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QUARTERLY STATEMENT

As of June 30, 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
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 777 San Marin Drive….. Novato ..... CA 94998 415-899-2000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 777 San Marin Drive….. Novato ..... CA 94998 415-899-2000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.firemansfund.com

Statutory Statement Contact William Pan 415-899-3301
(Name) (Area Code) (Telephone Number) (Extension)
william.pan@ffic.com 415-899-5817
(E-Mail Address) (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
This _____ day of _____
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 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds	47,595,095		47,595,095	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 $.....0 encumbrances)			0	
5. Cash ($.....1,388,405), cash equivalents ($.....699,950) and short-term investments ($.....209,488)	2,297,843		2,297,843	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)	49,892,938	0	49,892,938	50,380,157
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	396,347		396,347	444,850
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,039,408	68,527	970,881	1,356,904
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....24,329 earned but unbilled premiums)	718,310	2,694	715,616	759,377
15.3 Accrued retrospective premiums	2,656	253	2,403	2,403
16. Reinsurance:				
161. Amounts recoverable from reinsurers	3,195,590		3,195,590	1,027,890
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	682,123	301,680	380,443	380,012
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	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)	55,936,803	373,154	55,563,649	55,960,984
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	55,936,803	373,154	55,563,649	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 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year $.....1,304,673)	9,927,222	10,782,578
2.	Reinsurance payable on paid losses and loss adjustment expenses	383,637	382,133
3.	Loss adjustment expenses	1,290,742	1,344,723
4.	Commissions payable, contingent commissions and other similar charges	158,131	283,867
5.	Other expenses (excluding taxes, licenses and fees)	89,773	115,542
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	37,026	47,795
7.1	Current federal and foreign income taxes (including $.....83,006 on realized capital gains (losses))	445,059	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 $.....18,116,805 and including warranty reserves of $.....0)	2,728,680	2,733,003
10.	Advance premium	(261)	(298)
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders	6,304	8,783
12.	Ceded reinsurance premiums payable (net of ceding commissions)	3,331,235	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	48,990	
20.	Derivatives		
21.	Payable for securities		
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	70,489	1,275
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	18,517,027	19,519,333
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	18,517,027	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)	19,546,312	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)	37,046,622	36,441,651
38.	Totals	55,563,649	55,960,984

DETAILS OF WRITE-INS

2501.	Sundry liabilities	70,489	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)	70,489	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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written $.....17,642,392)	21,124,469	30,952,948	58,142,513
1.2 Assumed (written $.....3,010,145)	2,916,474	3,207,507	7,238,789
1.3 Ceded (written $.....17,642,392)	21,124,469	30,952,948	58,142,513
1.4 Net (written $.....3,010,145)	2,916,474	3,207,507	7,238,789
DEDUCTIONS:			
2. Losses incurred (current accident year $.....1,767,845):			
2.1 Direct	4,445,802	8,162,572	22,931,376
2.2 Assumed	1,893,890	2,350,472	4,673,834
2.3 Ceded	4,445,802	8,162,572	22,931,376
2.4 Net	1,893,890	2,350,472	4,673,834
3. Loss adjustment expenses incurred	413,497	501,973	976,262
4. Other underwriting expenses incurred	1,021,406	1,115,289	2,269,697
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	3,328,793	3,967,734	7,919,793
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(412,319)	(760,227)	(681,004)
INVESTMENT INCOME			
9. Net investment income earned	1,000,158	1,030,280	2,040,599
10. Net realized capital gains (losses) less capital gains tax of $.....87,439	231,978	(17,328)	(60,481)
11. Net investment gain (loss) (Lines 9 + 10)	1,232,136	1,012,952	1,980,118
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $.....443 amount charged off $.....3,198)	(2,755)	(5,073)	(9,888)
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	(67,369)	487	(34,535)
15. Total other income (Lines 12 through 14)	(70,124)	(4,586)	(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)	749,693	248,139	1,254,692
17. Dividends to policyholders	(940)	6,163	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)	750,633	241,976	1,244,881
19. Federal and foreign income taxes incurred	143,235	54,258	288,514
20. Net income (Line 18 minus Line 19) (to Line 22)	607,398	187,718	956,368
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)	607,398	187,718	956,368
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)	(6)	(116)	(93)
26. Change in net deferred income tax	(30,315)	(5,014)	(99,424)
27. Change in nonadmitted assets	27,894	(4,402)	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)	604,971	178,185	919,009
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	37,046,622	35,700,827	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	(67,369)	487	(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)	(67,369)	487	(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 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	3,952,193	4,329,374	6,835,217
2.	Net investment income	1,183,320	1,192,029	2,332,601
3.	Miscellaneous income	(70,124)	(4,586)	(44,423)
4.	Total (Lines 1 through 3)	5,065,389	5,516,817	9,123,395
5.	Benefit and loss related payments	4,915,443	(409,605)	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	1,651,158	1,757,684	3,281,670
8.	Dividends paid to policyholders	1,539	5,325	7,551
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	887,387	(0)	0
10.	Total (Lines 5 through 9)	7,455,527	1,353,404	4,589,513
11.	Net cash from operations (Line 4 minus Line 10)	(2,390,138)	4,163,413	4,533,882
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	10,329,534	2,528,006	3,558,330
	12.2 Stocks	2,090,953		
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets		498,097	4,254,714
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	66,941	66,947	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,487,428	3,093,050	7,813,044
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	10,428,185	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		1,789,436	4,001,099
	13.6 Miscellaneous applications			93
	13.7 Total investments acquired (Lines 13.1 to 13.6)	12,519,138	3,279,229	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)	(31,710)	(186,179)	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)	1,718,168	(3,977,234)	(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)	1,718,168	(3,977,234)	(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)	(703,680)	(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)	2,297,843	(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:

		June 30, 2011		Dec. 31, 2010
Effect of permitted practice on statutory surplus				
Statutory surplus per statutory financial statements	$	37,046,622	$	36,441,651
Discounted losses under FFIC structured settlement program		(408,565)		(420,196)
Statutory surplus excluding permitted practices	$	36,638,057	$	36,021,445
Effect of permitted practice on net income				
Net income per statutory financial statements	$	607,398	$	956,368
Discounted losses under FFIC structured settlement program		11,631		7,628
Net income excluding permitted practices	$	619,029	$	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. Aggregate amount of fair values of loan-backed securities and aggregate amount of unrealized losses for Impaired securities for which an other-than temporary impairment has not been recognized in earnings, segregated by those in a continuous unrealized loss position for less than 12 months and those that have been in a continuous unrealized loss position for 12 months or longer:

	Fair Values	Amount of Unrealized Losses
Less than 12 Months	$ 377,584	$ 1,392
Greater than 12 Months	$ -	$ -

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.

NOTES TO FINANCIAL STATEMENTS

Note 7 - Investment Income

No significant change.

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 June 30, 2011.

NOTES TO FINANCIAL STATEMENTS

Note 21 - Other Items

Fireman's Fund Insurance Company of Ohio entered into an Investment Management Agreement with Pacific Investment Management Company, LLC ("PIMCO") effective February 1, 2011. The PIMCO IMA provides for a fee based on a specified percentage of assets under management in 2011, and includes a performance based incentive component starting in 2012, subject to an overall cap. PIMCO is registered with the SEC as an investment advisor under a filed Form ADV. All investments are made within precisely specified parameters established and approved by the Finance Committee and approved and ratified by the Board of Directors. The investment manager's discretion is limited to investments that fall within the guidelines.

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 $202 thousand, driven primarily by unfavorable development in Asbestos & Environmental and Commercial Workers Compensation.

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.

NOTES TO FINANCIAL STATEMENTS

Note 34 - Subscriber Savings Accounts

No significant change.

Note 35 - Multiple Peril Crop Insurance

No significant change.

Note 36 - Financial Guaranty Insurance

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 Name of Entity	2 NAIC Company Code	3 State of 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
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 [ ] No [X]

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

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 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter 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 Name of Custodian(s)	2 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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Central Registration Depository	2 Name(s)	3 Address
25567	Pacific Investment Management Company, LLC	840 Newport Center Drive, Newport Beach, CA 92660
N/A	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 %	225			225	(7)			(7)
Homeowners Multiple Peril		5.980 %	13,707			13,707	(395)			(395)
Commercial Multi Peril		5.980 %	128,733			128,733	(3,872)			(3,872)
Ocean Marine		5.980 %	311			311	(7)			(7)
Inland Marine		5.980 %	41			41	(9)			(9)
Medical Malpractice		5.980 %	322			322	(13)			(13)
Other Accident & Health		5.980 %	273			273	(18)			(18)
Other Liability		5.980 %	71,145			71,145	(2,167)			(2,167)
Product Liability		5.980 %	15,306			15,306	(416)			(416)
Private Passenger Auto Liabi		5.980 %	13,969			13,969	(850)			(850)
Commercial Auto Liability		5.980 %	97,040			97,040	(1,964)			(1,964)
Total	XXX	XXX	341,072	0	0	341,072	(9,718)	0	0	(9,718)

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 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 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	66,216	60,938	1,198,595		56,791	43,711
2. Alaska AK	E	10,241	4,590			6,042	6,639
3. Arizona AZ	E	300,140	642,556	262,229	22,492	605,405	249,116
4. Arkansas AR	E	138,630	46,668	28,150	5,360	68,641	51,153
5. California CA	E	4,520,083	4,547,345	2,500,111	556,570	3,046,618	2,833,110
6. Colorado CO	E	277,286	291,332	5,960	54,173	520,528	324,467
7. Connecticut CT	E	33,226	32,906			59,734	68,474
8. Delaware DE	E					2,361	3,205
9. District of Columbia DC	E	(259,565)				3,897	2,705
10. Florida FL	E	2,297,525	1,735,629	278,906	20,386	1,566,687	1,923,232
11. Georgia GA	E	1,116,601	343,635	133,796	5,000	692,601	289,991
12. Hawaii HI	E	430,954	314,969			130,106	99,764
13. Idaho ID	E	125,100	126,123		9,340	178,475	191,795
14. Illinois IL	E	315,200	10,325,945	1,219,427	269,561	37,077,238	32,365,428
15. Indiana IN	E	77,274	35,684	12,000	920	69,652	96,626
16. Iowa IA	E	95,753	107,709	21,263	674	56,905	44,985
17. Kansas KS	E	318,157	308,439		7,560	171,793	210,912
18. Kentucky KY	E	47,395	52,075	61,257	8,416	125,745	109,196
19. Louisiana LA	E	362,894	109,395	17,165	117	964,309	905,072
20. Maine ME	N						
21. Maryland MD	E	37,252	42,044			76,487	53,406
22. Massachusetts MA	E	126,453	82,998			64,422	63,027
23. Michigan MI	E	5,707	2,270,176	269,438	138,470	5,916,615	7,685,071
24. Minnesota MN	E	25,469	22,078		190,663	2,298,975	2,283,398
25. Mississippi MS	E	152,113	118,675	126,570	10,559	162,325	90,552
26. Missouri MO	E	118,431	126,099	241,040	10,705	359,068	504,634
27. Montana MT	E	184,613	124,743	(2,512)	5,000	130,527	89,791
28. Nebraska NE	E	29,241	25,961			30,212	27,833
29. Nevada NV	E	891,409	837,965		1,415	1,205,947	934,760
30. New Hampshire NH	N						
31. New Jersey NJ	E	740,850	806,009	22,828	14,333	2,431,057	1,945,173
32. New Mexico NM	E	159,115	141,431		704,502	169,723	204,421
33. New York NY	E	558,389	1,440,401	156,963	228,931	2,242,795	2,686,808
34. North Carolina NC	E	103,290	(9,377)	9,700		50,936	58,316
35. North Dakota ND	E	2				(67)	(26)
36. Ohio OH	L	1,238,086	1,336,092	73,876	253,309	9,245,675	9,702,315
37. Oklahoma OK	E	466,513	97,212	1,670	16,783	156,605	98,799
38. Oregon OR	E	329,981	594,657	44,559	119,628	932,338	887,933
39. Pennsylvania PA	E	27,253	175,887	70,880		265,357	183,217
40. Rhode Island RI	E	11,977	4,216			33,804	57,562
41. South Carolina SC	E	181,111	151,715			283,916	445,271
42. South Dakota SD	E	7,098	7,148		26,000	9,631	6,500
43. Tennessee TN	E	125,747	162,010	50,000	3,500	1,456,674	289,188
44. Texas TX	E	828,830	387,778	336,244	43,923	857,737	1,036,856
45. Utah UT	E	48,240	57,241			54,655	48,247
46. Vermont VT	N						
47. Virginia VA	E	44,623	37,476	20,460	20,460	356,124	397,625
48. Washington WA	E	890,868	1,103,512	784,870	473,665	2,611,450	2,802,544
49. West Virginia WV	E	(13)	41,784			13,760	21,467
50. Wisconsin WI	E	19,819	51,452	7,000	(2,500)	183,623	230,295
51. Wyoming WY	E	16,815	20,615		820	19,349	16,698
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	17,642,392	29,343,936	7,952,445	3,220,735	77,023,248	72,671,262
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)	(246)	2.2	
2. Allied lines	268,134	8,682	3.2	16.9
3. Farmowners multiple peril	158,156	1,384,217	875.2	
4. Homeowners multiple peril	2,997,908	491,029	16.4	21.5
5. Commercial multiple peril	2,949,133	2,530,573	85.8	34.7
6. Mortgage guaranty			0.0	
8. Ocean marine	18,429	(26,900)	(146.0)	(61.0)
9. Inland marine	347,111	(22,979)	(6.6)	35.8
10. Financial guaranty			0.0	
11.1. Medical professional liability - occurrence	120,032	(211,395)	(176.1)	14.2
11.2. Medical professional liability - claims-made	449,442	116,541	25.9	(198.9)
12. Earthquake	1,912,016	(90,494)	(4.7)	4.7
13. Group accident and health			0.0	
14. Credit accident and health			0.0	
15. Other accident and health			0.0	
16. Workers' compensation	8,413	(28,089)	(333.9)	(101.4)
17.1 Other liability-occurrence	7,939,308	(871,535)	(11.0)	44.2
17.2 Other liability-claims made	3,496,757	(1,193)	(0.0)	31.9
17.3 Excess workers' compensation			0.0	
18.1 Products liability-occurrence	324,983	1,185,196	364.7	(55.2)
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		(17,681)	0.0	12.2
21. Auto physical damage		(21)	0.0	
22. Aircraft (all perils)			0.0	
23. Fidelity			0.0	
24. Surety	137,606	(7)	(0.0)	(4.2)
26. Burglary and theft			0.0	
27. Boiler and machinery	8,012	109	1.4	
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	21,124,469	4,445,802	21.0	26.4
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)	
2. Allied lines	341,281	421,230	294,840
3. Farmowners multiple peril	228,384	371,639	
4. Homeowners multiple peril	1,790,007	2,906,214	2,936,230
5. Commercial multiple peril	2,759,767	4,223,866	2,063,992
6. Mortgage guaranty			
8. Ocean marine		16,513	84,826
9. Inland marine	318,705	384,287	449,177
10. Financial guaranty			
11.1 Medical professional liability - occurrence	(203)	(6,307)	413,173
11.2 Medical professional liability - claims made	(6,786)	(9,069)	836,220
12. Earthquake	944,160	2,079,175	1,827,275
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	2,450	5,668	7,081
17.1 Other liability-occurrence	3,012,417	5,994,827	10,019,625
17.2 Other liability-claims made	248,239	1,185,638	9,264,051
17.3 Excess workers' compensation			
18.1 Products liability-occurrence	146,003	317,147	805,365
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	9	106	282
26. Burglary and theft			
27. Boiler and machinery	1,982	13,992	
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	0
35. Totals	9,786,415	17,642,392	29,343,936
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

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 (Cols. 1 + 2)	4 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2011 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 (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 Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2008 + Prior	4,253	2,749	7,002	715	34	749	4,028	60	2,383	6,471	490	(272)	218
2. 2009	611	1,102	1,713	233	11	244	553	30	791	1,374	175	(270)	(95)
3. Subtotals 2009 + Prior	4,864	3,851	8,715	948	45	993	4,581	90	3,174	7,845	665	(542)	123
4. 2010	650	2,755	3,405	1,488	104	1,592	545	140	1,207	1,892	1,383	(1,304)	79
5. Subtotals 2010 + Prior	5,514	6,606	12,120	2,436	149	2,585	5,126	230	4,381	9,737	2,048	(1,846)	202
6. 2011	XXX	XXX	XXX	XXX	617	617	XXX	349	1,132	1,481	XXX	XXX	XXX
7. Totals	5,514	6,606	12,120	2,436	766	3,202	5,126	579	5,513	11,218	2,048	(1,846)	202
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. 37.1 %	2. (27.9)%	3. 1.7 %

Col. 13, Line 7 Line 8
4. 0.6 %

Q13

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

NONE

		1 Year to Date	2 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

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

		1 Year to Date	2 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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year to Date	2 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 Year to Date	2 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	12,519,138	2,296,671
3.	Accrual of discount	5,467	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	12,420,487	3,558,330
7.	Deduct amortization of premium	140,126	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)	47,595,095	47,311,687
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	47,595,095	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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	49,384,385	55,525,023	56,337,827	(67,048)	49,384,385	48,504,533		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	49,384,385	55,525,023	56,337,827	(67,048)	49,384,385	48,504,533	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	49,384,385	55,525,023	56,337,827	(67,048)	49,384,385	48,504,533	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 $.....699,950; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	209,488	XXX	209,488	282	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	246,194	
2. Cost of short-term investments acquired	5,326,713	272,925
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	5,363,419	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)	209,488	246,194
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	209,488	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 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of cash equivalents acquired	174,199,904	
3. Accrual of discount	46	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	173,500,000	
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)	699,950	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	699,950	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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous									
46625Y UA 9	JP MORGAN CHASE COMMERC 4.918% 10/15/42		06/23/2011	CITADEL SECURITIES		379,066	350,000	1,291	1Z*
718172 AJ 8	PHILIP MORRIS INTL INC 2.500% 05/16/16		05/10/2011	Deutsche Bank		99,316	100,000		1FE
92978Y AB 6	WACHOVIA BANK COMMERCIA 5.927% 06/15/49		06/23/2011	GOLDMAN SACHS		280,450	274,278	1,219	1Z*
002799 AH 7	ABBEY NATL TREASURY SER 1.854% 04/25/14	R	05/20/2011	Bank of America		100,556	100,000	144	1FE
53947M AA 4	LLOYDS TSB BANK PLC 4.375% 01/12/15	R	05/11/2011	MORGAN STANLEY & CO INC		207,260	200,000	2,892	1FE
78010X AC 5	ROYAL BK OF SCOTLAND PL 4.875% 03/16/15	R	04/12/2011	RBS SECURITIES INC		523,690	500,000	1,964	1FE
3899999.	Total - Bonds - Industrial & Miscellaneous					1,590,338	1,524,278	7,510	XXX
8399997.	Total - Bonds - Part 3					1,590,338	1,524,278	7,510	XXX
8399999.	Total - Bonds					1,590,338	1,524,278	7,510	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					1,590,338	XXX	7,510	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		06/01/2011	Paydown		8,393	8,393	8,768	8,758		(365)		(365)		8,393			0	219	11/01/2037	1
0599999.	Total - Bonds - U.S. Government					8,393	8,393	8,768	8,758	0	(365)	0	(365)	0	8,393	0	0	0	219	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3138A1 U3 3	FNMA POOL AH0601 4.000% 12/01/40		06/01/2011	Paydown		3,796	3,796	3,727			68		68		3,796			0	28	12/01/2040	1
3138A2 DW 6	FNMA POOL AH1016 4.000% 12/01/40		06/01/2011	Paydown		423	423	416			8		8		423			0	3	12/01/2040	1
3138A2 PH 6	FNMA POOL AH1323 4.000% 01/01/41		06/01/2011	Paydown		503	503	494			9		9		503			0	3	01/01/2041	1
3138A4 M9 3	FNMA POOL AH3083 4.000% 01/01/41		06/01/2011	Paydown		4,283	4,283	4,206			77		77		4,283			0	29	01/01/2041	1
3138A4 XY 6	FNMA POOL AH3394 4.000% 01/01/41		06/01/2011	Paydown		9,419	9,419	9,250			170		170		9,419			0	66	01/01/2041	1
3138A5 NG 3	FNMA POOL AH3990 4.000% 02/01/41		06/01/2011	Paydown		2,046	2,046	2,009			37		37		2,046			0	13	02/01/2041	1
3138A6 EF 3	FNMA POOL AH4633 4.000% 01/01/41		06/01/2011	Paydown		19,308	19,308	18,961			348		348		19,308			0	155	01/01/2041	1
31401W PL 7	FNMA POOL 720527 5.500% 05/01/33		06/01/2011	Paydown		15,273	15,273	15,574	15,555		(282)		(282)		15,273			0	409	05/01/2033	1
31402D GN 4	FNMA POOL 725705 5.000% 08/01/34		06/01/2011	Paydown		81,612	81,612	81,230	81,234		378		378		81,612			0	1,675	08/01/2034	1
31410G ER 0	FNMA POOL 888544 6.500% 08/01/36		06/01/2011	Paydown		79,816	79,816	82,737	82,675		(2,859)		(2,859)		79,816			0	2,120	08/01/2036	1
31411V D8 9	FNMA POOL 915527 5.642% 08/01/37		06/01/2011	Paydown		281,488	281,488	282,719	282,689		(1,201)		(1,201)		281,488			0	6,517	08/01/2037	1
31416X Y4 6	FNMA POOL AB2530 4.000% 03/01/41		06/01/2011	Paydown		82,742	82,742	81,252			1,490		1,490		82,742			0	574	03/01/2041	1
31418X NC 8	FNMA POOL AD9386 4.000% 09/01/40		06/01/2011	Paydown		796	796	782			14		14		796			0	4	09/01/2040	1
31419G 4V 3	FNMA POOL AE6235 4.000% 12/01/40		06/01/2011	Paydown		557	557	546			10		10		557			0	3	12/01/2040	1
31419H QV 7	FNMA POOL AE6767 4.000% 11/01/40		06/01/2011	Paydown		3,882	3,882	3,812			70		70		3,882			0	26	11/01/2040	1
3199999.	Total - Bonds - U.S. Special Revenue & Assessment					585,944	585,944	587,715	462,153	0	(1,663)	0	(1,663)	0	585,944	0	0	0	11,625	XXX	XXX
8399997.	Total - Bonds - Part 4					594,337	594,337	596,483	470,911	0	(2,028)	0	(2,028)	0	594,337	0	0	0	11,844	XXX	XXX
8399999.	Total - Bonds					594,337	594,337	596,483	470,911	0	(2,028)	0	(2,028)	0	594,337	0	0	0	11,844	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					594,337	XXX	596,483	470,911	0	(2,028)	0	(2,028)	0	594,337	0	0	0	11,844	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.....	.....	.....	.....	.....	2,166,158	2,151,079	1,388,405	XXX..
0199999. Total Open Depositories.....	....XXX.....	.....XXX.....	0	0	2,166,158	2,151,079	1,388,405	XXX..
0399999. Total Cash on Deposit.....	....XXX.....	.....XXX.....	0	0	2,166,158	2,151,079	1,388,405	XXX..
0599999. Total Cash.....	....XXX.....	.....XXX.....	0	0	2,166,158	2,151,079	1,388,405	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Government Issuer Obligations							
FED HOME LN DISCOUNT NT		05/24/2011	0.065	08/12/2011	699,950		46
0199999. U.S. Government Issuer Obligations					699,950	0	46
0599999. Total - U.S. Government Bonds					699,950	0	46
Total							
7799999. Subtotals - Issuer Obligations					699,950	0	46
8399999. Subtotals - Bonds					699,950	0	46
8699999. Total - Cash Equivalents					699,950	0	46

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

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					(1)			21
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL					776			6,826
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL	(6)	(6)			535			7,911
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA					2,639			21,322
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								2
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO					(2)			(17)
27. Montana MT								
28. Nebraska NE								
29. Nevada NV					13,862			30,170
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM					1,368			3,205
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								6
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX					7,475			25,763
45. Utah UT								
46. Vermont VT								
47. Virginia VA					92			2,514
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	(6)	(6)	0	0	26,740	0	0	97,710

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

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

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					(39)			887
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL					(1,281)			32,838
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	7,759			1,496	50,000	1	4,669
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								(1)
27. Montana MT								
28. Nebraska NE								
29. Nevada NV					7,450	233,447	1	18,827
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM					(2)			12
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					63			219
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	7,759	0	0	7,687	283,447	2	57,451

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

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

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					(2)			(2)
4. Arkansas AR					8,423			97
5. California CA								
6. Colorado CO					2			29
7. Connecticut CT					(1)	1	1	
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL					(651)	50,000	1	1,391
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL	(3,814)	251,233	(11,563)		(76,334)	238,314	5	627,888
15. Indiana IN					(235)			437
16. Iowa IA					(31)			(31)
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA					(18,941)	75,000	1	32,224
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI	(11,557)	310,488	60,000	1	(84,365)	190,122	6	917,455
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO					463			(36)
27. Montana MT								
28. Nebraska NE								
29. Nevada NV					2,097			22,290
30. New Hampshire NH								
31. New Jersey NJ					(106)			36
32. New Mexico NM					(905)			1,449
33. New York NY					(2,300)			3,777
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH					(2,303)			3,266
37. Oklahoma OK					(296)			421
38. Oregon OR					20			14
39. Pennsylvania PA					105			105
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX					38,636			(198)
45. Utah UT					(169)			281
46. Vermont VT								
47. Virginia VA					6,408			3,852
48. Washington WA					(51)			(42)
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	(15,371)	561,721	48,437	1	(130,536)	553,437	14	1,614,703

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

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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 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					344			7,744
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL					15			291
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL					(89)			156
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					26			541
27. Montana MT								
28. Nebraska NE								
29. Nevada NV					(14)			(266)
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM					32			637
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK					(20)			(419)
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX					963			21,509
45. Utah UT								
46. Vermont VT								
47. Virginia VA					(2)			(16)
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	1,255	0	0	30,177

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

DIRECTOR AND OFFICER SUPPLEMENT

Year To Date For the Period Ended June 30, 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 Direct Written Premiums	2 Direct Earned Premiums	3 Direct Losses Incurred
54,496	58,527	2,511

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: .....