**PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION**

* 3 9 6 4 0 2 0 1 1 2 0 1 0 0 1 0 1 *

# QUARTERLY STATEMENT

**As of March 31, 2011**

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/Organized..... April 27, 1959 Commenced Business..... April 15, 1960

| | | |
|---|---|---|
| Statutory Home Office | 41 South High Street, Suite 1700….. Columbus ..... OH ..... 43215-6101<br>*(Street and Number) (City or Town, State and Zip Code)* | |
| Main Administrative Office | 777 San Marin Drive….. Novato ..... CA ..... 94998<br>*(Street and Number) (City or Town, State and Zip Code)* | 415-899-2000<br>*(Area Code) (Telephone Number)* |
| Mail Address | 777 San Marin Drive….. Novato ..... CA ..... 94998<br>*(Street and Number or P. O. Box) (City or Town, State and Zip Code)* | |
| Primary Location of Books and Records | 777 San Marin Drive….. Novato ..... CA ..... 94998<br>*(Street and Number) (City or Town, State and Zip Code)* | 415-899-2000<br>*(Area Code) (Telephone Number)* |
| Internet Web Site Address | www.firemansfund.com | |
| Statutory Statement Contact | Elizabeth F. Erbentraut<br>*(Name)*<br>elizabeth.erbentraut@ffic.com<br>*(E-Mail Address)* | 415-899-4254<br>*(Area Code) (Telephone Number) (Extension)*<br>415-899-5817<br>*(Fax Number)* |

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. Stanton Loren Olson | Chairman, President & CEO | 2. Jill Elaine Paterson | Exec. VP, CFO & Treasurer |
| 3. Sally Brewster Narey | Sr. VP, General Counsel & Secretary | 4. Jeffery Freni Johnson | Vice President & Controller |

## OTHER

## DIRECTORS OR TRUSTEES

Jeffery Freni Johnson
Jill Elaine Paterson
Michael Edward LaRocco
David Michael Zona
Sally Brewster Narey
Stanton Loren Olson

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| (Signature) | (Signature) | (Signature) |
|---|---|---|
| Stanton Loren Olson | Jill Elaine Paterson | Sally Brewster Narey |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| Chairman, President & CEO | Exec. VP, CFO & Treasurer | Sr. VP, General Counsel & Secretary |
| (Title) | (Title) | (Title) |

Subscribed and sworn to (or affirmed) before me on this _____ day of _____ 2011 by Jill E. Paterson and Sally B. Narey
Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

a. Is this an original filing? Yes [ X ] No [ ]
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

# ASSETS

| | Current Statement Date | | | 4 |
|---|---|---|---|---|
| | 1<br>Assets | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1. Bonds | 46,666,188 | | 46,666,188 | 47,311,687 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | |
| 2.2 Common stocks | | | 0 | |
| 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 $.....0 encumbrances) | | | 0 | |
| 5. Cash ($.....3,666,158), cash equivalents ($.....2,200,000) and short-term investments ($.....518,197) | 6,384,355 | | 6,384,355 | 3,001,523 |
| 6. Contract loans (including $.....0 premium notes) | | | 0 | |
| 7. Derivatives | | | 0 | |
| 8. Other invested assets | | | 0 | |
| 9. Receivables for securities | | | 0 | 66,947 |
| 10. Securities lending reinvested collateral assets | | | 0 | |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 53,050,544 | 0 | 53,050,544 | 50,380,157 |
| 13. Title plants less $.....0 charged off (for Title insurers only) | | | 0 | |
| 14. Investment income due and accrued | 595,231 | | 595,231 | 444,850 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 656,824 | 65,085 | 591,739 | 1,356,904 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....27,257 earned but unbilled premiums) | 688,110 | 2,717 | 685,393 | 759,377 |
| 15.3 Accrued retrospective premiums | 2,656 | 253 | 2,403 | 2,403 |
| 16. Reinsurance: | | | | |
| 161. Amounts recoverable from reinsurers | 2,701,235 | | 2,701,235 | 1,027,890 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | |
| 17. Amounts receivable relating to uninsured plans | | | 0 | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | |
| 18.2 Net deferred tax asset | 643,997 | 295,354 | 348,643 | 380,012 |
| 19. Guaranty funds receivable or on deposit | | | 0 | |
| 20. Electronic data processing equipment and software | | | 0 | |
| 21. Furniture and equipment, including health care delivery assets ($.....0) | | | 0 | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | |
| 23. Receivables from parent, subsidiaries and affiliates | 373,707 | | 373,707 | 1,590,499 |
| 24. Health care ($.....0) and other amounts receivable | | | 0 | |
| 25. Aggregate write-ins for other than invested assets | 9,430 | 0 | 9,430 | 18,893 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25) | 58,721,734 | 363,409 | 58,358,325 | 55,960,984 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | |
| 28. Total (Lines 26 and 27) | 58,721,734 | 363,409 | 58,358,325 | 55,960,984 |

**DETAILS OF WRITE-INS**

| | | | | |
|---|---|---|---|---|
| 1101. | | | 0 | |
| 1102. | | | 0 | |
| 1103. | | | 0 | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Sundry assets | 9,430 | | 9,430 | 18,893 |
| 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) | 9,430 | 0 | 9,430 | 18,893 |

# LIABILITIES, SURPLUS AND OTHER FUNDS

| | | 1<br>Current<br>Statement Date | 2<br>December 31<br>Prior Year |
|---|---|---|---|
| 1. | Losses (current accident year $.....660,331) | 9,801,226 | 10,782,578 |
| 2. | Reinsurance payable on paid losses and loss adjustment expenses | 1,342,335 | 382,133 |
| 3. | Loss adjustment expenses | 1,278,253 | 1,344,723 |
| 4. | Commissions payable, contingent commissions and other similar charges | 116,012 | 283,867 |
| 5. | Other expenses (excluding taxes, licenses and fees) | 123,361 | 115,542 |
| 6. | Taxes, licenses and fees (excluding federal and foreign income taxes) | 46,694 | 47,795 |
| 7.1 | Current federal and foreign income taxes (including $.....85,760 on realized capital gains (losses)) | 2,430,811 | 1,101,772 |
| 7.2 | Net deferred tax liability | | |
| 8. | Borrowed money $.....0 and interest thereon $.....0 | | |
| 9. | Unearned premiums (after deducting unearned premiums for ceded reinsurance of $.....18,295,719 and including warranty reserves of $.....0) | 2,638,008 | 2,733,003 |
| 10. | Advance premium | (287) | (298) |
| 11. | Dividends declared and unpaid: | | |
| | 11.1 Stockholders | | |
| | 11.2 Policyholders | 8,783 | 8,783 |
| 12. | Ceded reinsurance premiums payable (net of ceding commissions) | 2,448,512 | 2,718,159 |
| 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. | Derivatives | | |
| 21. | Payable for securities | 1,100,000 | |
| 22. | Payable for securities lending | | |
| 23. | Liability for amounts held under uninsured plans | | |
| 24. | Capital notes $.....0 and interest thereon $.....0 | | |
| 25. | Aggregate write-ins for liabilities | 730 | 1,275 |
| 26. | Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 21,334,440 | 19,519,333 |
| 27. | Protected cell liabilities | | |
| 28. | Total liabilities (Lines 26 and 27) | 21,334,440 | 19,519,333 |
| 29. | Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. | Common capital stock | 4,500,000 | 4,500,000 |
| 31. | Preferred capital stock | | |
| 32. | Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 33. | Surplus notes | | |
| 34. | Gross paid in and contributed surplus | 13,000,310 | 13,000,310 |
| 35. | Unassigned funds (surplus) | 19,523,575 | 18,941,341 |
| 36. | Less treasury stock, at cost: | | |
| | 36.1 .....0.000 shares common (value included in Line 30 $.....0) | | |
| | 36.2 .....0.000 shares preferred (value included in Line 31 $.....0) | | |
| 37. | Surplus as regards policyholders (Lines 29 to 35, less 36) | 37,023,885 | 36,441,651 |
| 38. | Totals | 58,358,325 | 55,960,984 |

**DETAILS OF WRITE-INS**

| | | | |
|---|---|---|---|
| 2501. | Sundry liabilities | 730 | 1,275 |
| 2502. | | | |
| 2503. | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 |
| 2599. | Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above) | 730 | 1,275 |
| 2901. | | | |
| 2902. | | | |
| 2903. | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 |
| 2999. | Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above) | 0 | 0 |
| 3201. | | | |
| 3202. | | | |
| 3203. | | | |
| 3298. | Summary of remaining write-ins for Line 32 from overflow page | 0 | 0 |
| 3299. | Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above) | 0 | 0 |

# STATEMENT OF INCOME

| | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|
| **UNDERWRITING INCOME** | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written $.....7,855,977) | 11,159,140 | 16,042,708 | 58,142,513 |
| 1.2 Assumed (written $.....1,373,758) | 1,468,752 | 1,612,893 | 7,238,789 |
| 1.3 Ceded (written $.....7,855,977) | 11,159,140 | 16,042,708 | 58,142,513 |
| 1.4 Net (written $.....1,373,758) | 1,468,752 | 1,612,893 | 7,238,789 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year $.....782,389): | | | |
| 2.1 Direct | 3,277,663 | 2,181,258 | 22,931,376 |
| 2.2 Assumed | 781,268 | 756,936 | 4,673,834 |
| 2.3 Ceded | 3,277,663 | 2,181,258 | 22,931,376 |
| 2.4 Net | 781,268 | 756,936 | 4,673,834 |
| 3. Loss adjustment expenses incurred | 179,413 | 323,337 | 976,262 |
| 4. Other underwriting expenses incurred | 497,035 | 565,333 | 2,269,697 |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 1,457,716 | 1,645,606 | 7,919,793 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | 11,036 | (32,713) | (681,004) |
| **INVESTMENT INCOME** | | | |
| 9. Net investment income earned | 485,764 | 520,121 | 2,040,599 |
| 10. Net realized capital gains (losses) less capital gains tax of $.....90,193 | 229,224 | (17,328) | (60,481) |
| 11. Net investment gain (loss) (Lines 9 + 10) | 714,988 | 502,793 | 1,980,118 |
| **OTHER INCOME** | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $.....213 amount charged off $.....1,543) | (1,330) | (3,503) | (9,888) |
| 13. Finance and service charges not included in premiums | | | |
| 14. Aggregate write-ins for miscellaneous income | (1,005) | (73) | (34,535) |
| 15. Total other income (Lines 12 through 14) | (2,335) | (3,576) | (44,423) |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 723,689 | 466,504 | 1,254,691 |
| 17. Dividends to policyholders | | 6,036 | 9,811 |
| 18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 723,689 | 460,468 | 1,244,881 |
| 19. Federal and foreign income taxes incurred | 110,643 | 139,561 | 288,514 |
| 20. Net income (Line 18 minus Line 19) (to Line 22) | 613,046 | 320,907 | 956,367 |
| **CAPITAL AND SURPLUS ACCOUNT** | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 36,441,651 | 35,522,642 | 35,522,642 |
| 22. Net income (from Line 20) | 613,046 | 320,907 | 956,367 |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of $.....0 | | | |
| 25. Change in net unrealized foreign exchange capital gain (loss) | (9) | (114) | (93) |
| 26. Change in net deferred income tax | (68,441) | (11,388) | (99,424) |
| 27. Change in nonadmitted assets | 37,637 | (5,215) | 62,159 |
| 28. Change in provision for reinsurance | | | |
| 29. Change in surplus notes | | | |
| 30. Surplus (contributed to) withdrawn from protected cells | | | |
| 31. Cumulative effect of changes in accounting principles | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred from surplus (Stock Dividend) | | | |
| 32.3 Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | | | |
| 33.2 Transferred to capital (Stock Dividend) | | | |
| 33.3 Transferred from capital | | | |
| 34. Net remittances from or (to) Home Office | | | |
| 35. Dividends to stockholders | | | |
| 36. Change in treasury stock | | | |
| 37. Aggregate write-ins for gains and losses in surplus | 0 | 0 | 0 |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 582,234 | 304,190 | 919,009 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 37,023,885 | 35,826,832 | 36,441,651 |
| **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. Corporate expenses | (1,005) | (73) | (34,535) |
| 1402. | | | |
| 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) | (1,005) | (73) | (34,535) |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | 0 | 0 | 0 |
| 3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above) | 0 | 0 | 0 |

# CASH FLOW

| | | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|---|
| | **CASH FROM OPERATIONS** | | | |
| 1. | Premiums collected net of reinsurance | 1,943,835 | 3,163,775 | 6,835,217 |
| 2. | Net investment income | 402,947 | 437,340 | 2,332,601 |
| 3. | Miscellaneous income | (2,335) | (3,576) | (44,423) |
| 4. | Total (Lines 1 through 3) | 2,344,447 | 3,597,539 | 9,123,395 |
| 5. | Benefit and loss related payments | 2,475,763 | (2,877,640) | 1,300,292 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 904,055 | 982,861 | 3,281,670 |
| 8. | Dividends paid to policyholders | 0 | 4,452 | 7,551 |
| 9. | Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses) | (1,128,203) | (0) | 0 |
| 10. | Total (Lines 5 through 9) | 2,251,615 | (1,890,328) | 4,589,513 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 92,832 | 5,487,867 | 4,533,882 |
| | **CASH FROM INVESTMENTS** | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | 9,735,197 | 1,837,439 | 3,558,330 |
| | 12.2 Stocks | 2,090,953 | | |
| | 12.3 Mortgage loans | | | |
| | 12.4 Real estate | | | |
| | 12.5 Other invested assets | | 45,333 | 4,254,714 |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| | 12.7 Miscellaneous proceeds | 1,166,938 | 66,947 | |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 12,993,088 | 1,949,719 | 7,813,044 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | 8,837,847 | 1,489,793 | 2,296,671 |
| | 13.2 Stocks | 2,090,953 | | |
| | 13.3 Mortgage loans | | | |
| | 13.4 Real estate | | | |
| | 13.5 Other invested assets | | 799,905 | 4,001,099 |
| | 13.6 Miscellaneous applications | | | 93 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 10,928,800 | 2,289,698 | 6,297,863 |
| 14. | Net increase (decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 2,064,288 | (339,979) | 1,515,181 |
| | **CASH FROM FINANCING AND MISCELLANEOUS SOURCES** | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | | | |
| | 16.2 Capital and paid in surplus, less treasury stock | | | |
| | 16.3 Borrowed funds | | | |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| | 16.5 Dividends to stockholders | | | |
| | 16.6 Other cash provided (applied) | 1,225,712 | (5,147,888) | (3,047,539) |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 1,225,712 | (5,147,888) | (3,047,539) |
| | **RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS** | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | 3,382,832 | (0) | 3,001,523 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| | 19.1 Beginning of year | 3,001,523 | 0 | 0 |
| | 19.2 End of period (Line 18 plus Line 19.1) | 6,384,355 | 0 | 3,001,523 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | | | |
|---|---|---|---|---|
| 20.0001 | | | | |

# NOTES TO FINANCIAL STATEMENTS

## Note 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 ("NAIC") and the State of Ohio.

Fireman's Fund Insurance Company ("FFIC") received approval from the California Department of Insurance to settle policies on a structured basis over periods of time and discount the loss reserves associated with those policies. The financial results of the Company include its pool share of the discounted loss reserves.

Reconciliation of policyholders' surplus and net income between the amounts reported in the accompanying financial statements is as follows:

| | | March 31, 2011 | | Dec. 31, 2010 |
|---|---|---|---|---|
| Effect of permitted practice on statutory surplus | | | | |
| Statutory surplus per statutory financial statements | $ | 37,023,885 | $ | 36,441,651 |
| Discounted losses under FFIC structured settlement program | | (414,620) | | (420,196) |
| Statutory surplus excluding permitted practices | $ | 36,609,265 | $ | 36,021,445 |
| | | | | |
| Effect of permitted practice on net income | | | | |
| Net income per statutory financial statements | $ | 613,046 | $ | 956,368 |
| Discounted losses under FFIC structured settlement program | | 5,575 | | 7,628 |
| Net income excluding permitted practices | $ | 618,621 | $ | 963,996 |

## Note 2 - Accounting Changes and Corrections of Errors

No significant change.

## Note 3 - Business Combinations and Goodwill

No significant change.

## Note 4 - Discontinued Operations

No significant change.

## Note 5 - Investments

D. Loan-backed securities-

1. Prepayment assumptions for loan-backed securities are obtained from the Bloomberg system.

2. There have not been any loan-backed securities with a recognized other-than temporary impairment during the period classified based on the companies intent to sell the security or inability or lack of intent to retain the investment for a period of time sufficient to recover the amortized cost basis of the security.

3. The company does not currently hold any loan-backed securities with a recognized other-than-temporary impairment based on the present value of cash flows expected to be collected being less than the amortized cost basis of the security.

4. The Company does not have any loan-backed securities in an unrealized loss position for which an other-than temporary impairment has not been recognized in earnings.

5. The Company has a quantitative and qualitative process for identifying and evaluating loan backed securities that are in an unrealized loss position. This begins with evaluating the amount and extent of time that a security is in an unrealized loss position to identify securities where all contractual cash flows may not be collected. From this point, the Company will further analyze certain securities considering information such as ratings and the underlying collateral (e.g., delinquency rates, collateral coverage, loan characteristics). The Company also performs cash flow analysis to reach an impairment decision. This process can result in certain securities in an unrealized loss position not being impaired because the Company believes all contractual cash flows will be collected.

## Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

## Note 7 - Investment Income

No significant change.

# NOTES TO FINANCIAL STATEMENTS

**Note 8 - Derivative Instruments**

No significant change.

**Note 9 - Income Taxes**

No significant change.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant change.

**Note 11 - Debt**

No significant change.

**Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No significant change.

**Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**Note 14 - Contingencies**

No significant change.

**Note 15 - Leases**

No significant change.

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant change.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

C. The Company does not engage in the practice of wash sales, selling and reacquiring the same or similar security within 30 days of the sale date, as defined by Statement of Statutory Accounting Principles ("SSAP") No. 91, Accounting for Transfers and Servicing of Financial Assets and Extinguishment of Liabilities.

**Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No significant change.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change.

**Note 20 - Fair Value**

The Company does not carry any assets or liabilities that are measured and reported at fair value as of March 31, 2011.

**Note 21 - Other Items**

No significant change.

# NOTES TO FINANCIAL STATEMENTS

**Note 22 - Events Subsequent**

No significant change.

**Note 23 - Reinsurance**

No significant change.

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change.

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

Net incurred loss and defense and cost containment expenses attributable to insured events of prior years increased $2 thousand, driven primarily by unfavorable development in Commercial Workers Compensation and Property.

Changes in the estimate for incurred loss and defense and cost containment expenses are generally the result of ongoing analyses of recent loss development trends. Original estimates are revised as additional information becomes known regarding individual claims.

**Note 26 - Intercompany Pooling Arrangements**

No significant change.

**Note 27 - Structured Settlements**

No significant change.

**Note 28 - Health Care Receivables**

No significant change.

**Note 29 - Participating Policies**

No significant change.

**Note 30 - Premium Deficiency Reserves**

No significant change.

**Note 31 - High Deductibles**

No significant change.

**Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

No significant change.

**Note 33 - Asbestos/Environmental Reserves**

No significant change.

**Note 34 - Subscriber Savings Accounts**

No significant change.

**Note 35 - Multiple Peril Crop Insurance**

No significant change.

**Note 36 - Financial Guaranty Insurance**

# NOTES TO FINANCIAL STATEMENTS

B. Not applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

1.1 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 ]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 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 ]

2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [ X ]
If yes, complete the Schedule Y-Part 1 - Organizational chart.

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

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

| 1<br>Name of Entity | 2<br>NAIC<br>Company Code | 3<br>State of<br>Domicile |
|---|---|---|
| | | |

5. 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.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010.....

6.2 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. 12/31/2007.....

6.3 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). 6/23/2009.....

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [ X ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]

7.1 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? Yes [ ] No [ X ]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
The Company's ultimate parent, Allianz SE, is subject to regulation of the Federal Reserve Board as a foreign banking organization under Section 8 of the International Banking Act of 1978.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ X ] No [ ]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>OTS | 6<br>FDIC | 7<br>SEC |
|---|---|---|---|---|---|---|
| Allianz Global Investors Advisory GMBH | Frankfort, Germany | NO | NO | NO | NO | YES |
| Allianz Global Investors Capital, LLC | Newport Beach, CA | NO | NO | NO | NO | YES |
| Allianz Global Investors Distributors, LLC | Stamford, CT | NO | NO | NO | NO | YES |
| Allianz Global Investors Fund Management, LLC | New York, NY | NO | NO | NO | NO | YES |
| Allianz Global Investors Managed Accounts, LLC | New York, NY | NO | NO | NO | NO | YES |
| Allianz Global Investors Solutions, LLC | San Diego, CA | NO | NO | NO | NO | YES |
| Allianz Investment Management, LLC | Minneapolis, MN | NO | NO | NO | NO | YES |
| Allianz Life Financial Services, LLC | Minneapolis, MN | NO | NO | NO | NO | YES |
| Caywood-Scholl Capital Management, LLC | San Diego, CA | NO | NO | NO | NO | YES |
| NFJ Investment Group LLC | Dallas, TX | NO | NO | NO | NO | YES |
| Pacific Investment Management Company, LLC | Newport Beach, CA | NO | NO | NO | NO | YES |
| PIMCO Investments LLC | Newport Beach, CA | NO | NO | NO | NO | YES |
| Questar Asset Management, Inc. | Minneapolis, MN | NO | NO | NO | NO | YES |
| Questar Capital Corporation | Minneapolis, MN | NO | NO | NO | NO | YES |
| RCM Asia Pacific Limited | Hong Kong | NO | NO | NO | NO | YES |
| RCM Capital Management, LLC | San Francisco, CA | NO | NO | NO | NO | YES |

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $.....373,707

## INVESTMENT

11.1 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 ]

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

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

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

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

14.2 If yes, please complete the following:

| | 1<br>Prior Year-End<br>Book/Adjusted Carrying Value | 2<br>Current Quarter<br>Book/Adjusted Carrying Value |
|---|---|---|
| 14.21 Bonds | $ .....0 | $ .....0 |
| 14.22 Preferred Stock | $ .....0 | $ .....0 |
| 14.23 Common Stock | $ .....0 | $ .....0 |
| 14.24 Short-Term Investments | $ .....0 | $ .....0 |
| 14.25 Mortgage Loans on Real Estate | $ .....0 | $ .....0 |
| 14.26 All Other | $ .....0 | $ .....0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | $ .....0 | $ .....0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | $ .....0 | $ .....0 |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

15.2 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.

16. Excluding items in Schedule E-Part 3-Special Deposits, 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 Section 3, III. Conducting Examinations, F-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| BNY Mellon Corporation | One Mellon Bank Center Room 1035 Pittsburgh, PA 15258-0001 |

16.2 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<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [ ] No [ X ]

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

16.5 Identify all investment advisors, broker/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<br>Central Registration Depository | 2<br>Name(s) | 3<br>Address |
|---|---|---|
| 104559 | Pacific Investment Management Company, LLC | 840 Newport Center Drive, Newport Beach, CA 92660 |
| 107032 | Allianz of America, Inc. | 55 Greens Farms Rd. Westport CT 06881-5160 |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [ X ] No [ ]

17.2 If no, list exceptions:

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

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

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain 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 | 2 | 3 | Total Discount | | | | Discount Taken During Period | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Line of Business | Maximum Interest | Disc. Rate | Unpaid Losses | Unpaid LAE | IBNR | Total | Unpaid Losses | Unpaid LAE | IBNR | Total |
| Farmowners Multiple Peril | | 5.980 % | 229 | | | 229 | (3) | | | (3) |
| Homeowners Multiple Peril | | 5.980 % | 13,904 | | | 13,904 | (199) | | | (199) |
| Commercial Multi Peril | | 5.980 % | 130,865 | | | 130,865 | (1,740) | | | (1,740) |
| Ocean Marine | | 5.980 % | 315 | | | 315 | (4) | | | (4) |
| Inland Marine | | 5.980 % | 45 | | | 45 | (5) | | | (5) |
| Medical Malpractice | | 5.980 % | 328 | | | 328 | (7) | | | (7) |
| Other Accident & Health | | 5.980 % | 282 | | | 282 | (9) | | | (9) |
| Other Liability | | 5.980 % | 72,245 | | | 72,245 | (1,066) | | | (1,066) |
| Product Liability | | 5.980 % | 15,513 | | | 15,513 | (209) | | | (209) |
| Private Passenger Auto Liabi | | 5.980 % | 14,570 | | | 14,570 | (249) | | | (249) |
| Commercial Auto Liability | | 5.980 % | 98,016 | | | 98,016 | (988) | | | (988) |
| Total | XXX | XXX | 346,312 | 0 | 0 | 346,312 | (4,479) | 0 | 0 | (4,479) |

5. Operating Percentages:

| | |
|---|---|
| 5.1 A&H loss percent | 0.0 % |
| 5.2 A&H cost containment percent | 0.0 % |
| 5.3 A&H expense percent excluding cost containment expenses | 0.0 % |

6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. 0

6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]

6.4 If yes, please provide the amount of funds administered as of the reporting date. 0

# SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Name of Reinsurer | 4<br>Domiciliary Jurisdiction | 5<br>Is Insurer Authorized? (YES or NO) |
|---|---|---|---|---|

# NONE

# SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status | Direct Premiums Written 2 Current Year to Date | 3 Prior Year to Date | Direct Losses Paid (Deducting Salvage) 4 Current Year to Date | 5 Prior Year to Date | Direct Losses Unpaid 6 Current Year to Date | 7 Prior Year to Date |
|---|---|---|---|---|---|---|---|
| 1. Alabama AL | E | 37,425 | 17,627 | | | 36,143 | 28,257 |
| 2. Alaska AK | E | 10,241 | 6,229 | | | 6,315 | 30,540 |
| 3. Arizona AZ | E | 211,672 | 487,406 | 251,269 | 12,948 | 402,178 | 249,419 |
| 4. Arkansas AR | E | 63,322 | 23,816 | 25,444 | 4,520 | 32,526 | 74,778 |
| 5. California CA | E | 2,157,606 | 2,275,350 | 1,653,637 | 203,728 | 3,680,943 | 2,876,444 |
| 6. Colorado CO | E | 131,905 | 152,353 | 5,960 | 25,257 | 430,482 | 382,841 |
| 7. Connecticut CT | E | (2) | 1,086 | | | 62,311 | 69,801 |
| 8. Delaware DE | E | | | | | 3,104 | 2,944 |
| 9. District of Columbia DC | E | (261,855) | | | | 3,098 | 2,749 |
| 10. Florida FL | E | 946,213 | 1,037,353 | 269,406 | 627 | 1,524,807 | 2,346,806 |
| 11. Georgia GA | E | 369,393 | 321,155 | (2,916) | | 382,427 | 304,634 |
| 12. Hawaii HI | E | 251,220 | 237,064 | | | 136,989 | 71,572 |
| 13. Idaho ID | E | 23,729 | 18,034 | | | 182,405 | 183,442 |
| 14. Illinois IL | E | 105,577 | 4,714,883 | 321,218 | 210,770 | 39,430,115 | 25,138,702 |
| 15. Indiana IN | E | 21,846 | 16,513 | 12,000 | 920 | 75,538 | 100,951 |
| 16. Iowa IA | E | 47,239 | 80,383 | 21,263 | | 53,887 | 37,114 |
| 17. Kansas KS | E | 33,743 | 24,322 | | 6,245 | 189,141 | 226,474 |
| 18. Kentucky KY | E | 17,542 | 24,439 | | | 123,920 | 94,859 |
| 19. Louisiana LA | E | 58,517 | 57,205 | (1,515) | (3,916) | 992,214 | 1,554,635 |
| 20. Maine ME | N | | | | | | |
| 21. Maryland MD | E | 33,444 | 26,857 | | | 100,697 | 59,654 |
| 22. Massachusetts MA | E | 3,797 | | | | 65,979 | 60,607 |
| 23. Michigan MI | E | 26,840 | 1,109,129 | 161,821 | 66,088 | 6,816,101 | 6,872,578 |
| 24. Minnesota MN | E | 25,376 | 21,670 | | | 2,327,836 | 2,346,247 |
| 25. Mississippi MS | E | 36,595 | 29,153 | 38,763 | | 122,734 | 97,585 |
| 26. Missouri MO | E | 91,061 | 56,325 | 56,302 | 5,000 | 602,502 | 398,224 |
| 27. Montana MT | E | 163,160 | 86,022 | (2,512) | | 124,822 | 84,101 |
| 28. Nebraska NE | E | 7,675 | 4,311 | | | 30,834 | 28,916 |
| 29. Nevada NV | E | 506,519 | 447,501 | | | 1,222,039 | 1,410,950 |
| 30. New Hampshire NH | N | | | | | | |
| 31. New Jersey NJ | E | 437,980 | 497,471 | 4,522 | 6,587 | 2,058,008 | 1,985,209 |
| 32. New Mexico NM | E | 79,730 | 75,641 | | 4,502 | 176,352 | 1,176,739 |
| 33. New York NY | E | 10,743 | 494,032 | 127,410 | 9,262 | 2,586,021 | 2,916,921 |
| 34. North Carolina NC | E | 37,721 | (32,330) | | | 57,874 | 57,620 |
| 35. North Dakota ND | E | 2 | | | | 16 | |
| 36. Ohio OH | L | 772,227 | 842,244 | 10,344 | 28,915 | 8,810,479 | 9,959,604 |
| 37. Oklahoma OK | E | 339,083 | 75,621 | 1,670 | | 122,384 | 123,959 |
| 38. Oregon OR | E | 177,167 | 410,852 | 10,265 | 108,315 | 959,731 | 868,062 |
| 39. Pennsylvania PA | E | 19,817 | 96,817 | 70,880 | | 257,568 | 314,545 |
| 40. Rhode Island RI | E | 5,167 | 3,551 | | | 49,306 | 67,125 |
| 41. South Carolina SC | E | 31,496 | 105,312 | | | 193,068 | 452,450 |
| 42. South Dakota SD | E | (31) | 107 | | 26,000 | 9,487 | 7,989 |
| 43. Tennessee TN | E | 4,427 | 41,466 | | 3,500 | 1,379,145 | 275,279 |
| 44. Texas TX | E | 324,319 | 224,917 | 4,535 | 43,923 | 862,771 | 1,374,628 |
| 45. Utah UT | E | 46,092 | 54,877 | | | 55,351 | 55,688 |
| 46. Vermont VT | N | | | | | | |
| 47. Virginia VA | E | 21,982 | 20,587 | 10,230 | 10,230 | 369,708 | 508,453 |
| 48. Washington WA | E | 429,065 | 378,698 | 100,560 | 37,331 | 3,290,231 | 3,491,112 |
| 49. West Virginia WV | E | (3) | | | | 15,265 | 18,682 |
| 50. Wisconsin WI | E | 2,958 | 5,708 | | (2,500) | 222,370 | 293,920 |
| 51. Wyoming WY | E | (3,765) | 85 | | | 19,776 | 18,622 |
| 52. American Samoa AS | N | | | | | | |
| 53. Guam GU | N | | | | | | |
| 54. Puerto Rico PR | N | | | | | | |
| 55. US Virgin Islands VI | N | | | | | | |
| 56. Northern Mariana Islands MP | N | | | | | | |
| 57. Canada CN | N | | | | | | |
| 58. Aggregate Other Alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | (a) 1 | 7,855,977 | 14,571,842 | 3,150,556 | 808,252 | 80,656,998 | 69,102,431 |

**DETAILS OF WRITE-INS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5801. | XXX | | | | | | |
| 5802. | XXX | | | | | | |
| 5803. | XXX | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 thru 5803 + Line 5898) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 |

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

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

PART 1 – ORGANIZATIONAL CHART

**NONE**

# PART 1 - LOSS EXPERIENCE

| Lines of Business | Current Year to Date 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | 4 Prior Year to Date Direct Loss Percentage |
|---|---|---|---|---|
| 1. Fire | (10,971) | (731) | 6.7 | |
| 2. Allied lines | 129,032 | 9,786 | 7.6 | 27.6 |
| 3. Farmowners multiple peril | 28,059 | (111) | (0.4) | |
| 4. Homeowners multiple peril | 1,548,734 | 562,901 | 36.3 | 28.3 |
| 5. Commercial multiple peril | 1,306,897 | 1,179,416 | 90.2 | 57.9 |
| 6. Mortgage guaranty | | | 0.0 | |
| 8. Ocean marine | 18,428 | (11,644) | (63.2) | (87.4) |
| 9. Inland marine | 178,984 | (1,804) | (1.0) | 80.1 |
| 10. Financial guaranty | | | 0.0 | |
| 11.1. Medical professional liability - occurrence | 84,133 | (60,683) | (72.1) | (11.5) |
| 11.2. Medical professional liability - claims-made | 284,864 | 278,010 | 97.6 | 281.3 |
| 12. Earthquake | 963,642 | (99,531) | (10.3) | 6.7 |
| 13. Group accident and health | | | 0.0 | |
| 14. Credit accident and health | | | 0.0 | |
| 15. Other accident and health | | | 0.0 | |
| 16. Workers' compensation | 4,268 | (34,344) | (804.7) | (204.0) |
| 17.1 Other liability-occurrence | 4,202,558 | 1,618,242 | 38.5 | 3.7 |
| 17.2 Other liability-claims made | 2,180,928 | (342,020) | (15.7) | 18.6 |
| 17.3 Excess workers' compensation | | | 0.0 | |
| 18.1 Products liability-occurrence | 166,683 | 199,840 | 119.9 | (222.8) |
| 18.2 Products liability-claims made | | | 0.0 | |
| 19.1, 19.2 Private passenger auto liability | | (5) | 0.0 | |
| 19.3, 19.4 Commercial auto liability | | (14,025) | 0.0 | 24.1 |
| 21. Auto physical damage | | (13) | 0.0 | |
| 22. Aircraft (all perils) | | | 0.0 | |
| 23. Fidelity | | | 0.0 | |
| 24. Surety | 68,847 | (5,756) | (8.4) | (4.9) |
| 26. Burglary and theft | | | 0.0 | |
| 27. Boiler and machinery | 4,054 | 135 | 3.3 | |
| 28. Credit | | | 0.0 | |
| 29. International | | | 0.0 | |
| 30. Warranty | | | 0.0 | |
| 31. Reinsurance-nonproportional assumed property | XXX | XXX | XXX | XXX |
| 32. Reinsurance-nonproportional assumed liability | XXX | XXX | XXX | XXX |
| 33. Reinsurance-nonproportional assumed financial lines | XXX | XXX | XXX | XXX |
| 34. Aggregate write-ins for other lines of business | 0 | 0 | 0.0 | |
| 35. Totals | 11,159,140 | 3,277,663 | 29.4 | 13.6 |
| **DETAILS OF WRITE-INS** | | | | |
| 3401. | | | 0.0 | |
| 3402. | | | 0.0 | |
| 3403. | | | 0.0 | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0.0 | XXX |
| 3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34) | 0 | 0 | 0.0 | |

# PART 2 - DIRECT PREMIUMS WRITTEN

| Lines of Business | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|---|---|---|---|
| 1. Fire | (262,534) | (262,534) | |
| 2. Allied lines | 79,949 | 79,949 | 114,435 |
| 3. Farmowners multiple peril | 143,255 | 143,255 | |
| 4. Homeowners multiple peril | 1,116,207 | 1,116,207 | 1,357,840 |
| 5. Commercial multiple peril | 1,464,099 | 1,464,099 | 1,073,751 |
| 6. Mortgage guaranty | | | |
| 8. Ocean marine | 16,513 | 16,513 | 42,833 |
| 9. Inland marine | 65,582 | 65,582 | 146,493 |
| 10. Financial guaranty | | | |
| 11.1 Medical professional liability - occurrence | (6,104) | (6,104) | 192,479 |
| 11.2 Medical professional liability - claims made | (2,283) | (2,283) | 493,117 |
| 12. Earthquake | 1,135,015 | 1,135,015 | 1,024,758 |
| 13. Group accident and health | | | |
| 14. Credit accident and health | | | |
| 15. Other accident and health | | | |
| 16. Workers' compensation | 3,218 | 3,218 | 2,938 |
| 17.1 Other liability-occurrence | 2,982,410 | 2,982,410 | 5,226,078 |
| 17.2 Other liability-claims made | 937,399 | 937,399 | 3,916,916 |
| 17.3 Excess workers' compensation | | | |
| 18.1 Products liability-occurrence | 171,144 | 171,144 | 638,151 |
| 18.2 Products liability-claims made | | | |
| 19.1 19.2 Private passenger auto liability | | | |
| 19.3 19.4 Commercial auto liability | | | 341,799 |
| 21. Auto physical damage | | | |
| 22. Aircraft (all perils) | | | |
| 23. Fidelity | | | |
| 24. Surety | 97 | 97 | 254 |
| 26. Burglary and theft | | | |
| 27. Boiler and machinery | 12,010 | 12,010 | |
| 28. Credit | | | |
| 29. International | | | |
| 30. Warranty | | | |
| 31. Reinsurance-nonproportional assumed property | XXX | XXX | XXX |
| 32. Reinsurance-nonproportional assumed liability | XXX | XXX | XXX |
| 33. Reinsurance-nonproportional assumed financial lines | XXX | XXX | XXX |
| 34. Aggregate write-ins for other lines of business | 0 | | 0 |
| 35. Totals | 7,855,977 | 7,855,977 | 14,571,842 |
| **DETAILS OF WRITE-INS** | | | |
| 3401. | | | |
| 3402. | | | |
| 3403. | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34) | 0 | 0 | 0 |

# PART 3 (000 omitted)

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Q13

| Years in Which Losses Occurred | 1<br>Prior Year-End Known Case Loss and LAE Reserves | 2<br>Prior Year-End IBNR Loss and LAE Reserves | 3<br>Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 4<br>2011 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5<br>2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End | 6<br>Total 2011 Loss and LAE Payments (Cols. 4 + 5) | 7<br>Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End | 8<br>Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End | 9<br>Q.S. Date IBNR Loss and LAE Reserves | 10<br>Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) | 11<br>Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1) | 12<br>Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | 13<br>Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2008 + Prior | 4,253 | 2,752 | 7,005 | 342 | 14 | 356 | 4,164 | 17 | 2,475 | 6,656 | 253 | (246) | 7 |
| 2. 2009 | 611 | 1,101 | 1,712 | 116 | 3 | 119 | 587 | 12 | 963 | 1,562 | 92 | (123) | (31) |
| 3. Subtotals 2009 + Prior | 4,864 | 3,853 | 8,717 | 458 | 17 | 475 | 4,751 | 29 | 3,438 | 8,218 | 345 | (369) | (24) |
| 4. 2010 | 650 | 2,755 | 3,405 | 1,267 | 54 | 1,321 | 629 | 74 | 1,410 | 2,113 | 1,246 | (1,217) | 29 |
| 5. Subtotals 2010 + Prior | 5,514 | 6,608 | 12,122 | 1,725 | 71 | 1,796 | 5,380 | 103 | 4,848 | 10,331 | 1,591 | (1,586) | 5 |
| 6. 2011 | XXX | XXX | XXX | XXX | 203 | 203 | XXX | 133 | 615 | 748 | XXX | XXX | XXX |
| 7. Totals | 5,514 | 6,608 | 12,122 | 1,725 | 274 | 1,999 | 5,380 | 236 | 5,463 | 11,079 | 1,591 | (1,586) | 5 |
| 8. Prior Year-End's Surplus As Regards Policyholders | 36,442 | | | | | | | | | | 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. 28.9 % | 2. (24.0)% | 3. 0.0 % |
| | | | | | | | | | | | | | Col. 13, Line 7 Line 8 |
| | | | | | | | | | | | | | 4. 0.0 % |

# 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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| 2. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | YES |
| 3. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| 4. | Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement? | YES |

**Explanation:**

1.
2.
3.
4.

**Bar Code:**


# Overflow Page for Write-Ins

# NONE

# SCHEDULE A - VERIFICATION

Real Estate

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | 0 | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying value | | |
| 7. | Deduct current year's other than temporary impairment recognized | | |
| 8. | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

NONE

# SCHEDULE B - VERIFICATION

Mortgage Loans

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage interest points and commitment fees | | |
| 9. | Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

NONE

# SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value, December 31 of prior year | (0) | 253,615 |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | 4,001,099 |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | 4,254,714 |
| 8. | Deduct amortization of premium and depreciation | | |
| 9. | Total foreign exchange change in book/adjusted carrying value | | |
| 10. | Deduct current year's other than temporary impairment recognized | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | (0) | (0) |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | (0) | (0) |

# SCHEDULE D - VERIFICATION

Bonds and Stocks

| | | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|---|
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 47,311,687 | 48,913,340 |
| 2. | Cost of bonds and stocks acquired | 10,928,800 | 2,296,671 |
| 3. | Accrual of discount | 1,698 | 3,444 |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | 319,418 | (17,328) |
| 6. | Deduct consideration for bonds and stocks disposed of | 11,826,150 | 3,558,330 |
| 7. | Deduct amortization of premium | 69,265 | 277,786 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | 48,326 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 46,666,188 | 47,311,687 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 46,666,188 | 47,311,687 |

# 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<br>Book/Adjusted Carrying Value Beginning of Current Quarter | 2<br>Acquisitions During Current Quarter | 3<br>Dispositions During Current Quarter | 4<br>Non-Trading Activity During Current Quarter | 5<br>Book/Adjusted Carrying Value End of First Quarter | 6<br>Book/Adjusted Carrying Value End of Second Quarter | 7<br>Book/Adjusted Carrying Value End of Third Quarter | 8<br>Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|---|---|---|---|---|---|---|
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 47,557,880 | 136,520,731 | 134,626,662 | (67,564) | 49,384,385 | | | 47,557,880 |
| 2. Class 2 (a) | | | | | | | | |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 47,557,880 | 136,520,731 | 134,626,662 | (67,564) | 49,384,385 | 0 | 0 | 47,557,880 |
| 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 | 47,557,880 | 136,520,731 | 134,626,662 | (67,564) | 49,384,385 | 0 | 0 | 47,557,880 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 $.....2,200,000; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

# SCHEDULE DA - PART 1

Short-Term Investments

| | 1<br>Book/Adjusted Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected Year To Date | 5<br>Paid for Accrued Interest Year To Date |
|---|---|---|---|---|---|
| 9199999. Totals | 518,197 | XXX | 518,197 | 106 | |

# SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 246,194 | |
| 2. Cost of short-term investments acquired | 3,091,931 | 272,925 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 2,819,929 | 26,731 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 518,197 | 246,194 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 518,197 | 246,194 |

# Sch. DB-Pt A-Verification
# NONE

# Sch. DB-Pt B-Verification
# NONE

# Sch. DB-Pt C-Sn 1
# NONE

# Sch. DB-Pt C-Sn 2
# NONE

# Sch. DB-Verification
# NONE

# SCHEDULE E- VERIFICATION

Cash Equivalents

| | 1<br>Year to Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | |
| 2. Cost of cash equivalents acquired | 122,500,000 | |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 120,300,000 | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/ adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 2,200,000 | 0 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 2,200,000 | 0 |

## Sch. A-Pt 2
## NONE

## Sch. A-Pt 3
## NONE

## Sch. B-Pt 2
## NONE

## Sch. B-Pt 3
## NONE

## Sch. BA-Pt 2
## NONE

## Sch. BA-Pt 3
## NONE

# SCHEDULE D - PART 3

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

| 1<br>CUSIP Identification | 2<br>Description | 3<br>Foreign | 4<br>Date Acquired | 5<br>Name of Vendor | 6<br>Number of Shares of Stock | 7<br>Actual Cost | 8<br>Par Value | 9<br>Paid for Accrued Interest and Dividends | 10<br>NAIC Designation or Market Indicator (a) |
|---|---|---|---|---|---|---|---|---|---|
| **Bonds - U.S. Special Revenue and Special Assessment** | | | | | | | | | |
| 3138A1 U3 3 | FNMA POOL AH0601 4.000% 12/01/40 | | 02/23/2011 | JP MORGAN | | 556,960 | 567,173 | 567 | 1 |
| 3138A2 DW 6 | FNMA POOL AH1016 4.000% 12/01/40 | | 02/23/2011 | JP MORGAN | | 39,478 | 40,202 | 40 | 1 |
| 3138A2 PH 6 | FNMA POOL AH1323 4.000% 01/01/41 | | 02/23/2011 | JP MORGAN | | 99,185 | 101,003 | 101 | 1 |
| 3138A4 M9 3 | FNMA POOL AH3083 4.000% 01/01/41 | | 02/23/2011 | JP MORGAN | | 905,777 | 922,387 | 922 | 1 |
| 3138A4 XY 6 | FNMA POOL AH3394 4.000% 01/01/41 | | 02/23/2011 | JP MORGAN | | 1,065,991 | 1,085,539 | 1,086 | 1 |
| 3138A5 NG 3 | FNMA POOL AH3990 4.000% 02/01/41 | | 02/23/2011 | JP MORGAN | | 426,380 | 434,199 | 434 | 1 |
| 3138A6 EF 3 | FNMA POOL AH4633 4.000% 01/01/41 | | 02/23/2011 | JP MORGAN | | 2,189,850 | 2,230,007 | 2,230 | 1 |
| 31416X Y4 6 | FNMA POOL AB2530 4.000% 03/01/41 | | 02/23/2011 | JP MORGAN | | 2,945,974 | 2,999,997 | 3,000 | 1 |
| 31418X NC 8 | FNMA POOL AD9386 4.000% 09/01/40 | | 02/23/2011 | JP MORGAN | | 52,718 | 53,684 | 54 | 1 |
| 31419G 4V 3 | FNMA POOL AE6235 4.000% 12/01/40 | | 02/23/2011 | JP MORGAN | | 73,028 | 74,367 | 74 | 1 |
| 31419H QV 7 | FNMA POOL AE6767 4.000% 11/01/40 | | 02/23/2011 | JP MORGAN | | 482,506 | 491,354 | 491 | 1 |
| 3199999. | Total - Bonds - U.S. Special Revenue & Special Assessments | | | | | 8,837,847 | 8,999,912 | 8,999 | XXX |
| 8399997. | Total - Bonds - Part 3 | | | | | 8,837,847 | 8,999,912 | 8,999 | XXX |
| 8399999. | Total - Bonds | | | | | 8,837,847 | 8,999,912 | 8,999 | XXX |
| **Common Stocks - Industrial and Miscellaneous** | | | | | | | | | |
| 996087 09 4 | BOSTON SAFE DEPOSIT TRU | | 03/10/2011 | Direct | 2,090,953.000 | 2,090,953 | XXX | | L |
| 9099999. | Total - Common Stocks - Industrial & Miscellaneous | | | | | 2,090,953 | XXX | 0 | XXX |
| 9799997. | Total - Common Stocks - Part 3 | | | | | 2,090,953 | XXX | 0 | XXX |
| 9799999. | Total - Common Stocks | | | | | 2,090,953 | XXX | 0 | XXX |
| 9899999. | Total - Preferred and Common Stocks | | | | | 2,090,953 | XXX | 0 | XXX |
| 9999999. | Total - Bonds, Preferred and Common Stocks | | | | | 10,928,800 | XXX | 8,999 | XXX |

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

# SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change in Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in B./A.C.V. (11+12-13) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value At Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Maturity Date | NAIC Designation or Market Indicator (a) |
| **Bonds - U.S. Government** | | | | | | | | | | | | | | | | | | | | | |
| 36241K N7 9 | GNMA POOL 782214 6.500% 11/01/37 | | 03/01/2011 | Paydown | | 11,864 | 11,864 | 12,394 | 12,380 | | (516) | | (516) | | 11,864 | | | 0 | 123 | 11/01/2037 | 1 |
| 912828 CT 5 | US TREASURY N/B 4.250% 08/15/14 | | 02/23/2011 | MORGAN STANLEY & CO INC.. | | 1,645,957 | 1,500,000 | 1,504,160 | 1,501,870 | | (70) | | (70) | | 1,501,799 | | 144,158 | 144,158 | 33,460 | 08/15/2014 | 1 |
| 912828 KS 8 | US TREASURY N/B 2.625% 02/29/16 | | 02/23/2011 | JP MORGAN | | 510,586 | 500,000 | 510,510 | 507,988 | | (217) | | (217) | | 507,771 | | 2,815 | 2,815 | 6,417 | 02/29/2016 | 1 |
| 912828 KV 1 | US TREASURY N/B 2.250% 05/31/14 | | 02/23/2011 | Salomon-GVT MT | | 1,531,029 | 1,487,000 | 1,489,793 | 1,489,208 | | (137) | | (137) | | 1,489,071 | | 41,958 | 41,958 | 7,905 | 05/31/2014 | 1 |
| 912828 KY 5 | US TREASURY N/B 2.625% 06/30/14 | | 02/23/2011 | RBS SECURITIES INC | | 416,469 | 400,000 | 404,314 | 403,108 | | (128) | | (128) | | 402,980 | | 13,489 | 13,489 | 1,595 | 06/30/2014 | 1 |
| 912828 LD 0 | US TREASURY N/B 3.250% 07/31/16 | | 02/23/2011 | RBC Dominion | | 784,980 | 750,000 | 756,741 | 755,533 | | (135) | | (135) | | 755,399 | | 29,582 | 29,582 | 13,804 | 07/31/2016 | 1 |
| 912828 LL 2 | US TREASURY N/B 3.000% 08/31/16 | | 02/23/2011 | MORGAN STANLEY & CO INC.. | | 3,613,887 | 3,500,000 | 3,519,975 | 3,516,677 | | (404) | | (404) | | 3,516,273 | | 97,613 | 97,613 | 51,340 | 08/31/2016 | 1 |
| 912828 NT 3 | US TREASURY N/B 2.625% 08/15/20 | | 02/23/2011 | Bank of America | | 748,813 | 800,000 | 758,440 | 758,450 | | 559 | | 559 | | 759,009 | | (10,197) | (10,197) | 11,022 | 08/15/2020 | 1 |
| 0599999. | Total - Bonds - U.S. Government | | | | | 9,263,585 | 8,948,864 | 8,956,327 | 8,945,214 | 0 | (1,048) | 0 | (1,048) | 0 | 8,944,166 | 0 | 319,418 | 319,418 | 125,666 | XXX | XXX |
| **Bonds - U.S. Special Revenue and Special Assessment** | | | | | | | | | | | | | | | | | | | | | |
| 31401W PL 7 | FNMA POOL 720527 5.500% 05/01/33 | | 03/01/2011 | Paydown | | 20,763 | 20,763 | 21,173 | 21,147 | | (384) | | (384) | | 20,763 | | | 0 | 274 | 05/01/2033 | 1 |
| 31402D GN 4 | FNMA POOL 725705 5.000% 08/01/34 | | 03/01/2011 | Paydown | | 154,967 | 154,967 | 154,241 | 154,249 | | 718 | | 718 | | 154,967 | | | 0 | 1,134 | 08/01/2034 | 1 |
| 31410G ER 0 | FNMA POOL 888544 6.500% 08/01/36 | | 03/01/2011 | Paydown | | 83,150 | 83,150 | 86,193 | 86,129 | | (2,979) | | (2,979) | | 83,150 | | | 0 | 904 | 08/01/2036 | 1 |
| 31411V D8 9 | FNMA POOL 915527 5.603% 08/01/37 | | 03/01/2011 | Paydown | | 212,732 | 212,732 | 213,663 | 213,640 | | (908) | | (908) | | 212,732 | | | 0 | 1,773 | 08/01/2037 | 1 |
| 3199999. | Total - Bonds - U.S. Special Revenue & Assessment | | | | | 471,612 | 471,612 | 475,270 | 475,165 | 0 | (3,553) | 0 | (3,553) | 0 | 471,612 | 0 | 0 | 0 | 4,085 | XXX | XXX |
| 8399997. | Total - Bonds - Part 4 | | | | | 9,735,197 | 9,420,476 | 9,431,597 | 9,420,379 | 0 | (4,601) | 0 | (4,601) | 0 | 9,415,778 | 0 | 319,418 | 319,418 | 129,751 | XXX | XXX |
| 8399999. | Total - Bonds | | | | | 9,735,197 | 9,420,476 | 9,431,597 | 9,420,379 | 0 | (4,601) | 0 | (4,601) | 0 | 9,415,778 | 0 | 319,418 | 319,418 | 129,751 | XXX | XXX |
| **Common Stocks - Industrial and Miscellaneous** | | | | | | | | | | | | | | | | | | | | | |
| 996087 09 4 | BOSTON SAFE DEPOSIT TRU | | 03/11/2011 | Direct | 2,090,953.000 | 2,090,953 | XXX | 2,090,953 | | | | | 0 | | 2,090,953 | | | 0 | | XXX | L |
| 9099999. | Total - Common Stocks - Industrial & Miscellaneous | | | | | 2,090,953 | XXX | 2,090,953 | 0 | 0 | 0 | 0 | 0 | 0 | 2,090,953 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9799997 | Total - Common Stocks - Part 4 | | | | | 2,090,953 | XXX | 2,090,953 | 0 | 0 | 0 | 0 | 0 | 0 | 2,090,953 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9799999. | Total - Common Stocks | | | | | 2,090,953 | XXX | 2,090,953 | 0 | 0 | 0 | 0 | 0 | 0 | 2,090,953 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9899999. | Total - Preferred and Common Stocks | | | | | 2,090,953 | XXX | 2,090,953 | 0 | 0 | 0 | 0 | 0 | 0 | 2,090,953 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9999999. | Total - Bonds, Preferred and Common Stocks | | | | | 11,826,150 | XXX | 11,522,550 | 9,420,379 | 0 | (4,601) | 0 | (4,601) | 0 | 11,506,731 | 0 | 319,418 | 319,418 | 129,751 | XXX | XXX |

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

## Sch. DB-Pt A-Sn 1
NONE

## Sch. DB-Pt A-Sn 1-Footnote
NONE

## Sch. DB-Pt B-Sn 1
NONE

## Sch. DB-Pt B-Sn 1-Footnote
NONE

## Sch. DB-Pt B-Sn 1B-Broker List
NONE

## Sch. DB-Pt D
NONE

## Sch. DL-Pt. 1
NONE

## Sch. DL-Pt. 2
NONE

# SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| **Open Depositories** | | | | | | | | |
| MELLON BANK..... PITTSBURGH, PA..... | | | | | 2,755,329 | 2,755,952 | 3,666,158 | XXX.. |
| 0199999. Total Open Depositories..... | XXX | XXX | 0 | 0 | 2,755,329 | 2,755,952 | 3,666,158 | XXX.. |
| 0399999. Total Cash on Deposit..... | XXX | XXX | 0 | 0 | 2,755,329 | 2,755,952 | 3,666,158 | XXX.. |
| 0599999. Total Cash..... | XXX | XXX | 0 | 0 | 2,755,329 | 2,755,952 | 3,666,158 | XXX.. |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>Description | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due & Accrued | 8<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|
| **Industrial and Miscellaneous (Unaffiliated) Issuer Obligations** | | | | | | | |
| JP MORGAN CHASE | | 03/30/2011 | 0.150 | 04/01/2011 | 1,100,000 | 5 | |
| JP MORGAN CHASE | | 03/31/2011 | 0.150 | 04/04/2011 | 1,100,000 | | |
| 3299999. Industrial and Miscellaneous (Unaffiliated) Issuer Obligations | | | | | 2,200,000 | 5 | 0 |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated) | | | | | 2,200,000 | 5 | 0 |
| **Total** | | | | | | | |
| 7799999. Subtotals - Issuer Obligations | | | | | 2,200,000 | 5 | 0 |
| 8399999. Subtotals - Bonds | | | | | 2,200,000 | 5 | 0 |
| 8699999. Total - Cash Equivalents | | | | | 2,200,000 | 5 | 0 |

**Supplement for %s of the Fireman's Fund Insurance Company of Ohio**

* 3 9 6 4 0 2 0 1 1 4 5 5 0 0 1 0 1 *

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

# SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

**Physicians - Including Surgeons and Osteopaths**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid 3 Amount | Direct Losses Paid 4 Number of Claims | 5 Direct Losses Incurred | Direct Losses Unpaid 6 Amount Reported | Direct Losses Unpaid 7 Number of Claims | 8 Direct Losses Incurred But Not Reported |
|---|---|---|---|---|---|---|---|---|
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | | | | |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | 5 | | | 27 |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | 2,774 | | | 8,824 |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | (5) | (5) | | | 2,161 | | | 9,537 |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | 5,924 | | | 24,607 |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | | | | | 2 | | | 4 |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | (4) | | | (19) |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | 18,534 | | | 34,842 |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | 4,032 | | | 5,869 |
| 33. New York NY | | | | | | | | |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | | | | |
| 37. Oklahoma OK | | | | | | | | |
| 38. Oregon OR | | | | | 2 | | | 8 |
| 39. Pennsylvania PA | | | | | | | | |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | 11,456 | | | 29,744 |
| 45. Utah UT | | | | | | | | |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | 478 | | | 2,900 |
| 48. Washington WA | | | | | (4) | | | (13) |
| 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. Northern Mariana Islands MP | | | | | | | | |
| 57. Canada CN | | | | | | | | |
| 58. Aggregate Other Alien OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | (5) | (5) | 0 | 0 | 45,360 | 0 | 0 | 116,330 |

**DETAILS OF WRITE-INS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5801. 0 | | | | | | | | |
| 5802. 0 | | | | | | | | |
| 5803. 0 | | | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Supplement for %s of the Fireman's Fund Insurance Company of Ohio**

* 3 9 6 4 0 2 0 1 1 4 5 5 0 0 1 0 1 *

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

# SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

**Hospitals**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid 3 Amount | Direct Losses Paid 4 Number of Claims | 5 Direct Losses Incurred | Direct Losses Unpaid 6 Amount Reported | Direct Losses Unpaid 7 Number of Claims | 8 Direct Losses Incurred But Not Reported |
|---|---|---|---|---|---|---|---|---|
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | 86 | | | 1,012 |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | | | | |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | 3,377 | | | 37,496 |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | | | | | | | | |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | | | | |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | 1 | 3,880 | | | 2,179 | 50,000 | 1 | 5,352 |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | | | | (1) |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | 9,128 | 230,081 | 1 | 23,871 |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | | | | 14 |
| 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 | | | | | 204 | | | 360 |
| 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. Northern Mariana Islands MP | | | | | | | | |
| 57. Canada CN | | | | | | | | |
| 58. Aggregate Other Alien OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | 1 | 3,880 | 0 | 0 | 14,974 | 280,081 | 2 | 68,104 |

**DETAILS OF WRITE-INS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5801. 0 | | | | | | | | |
| 5802. 0 | | | | | | | | |
| 5803. 0 | | | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Supplement for %s of the Fireman's Fund Insurance Company of Ohio**

* 3 9 6 4 0 2 0 1 1 4 5 5 0 0 1 0 1 *

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

# SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

**Other Health Care Professionals, Including Dentists, Chiropractors and Podiatrists**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid 3 Amount | Direct Losses Paid 4 Number of Claims | 5 Direct Losses Incurred | Direct Losses Unpaid 6 Amount Reported | Direct Losses Unpaid 7 Number of Claims | 8 Direct Losses Incurred But Not Reported |
|---|---|---|---|---|---|---|---|---|
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | (1) | | | (1) |
| 4. Arkansas AR | | | | | 8,489 | | | 163 |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | 16 | | | 43 |
| 7. Connecticut CT | | | | | (1) | 1 | 1 | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | (552) | 50,000 | 1 | 1,490 |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | (3,493) | 153,332 | (11,563) | | 26,299 | 245,747 | 7 | 723,088 |
| 15. Indiana IN | | | | | (222) | | | 450 |
| 16. Iowa IA | | | | | (52) | | | (52) |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | 2,637 | 75,000 | 1 | 53,802 |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | (4,890) | 211,790 | | | 46,125 | 120,244 | 8 | 1,177,823 |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | 439 | | | (60) |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | 15,338 | | | 35,531 |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | (142) | | | |
| 32. New Mexico NM | | | | | (852) | | | 1,502 |
| 33. New York NY | | | | | (2,182) | | | 3,895 |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | (2,371) | | | 3,198 |
| 37. Oklahoma OK | | | | | (313) | | | 404 |
| 38. Oregon OR | | | | | 24 | | | 18 |
| 39. Pennsylvania PA | | | | | 175 | | | 175 |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | 38,536 | | | (298) |
| 45. Utah UT | | | | | (172) | | | 278 |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | 11,377 | | | 8,821 |
| 48. Washington WA | | | | | (58) | | | (49) |
| 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. Northern Mariana Islands MP | | | | | | | | |
| 57. Canada CN | | | | | | | | |
| 58. Aggregate Other Alien OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | (8,383) | 365,122 | (11,563) | 0 | 142,537 | 490,992 | 18 | 2,010,221 |

**DETAILS OF WRITE-INS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5801. 0 | | | | | | | | |
| 5802. 0 | | | | | | | | |
| 5803. 0 | | | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Supplement for %s of the Fireman's Fund Insurance Company of Ohio**

* 3 9 6 4 0 2 0 1 1 4 5 5 0 0 1 0 1 *

# SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

**Other Health Care Facilities**

| States, Etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid 3 Amount | Direct Losses Paid 4 Number of Claims | 5 Direct Losses Incurred | Direct Losses Unpaid 6 Amount Reported | Direct Losses Unpaid 7 Number of Claims | 8 Direct Losses Incurred But Not Reported |
|---|---|---|---|---|---|---|---|---|
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | 3,736 | | | 11,136 |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | | | | |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | 136 | | | 412 |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | | | | | (20) | | | 225 |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | | | | |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | | | | | | | | |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | 265 | | | 780 |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | (130) | | | (382) |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | 308 | | | 913 |
| 33. New York NY | | | | | | | | |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | | | | |
| 37. Oklahoma OK | | | | | (206) | | | (605) |
| 38. Oregon OR | | | | | | | | |
| 39. Pennsylvania PA | | | | | | | | |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | 10,373 | | | 30,919 |
| 45. Utah UT | | | | | | | | |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | (6) | | | (20) |
| 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. Northern Mariana Islands MP | | | | | | | | |
| 57. Canada CN | | | | | | | | |
| 58. Aggregate Other Alien OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | 0 | 0 | 0 | 0 | 14,456 | 0 | 0 | 43,378 |

**DETAILS OF WRITE-INS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5801. 0 | | | | | | | | |
| 5802. 0 | | | | | | | | |
| 5803. 0 | | | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 thru 5803 + 5898) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Overflow Page for Write-Ins

# NONE

**Supplement for %s of the Fireman's Fund Insurance Company of Ohio**

*39640201150500101*

# DIRECTOR AND OFFICER SUPPLEMENT

Year To Date For the Period Ended March 31, 2011

NAIC Group Code.....761 NAIC Company Code.....39640

Company Name: Fireman's Fund Insurance Company of Ohio

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

| 1<br>Direct<br>Written<br>Premiums | 2<br>Direct<br>Earned<br>Premiums | 3<br>Direct<br>Losses<br>Incurred |
|---|---|---|
| 42,601 | 26,117 | |

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ ] No [ X ]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? ..... Yes [ ] No [ X ]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies:

2.31 Amount quantified: .....

2.32 Amount estimated using reasonable assumptions: .....

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverages provided in CMP packaged policies: .....