					
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.....OT	25,584		1,166,281	0	0		35,294	34

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

Designate the type of health care

providers reported on this page.

Hospitals

EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Number of Claims	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					(12,352)			2,400
4. Arkansas.....AR			193,750	1	744,542	860,022	5	(144,038)
5. California.....CA								
6. Colorado.....CO					(648)			(5,267)
7. Connecticut.....CT			250,000	1	418,907	1,195,783	11	651
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL			1,400,000	1	914,699	49,102	10	(611,223)
11. Georgia.....GA					(5,184)			(15,161)
12. Hawaii.....HI			17,422			5,765		(93,115)
13. Idaho.....ID						1,398		(210)
14. Illinois.....IL						3,128		733
15. Indiana.....IN					(79)			(186)
16. Iowa.....IA						2,224		1,494
17. Kansas.....KS								
18. Kentucky.....KY					(26)			(71)
19. Louisiana.....LA	(96,735)	1,196,581	4,079	2	439,831	143,094	16	(1,612,598)
20. Maine.....ME								
21. Maryland.....MD					(65)			(182)
22. Massachusetts.....MA								
23. Michigan.....MI					(7,732)			(9,600)
24. Minnesota.....MN					(3,237)			(7,921)
25. Mississippi.....MS					8,340			
26. Missouri.....MO						12,411	2	(7,834)
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV	2,339,463		500,000	1	(889,099)	4,186,917	39	(3,824,055)
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM		61,001	469,966	2	(529,974)	92,411	4	(27,796)
33. New York.....NY					907			287
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH					(2)			93,813
37. Oklahoma.....OK					(11)			(5,974)
38. Oregon.....OR					(7,520)			(11,520)
39. Pennsylvania.....PA		1,224,618	.275	1	202,761	17,250	6	(384,899)
40. Rhode Island.....RI								
41. South Carolina.....SC					(23)			(37)
42. South Dakota.....SD								
43. Tennessee.....TN					(25,308)			(760)
44. Texas.....TX	785,312	477,379	2,899,452	3	1,249,113	1,738,602	48	(2,885,016)
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA					(56,029)	10,006	8	(110,308)
48. Washington.....WA					(2,237)			(1,662)
49. West Virginia.....WV					.7			(18)
50. Wisconsin.....WI					778			271
51. Wyoming.....WY					(173)			(256)
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.....OT	3,028,040	2,977,001	5,717,522	12	2,452,701	8,305,598	149	(9,660,058)

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

Other Health Care Professionals, Including Dentists

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Number of Claims	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	2,152	6,010						
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						300	2	
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.....OT	2,152	6,010	0	0	0	300	2	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

Property and Casualty Supplement for the Quarter Ending September 30, 2002 of the U. S. Branch **Fireman's Fund Insurance C**
Overflow Page for Write-Ins