



QUARTERLY STATEMENT

As of September 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 Incorporated/Organized..... April 27, 1959	State of Domicile or Port of Entry Ohio Commenced Business..... April 15, 1960	Country of Domicile US
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 (Street and Number) (City or Town, State and Zip Code)	415-899-2000 (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 (Street and Number) (City or Town, State and Zip Code)	415-899-2000 (Area Code) (Telephone Number)
Internet Web Site Address	www.firemansfund.com	
Statutory Statement Contact	William Pan (Name) william.pan@ffic.com (E-Mail Address)	415-899-3301 (Area Code) (Telephone Number) (Extension) 415-899-5817 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stanton Loren Olson	Chairman, President & CEO	2. Kevin Eduard Walker #	Sr. VP, CFO & Treasurer
3. Sally Brewster Narey	Sr. VP, General Counsel & Secretary	4. Jeffery Freni Johnson	Vice President & Controller

OTHER

DIRECTORS OR TRUSTEES

Lori Dickerson Fouché #	Jeffery Freni Johnson	Sally Brewster Narey	Stanton Loren Olson
Kevin Eduard Walker #	David Michael Zona		

State of..... Kansas
County of..... Johnson

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	Kevin Eduard Walker	Sally Brewster Narey
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman, President & CEO	Sr. VP, CFO & Treasurer	Sr. VP, General Counsel & Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me This _____ day of _____ by <u>Stanton L. Olson</u> proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [X] No [] _____ _____ _____
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Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	48,484,990	0	48,484,990	47,311,687
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....1,367,543), cash equivalents (\$.....0) and short-term investments (\$.....949,865).....	2,317,408	0	2,317,408	3,001,523
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	0	0	0	66,947
10. Securities lending reinvested collateral assets.....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	50,802,398	0	50,802,398	50,380,157
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	605,733	0	605,733	444,850
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,881,513	72,354	1,809,159	1,356,904
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....24,128 earned but unbilled premiums).....	613,941	2,671	611,270	759,377
15.3 Accrued retrospective premiums.....	2,656	253	2,403	2,403
16. Reinsurance:				
16.1. Amounts recoverable from reinsurers.....	2,176,238	0	2,176,238	1,027,890
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	759,119	367,591	391,528	380,012
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	1,590,499
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	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).....	56,851,028	442,869	56,408,159	55,960,984
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	56,851,028	442,869	56,408,159	55,960,984

DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	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	0	9,430	18,893
2502.	0	0	0	0
2503.	0	0	0	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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$....2,982,860).....	11,449,063	10,782,578
2. Reinsurance payable on paid losses and loss adjustment expenses.....	366,153	382,133
3. Loss adjustment expenses.....	1,504,263	1,344,723
4. Commissions payable, contingent commissions and other similar charges.....	244,756	283,867
5. Other expenses (excluding taxes, licenses and fees).....	102,004	115,542
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	38,197	47,795
7.1 Current federal and foreign income taxes (including \$....90,451 on realized capital gains (losses)).....	429,250	1,101,772
7.2 Net deferred tax liability.....	0	0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....15,651,287 and including warranty reserves of \$.....0).....	2,974,460	2,733,003
10. Advance premium.....	(299)	(298)
11. Dividends declared and unpaid:		
11.1 Stockholders.....	0	0
11.2 Policyholders.....	6,142	8,783
12. Ceded reinsurance premiums payable (net of ceding commissions).....	1,261,284	2,718,159
13. Funds held by company under reinsurance treaties.....	0	0
14. Amounts withheld or retained by company for account of others.....	0	0
15. Remittances and items not allocated.....	0	0
16. Provision for reinsurance.....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0
18. Drafts outstanding.....	0	0
19. Payable to parent, subsidiaries and affiliates.....	1,015,782	0
20. Derivatives.....	0	0
21. Payable for securities.....	112,228	0
22. Payable for securities lending.....	0	0
23. Liability for amounts held under uninsured plans.....	0	0
24. Capital notes \$.....0 and interest thereon \$.....0.....	0	0
25. Aggregate write-ins for liabilities.....	48,002	1,275
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	19,551,284	19,519,333
27. Protected cell liabilities.....	0	0
28. Total liabilities (Lines 26 and 27).....	19,551,284	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.....	0	0
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....	0	0
34. Gross paid in and contributed surplus.....	13,000,310	13,000,310
35. Unassigned funds (surplus).....	19,356,565	18,941,341
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	0	0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	36,856,875	36,441,651
38. Totals.....	56,408,159	55,960,984

DETAILS OF WRITE-INS		
2501. Sundry liabilities.....	48,002	1,275
2502.	0	0
2503.	0	0
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).....	48,002	1,275
2901.	0	0
2902.	0	0
2903.	0	0
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.	0	0
3202.	0	0
3203.	0	0
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 for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....23,511,490).....	29,459,085	45,470,749	58,142,513
1.2 Assumed..... (written \$.....5,875,352).....	5,633,896	5,575,399	7,238,789
1.3 Ceded..... (written \$.....23,511,490).....	29,459,085	45,470,749	58,142,513
1.4 Net..... (written \$.....5,875,352).....	5,633,896	5,575,399	7,238,789
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....3,851,623):			
2.1 Direct.....	11,076,120	12,268,131	22,931,376
2.2 Assumed.....	4,304,520	3,780,877	4,673,834
2.3 Ceded.....	11,076,120	12,268,131	22,931,376
2.4 Net.....	4,304,520	3,780,877	4,673,834
3. Loss adjustment expenses incurred.....	852,286	743,783	976,262
4. Other underwriting expenses incurred.....	1,621,639	1,741,177	2,269,697
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	6,778,445	6,265,837	7,919,793
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(1,144,549)	(690,438)	(681,004)
INVESTMENT INCOME			
9. Net investment income earned.....	1,519,853	1,538,013	2,040,599
10. Net realized capital gains (losses) less capital gains tax of \$.....94,884.....	224,537	(11,828)	(60,481)
11. Net investment gain (loss) (Lines 9 + 10).....	1,744,390	1,526,185	1,980,118
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....872 amount charged off \$.....4,115).....	(3,243)	(7,851)	(9,888)
13. Finance and service charges not included in premiums.....	0	0	0
14. Aggregate write-ins for miscellaneous income.....	(67,829)	(1,353)	(34,535)
15. Total other income (Lines 12 through 14).....	(71,072)	(9,204)	(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).....	528,769	826,543	1,254,692
17. Dividends to policyholders.....	(1,580)	7,953	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).....	530,349	818,591	1,244,881
19. Federal and foreign income taxes incurred.....	119,981	221,876	288,514
20. Net income (Line 18 minus Line 19) (to Line 22).....	410,368	596,715	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).....	410,368	596,715	956,368
23. Net transfers (to) from Protected Cell accounts.....	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss).....	(2)	(99)	(93)
26. Change in net deferred income tax.....	46,682	(29,564)	(99,424)
27. Change in nonadmitted assets.....	(41,823)	13,837	62,159
28. Change in provision for reinsurance.....	0	0	0
29. Change in surplus notes.....	0	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0	0
31. Cumulative effect of changes in accounting principles.....	0	0	0
32. Capital changes:			
32.1 Paid in.....	0	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0	0
32.3 Transferred to surplus.....	0	0	0
33. Surplus adjustments:			
33.1 Paid in.....	0	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0	0
33.3 Transferred from capital.....	0	0	0
34. Net remittances from or (to) Home Office.....	0	0	0
35. Dividends to stockholders.....	0	0	0
36. Change in treasury stock.....	0	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	415,224	580,889	919,009
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	36,856,875	36,103,531	36,441,651
DETAILS OF WRITE-INS			
0501.	0	0	0
0502.	0	0	0
0503.	0	0	0
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. Restructuring / corporate expenses.....	(67,829)	(1,353)	(34,535)
1402.	0	0	0
1403.	0	0	0
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).....	(67,829)	(1,353)	(34,535)
3701.	0	0	0
3702.	0	0	0
3703.	0	0	0
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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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.....	4,107,670	5,339,908	6,835,217
2. Net investment income.....	1,567,033	1,598,380	2,332,601
3. Miscellaneous income.....	(71,072)	(9,204)	(44,423)
4. Total (Lines 1 through 3).....	5,603,631	6,929,084	9,123,395
5. Benefit and loss related payments.....	4,802,363	1,626,982	1,300,292
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,376,632	2,498,923	3,281,670
8. Dividends paid to policyholders.....	1,062	7,436	7,551
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	887,387	(1)	0
10. Total (Lines 5 through 9).....	8,067,444	4,133,339	4,589,513
11. Net cash from operations (Line 4 minus Line 10).....	(2,463,814)	2,795,745	4,533,882
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	10,716,856	2,890,077	3,558,330
12.2 Stocks.....	2,090,953	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	498,097	4,254,714
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	4	0	0
12.7 Miscellaneous proceeds.....	179,172	66,848	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	12,986,985	3,455,022	7,813,044
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	11,778,803	1,489,793	2,296,671
13.2 Stocks.....	2,090,953	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	2,907,122	4,001,099
13.6 Miscellaneous applications.....	0	0	93
13.7 Total investments acquired (Lines 13.1 to 13.6).....	13,869,756	4,396,915	6,297,863
14. Net increase (decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(882,771)	(941,893)	1,515,181
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	2,662,469	(1,853,852)	(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).....	2,662,469	(1,853,852)	(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).....	(684,116)	(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).....	2,317,408	0	3,001,523
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001	0	0	0

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"), the Company's parent, 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:

	Sept. 30, 2011	Dec. 31, 2010
Effect of permitted practice on statutory surplus		
Statutory surplus per statutory financial statements	\$ 36,856,875	\$ 36,441,651
Discounted losses under FFIC structured settlement program	(402,442)	(420,196)
Statutory surplus excluding permitted practices	\$ 36,454,433	\$ 36,021,445
Effect of permitted practice on net income		
Net income per statutory financial statements	\$ 410,368	\$ 956,368
Discounted losses under FFIC structured settlement program	17,754	7,628
Net income excluding permitted practices	\$ 428,122	\$ 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-
- Prepayment assumptions for loan-backed securities are obtained from the Bloomberg system.
 - 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.
 - 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.
 - 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	\$ 644,215	\$ 3,210
Greater than 12 Months	\$ -	\$ -

- 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 September 30, 2011.

NOTES TO FINANCIAL STATEMENTS

Note 21 - Other Items

No significant change.

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 loss adjustment expenses attributable to insured events of prior years increased \$735,000, driven primarily by unfavorable development in Commercial Workers Compensation and Asbestos & Environmental.

Changes in the estimate for incurred loss and loss adjustment 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.

NOTES TO FINANCIAL STATEMENTS

Note 35 - Multiple Peril Crop Insurance

No significant change.

Note 36 - Financial Guaranty Insurance

B. Not applicable.

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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?
If yes, complete the Schedule Y-Part 1 - Organizational chart.

Yes [☐]

No [☒ X]

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	2	3
Name of Entity	NAIC Company Code	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?
If yes, attach an explanation.

Yes [☐]

No [☒ X]

N/A [☐]

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.

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	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
Allianz Global Investors Capital, LLC	Newport Beach, CA	NO	NO	NO	NO	YES
Allianz Global Investors Distributors, LLC	New York, NY	NO	NO	NO	NO	YES
Allianz Global Investors Europe GmbH	Frankfurt, Germany	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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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 ☒ 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 ☒

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 ☒

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 ☒

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

\$.....0

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 ☒

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 ☒

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 ☒

- 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 ☒ 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
The Bank of New York Mellon	One Wall Street New York, NY 10286
- 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 ☐
- Q07.1

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
BNY Mellon Corporation	The Bank of New York Mellon	9/30/2011	Name clarification, address updated

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	2	3
Central Registration Depository	Name(s)	Address
25567	Pacific Investment Management Company, LLC	840 Newport Center Drive, Newport Beach, CA 92660

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:

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes [] No [X] N/A []

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?
If yes, attach an explanation.

Yes [] No [X]

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?
3.2 If yes, give full and complete information thereto:

Yes [] No [X]

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?
4.2 If yes, complete the following schedule:

Yes [X] No []

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
Farmowners Multiple Peril	0.0	5.980 %	222	0	0	222	(10)	0	0	(10)
Homeowners Multiple Peril	0.0	5.980 %	13,512	0	0	13,512	(591)	0	0	(591)
Commercial Multi Peril	0.0	5.980 %	126,077	0	0	126,077	(6,527)	0	0	(6,527)
Ocean Marine	0.0	5.980 %	308	0	0	308	(11)	0	0	(11)
Inland Marine	0.0	5.980 %	38	0	0	38	(13)	0	0	(13)
Medical Malpractice	0.0	5.980 %	315	0	0	315	(20)	0	0	(20)
Other Accident & Health	0.0	5.980 %	264	0	0	264	(27)	0	0	(27)
Other Liability	0.0	5.980 %	70,223	0	0	70,223	(3,089)	0	0	(3,089)
Product Liability	0.0	5.980 %	15,096	0	0	15,096	(626)	0	0	(626)
Private Passenger Auto Liabi	0.0	5.980 %	13,701	0	0	13,701	(1,118)	0	0	(1,118)
Commercial Auto Liability	0.0	5.980 %	96,078	0	0	96,078	(2,926)	0	0	(2,926)
Total.....	XXX..	XXX.....	335,834	0	0	335,834	(14,958)	0	0	(14,958)

5. Operating Percentages:

5.1 A&H loss percent
5.2 A&H cost containment percent
5.3 A&H expense percent excluding cost containment expenses

0.0 %
0.0 %
0.0 %

6.1 Do you act as a custodian for health savings accounts?
6.2 If yes, please provide the amount of custodial funds held as of the reporting date.
6.3 Do you act as an administrator for health savings accounts?
6.4 If yes, please provide the amount of funds administered as of the reporting date.

Yes [] No [X]
0
Yes [] No [X]
0

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

NONE

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	E	88,630	64,469	1,198,595	0	38,177	31,770
2. Alaska.....AK	E	10,241	7,416	0	0	6,221	5,868
3. Arizona.....AZ	E	297,393	717,110	748,277	30,531	841,301	273,047
4. Arkansas.....AR	E	147,325	59,530	43,878	7,165	26,879	26,382
5. California.....CA	E	6,942,662	8,423,079	3,999,892	650,807	3,105,781	3,289,517
6. Colorado.....CO	E	273,265	341,746	6,960	280,560	527,408	402,456
7. Connecticut.....CT	E	(36,265)	69,942	0	0	53,091	75,305
8. Delaware.....DE	E	5,853	5,628	0	0	2,022	3,253
9. District of Columbia.....DC	E	(259,564)	0	0	0	4,319	3,497
10. Florida.....FL	E	2,823,457	2,299,421	356,093	34,183	1,934,491	1,958,448
11. Georgia.....GA	E	1,119,192	482,797	148,082	7,916	662,968	327,815
12. Hawaii.....HI	E	477,451	397,511	0	0	125,332	107,116
13. Idaho.....ID	E	151,748	183,924	0	9,340	238,375	192,021
14. Illinois.....IL	E	340,951	13,829,336	3,039,498	1,732,886	36,846,274	32,408,378
15. Indiana.....IN	E	117,214	72,994	12,000	4,674	74,635	102,488
16. Iowa.....IA	E	96,242	130,161	21,263	2,793	55,059	43,625
17. Kansas.....KS	E	332,058	308,041	0	7,900	156,420	318,382
18. Kentucky.....KY	E	67,971	50,652	61,257	38,276	119,436	118,495
19. Louisiana.....LA	E	519,831	223,894	21,198	4,150	929,890	933,773
20. Maine.....ME	N	0	0	0	0	0	0
21. Maryland.....MD	E	51,609	51,437	0	0	75,799	100,021
22. Massachusetts.....MA	E	178,596	81,718	0	0	60,298	68,218
23. Michigan.....MI	E	32,105	3,287,938	265,438	419,889	5,990,737	7,625,512
24. Minnesota.....MN	E	59,884	74,410	0	195,357	2,248,507	2,335,588
25. Mississippi.....MS	E	182,242	142,294	224,195	18,160	219,334	95,575
26. Missouri.....MO	E	335,476	359,811	271,302	10,705	326,075	470,131
27. Montana.....MT	E	279,133	176,093	(2,512)	8,359	138,448	96,865
28. Nebraska.....NE	E	29,241	25,392	0	0	31,526	31,792
29. Nevada.....NV	E	909,370	881,995	5,000	3,700	1,202,950	1,226,951
30. New Hampshire.....NH	N	0	0	0	0	0	0
31. New Jersey.....NJ	E	893,674	930,942	26,856	18,129	2,526,657	2,014,660
32. New Mexico.....NM	E	209,223	184,382	0	704,502	252,972	258,178
33. New York.....NY	E	971,947	2,114,905	185,682	952,688	2,145,886	2,428,123
34. North Carolina.....NC	E	111,754	19,316	16,749	0	51,700	61,186
35. North Dakota.....ND	E	2	0	0	0	(8)	1
36. Ohio.....OH	L	1,740,800	1,861,546	85,784	285,943	9,319,447	9,429,631
37. Oklahoma.....OK	E	572,670	180,470	273,105	22,156	1,114,695	106,950
38. Oregon.....OR	E	398,883	780,154	49,420	121,317	947,621	936,682
39. Pennsylvania.....PA	E	113,828	245,547	80,380	0	225,764	281,290
40. Rhode Island.....RI	E	11,973	4,219	0	0	28,610	55,573
41. South Carolina.....SC	E	236,015	299,815	4,170	0	259,256	466,345
42. South Dakota.....SD	E	11,954	15,893	0	26,000	10,694	7,164
43. Tennessee.....TN	E	219,613	251,728	50,000	3,500	1,440,278	416,875
44. Texas.....TX	E	1,044,350	787,315	364,246	173,370	1,538,817	935,637
45. Utah.....UT	E	52,185	60,990	0	0	55,685	51,778
46. Vermont.....VT	N	0	0	0	0	0	0
47. Virginia.....VA	E	83,399	55,787	30,690	30,690	351,358	376,927
48. Washington.....WA	E	1,222,240	1,577,487	858,491	837,506	2,660,377	2,540,324
49. West Virginia.....WV	E	5,941	51,692	0	0	12,615	17,395
50. Wisconsin.....WI	E	19,712	221,944	4,500	(2,500)	150,622	281,761
51. Wyoming.....WY	E	18,016	20,692	0	820	20,723	17,315
52. American Samoa.....AS	N	0	0	0	0	0	0
53. Guam.....GU	N	0	0	0	0	0	0
54. Puerto Rico.....PR	N	0	0	0	0	0	0
55. US Virgin Islands.....VI	N	0	0	0	0	0	0
56. Northern Mariana Islands.....MP	N	0	0	0	0	0	0
57. Canada.....CN	N	0	0	0	0	0	0
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....	(a).....1	23,511,490	42,413,563	12,450,489	6,641,472	79,155,522	73,356,084

DETAILS OF WRITE-INS							
5801.	XXX	0	0	0	0	0	0
5802.	XXX	0	0	0	0	0	0
5803.	XXX	0	0	0	0	0	0
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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	(10,971)	1,949	(17.8)	0.0
2. Allied lines.....	418,727	6,591	1.6	11.2
3. Farmowners multiple peril.....	273,751	1,268,916	463.5	0.0
4. Homeowners multiple peril.....	4,485,644	232,003	5.2	16.2
5. Commercial multiple peril.....	4,521,162	5,036,888	111.4	43.5
6. Mortgage guaranty.....	0	0	0.0	0.0
8. Ocean marine.....	18,427	(32,868)	(178.4)	(44.2)
9. Inland marine.....	523,733	(76,626)	(14.6)	25.9
10. Financial guaranty.....	0	0	0.0	0.0
11.1. Medical professional liability - occurrence.....	130,986	(27,572)	(21.0)	8.7
11.2. Medical professional liability - claims-made.....	529,037	(540,099)	(102.1)	(92.6)
12. Earthquake.....	2,833,964	(192,379)	(6.8)	5.2
13. Group accident and health.....	0	0	0.0	0.0
14. Credit accident and health.....	0	0	0.0	0.0
15. Other accident and health.....	0	0	0.0	0.0
16. Workers' compensation.....	11,596	(16,074)	(138.6)	72.9
17.1 Other liability-occurrence.....	11,128,988	3,238,992	29.1	40.4
17.2 Other liability-claims made.....	3,929,091	144,160	3.7	32.8
17.3 Excess workers' compensation.....	0	0	0.0	0.0
18.1 Products liability-occurrence.....	480,935	2,056,083	427.5	(54.1)
18.2 Products liability-claims made.....	0	0	0.0	0.0
19.1, 19.2 Private passenger auto liability.....	0	1	0.0	0.0
19.3, 19.4 Commercial auto liability.....	0	(18,857)	0.0	7.3
21. Auto physical damage.....	0	(19)	0.0	0.0
22. Aircraft (all perils).....	0	0	0.0	0.0
23. Fidelity.....	0	0	0.0	0.0
24. Surety.....	171,237	(5,078)	(3.0)	(2.7)
26. Burglary and theft.....	0	0	0.0	0.0
27. Boiler and machinery.....	12,778	109	0.9	0.0
28. Credit.....	0	0	0.0	0.0
29. International.....	0	0	0.0	0.0
30. Warranty.....	0	0	0.0	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	0.0
35. Totals.....	29,459,085	11,076,120	37.6	27.0
DETAILS OF WRITE-INS				
3401.....	0	0	0.0	0.0
3402.....	0	0	0.0	0.0
3403.....	0	0	0.0	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	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.....	0	(262,534)	0
2. Allied lines.....	79,152	500,382	400,104
3. Farmowners multiple peril.....	53,695	425,334	0
4. Homeowners multiple peril.....	1,974,601	4,880,815	5,031,133
5. Commercial multiple peril.....	943,941	5,167,807	3,213,274
6. Mortgage guaranty.....	0	0	0
8. Ocean marine.....	0	16,513	132,976
9. Inland marine.....	143,386	527,673	570,406
10. Financial guaranty.....	0	0	0
11.1 Medical professional liability - occurrence.....	(121)	(6,428)	467,210
11.2 Medical professional liability - claims made.....	(592)	(9,661)	1,332,342
12. Earthquake.....	883,261	2,962,436	3,094,373
13. Group accident and health.....	0	0	0
14. Credit accident and health.....	0	0	0
15. Other accident and health.....	0	0	0
16. Workers' compensation.....	2,914	8,582	12,731
17.1 Other liability-occurrence.....	1,604,519	7,599,346	15,785,483
17.2 Other liability-claims made.....	125,021	1,310,659	10,904,124
17.3 Excess workers' compensation.....	0	0	0
18.1 Products liability-occurrence.....	57,797	374,944	852,124
18.2 Products liability-claims made.....	0	0	0
19.1 19.2 Private passenger auto liability.....	0	0	0
19.3 19.4 Commercial auto liability.....	0	0	341,799
21. Auto physical damage.....	0	0	0
22. Aircraft (all perils).....	0	0	0
23. Fidelity.....	0	0	0
24. Surety.....	(744)	(638)	275,484
26. Burglary and theft.....	0	0	0
27. Boiler and machinery.....	2,268	16,260	0
28. Credit.....	0	0	0
29. International.....	0	0	0
30. Warranty.....	0	0	0
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.....	5,869,098	23,511,490	42,413,563
DETAILS OF WRITE-INS			
3401.....	0	0	0
3402.....	0	0	0
3403.....	0	0	0
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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2011 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)	
1. 2008 + Prior.....	4,253	2,749	7,002	984	55	1,039	3,912	99	2,751	6,762	643	156	799	
2. 2009.....	611	1,102	1,713	359	20	379	467	44	698	1,209	215	(340)	(125)	
3. Subtotals 2009 + Prior.....	4,864	3,851	8,715	1,343	75	1,418	4,379	143	3,449	7,971	858	(184)	674	
4. 2010.....	650	2,755	3,405	1,606	161	1,767	474	155	1,070	1,699	1,430	(1,369)	61	
5. Subtotals 2010 + Prior.....	5,514	6,606	12,120	2,949	236	3,185	4,853	298	4,519	9,670	2,288	(1,553)	735	
6. 2011.....	XXX	XXX	XXX	XXX	1,123	1,123	XXX	485	2,791	3,276	XXX	XXX	XXX	
7. Totals.....	5,514	6,606	12,120	2,949	1,359	4,308	4,853	783	7,310	12,946	2,288	(1,553)	735	
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. ....41.5 %	2. ....(23.5)%	3. ....6.1 %	
														Col. 13, Line 7 Line 8
														4.2.0 %

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the 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:



NONE

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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.....	0	0
2.2 Additional investment made after acquisition.....	0	4,001,099
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	4,254,714
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
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.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	(0)	(0)

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	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.....	13,869,755	2,296,671
3. Accrual of discount.....	9,047	3,444
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	319,418	(17,328)
6. Deduct consideration for bonds and stocks disposed of.....	12,807,810	3,558,330
7. Deduct amortization of premium.....	217,106	277,786
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	48,326
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	48,484,990	47,311,687
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	48,484,990	47,311,687

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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

QSI02

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	48,504,533	2,945,057	1,941,381	(73,354)	49,384,385	48,504,533	49,434,855	47,557,880
2. Class 2 (a).....	0	0	0	0	0	0	0	0
3. Class 3 (a).....	0	0	0	0	0	0	0	0
4. Class 4 (a).....	0	0	0	0	0	0	0	0
5. Class 5 (a).....	0	0	0	0	0	0	0	0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds.....	48,504,533	2,945,057	1,941,381	(73,354)	49,384,385	48,504,533	49,434,855	47,557,880
PREFERRED STOCK								
8. Class 1.....	0	0	0	0	0	0	0	0
9. Class 2.....	0	0	0	0	0	0	0	0
10. Class 3.....	0	0	0	0	0	0	0	0
11. Class 4.....	0	0	0	0	0	0	0	0
12. Class 5.....	0	0	0	0	0	0	0	0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	48,504,533	2,945,057	1,941,381	(73,354)	49,384,385	48,504,533	49,434,855	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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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.....	949,865	XXX.....	949,865	339	0

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	0
2. Cost of short-term investments acquired.....	6,921,152	272,925
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	6,217,480	26,731
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	949,865	246,194
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	949,865	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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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	0
2. Cost of cash equivalents acquired.....	174,199,904	0
3. Accrual of discount.....	92	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	4	0
6. Deduct consideration received on disposals.....	174,200,000	0
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/ adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	0	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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SCHEDULE D - PART 3

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

1	2				3	4	5		6	7	8	9	10
CUSIP Identification	Description				Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)	
Bonds - U.S. States, Territories and Possessions													
882722 D9 9	TEXAS ST 5.000% 10/01/17.....					...07/19/2011	SIEBERT.....		119,329	100,000	0	1FE.....	
882722 E3 1	TEXAS ST 5.000% 10/01/19.....					...07/19/2011	SIEBERT.....		118,784	100,000	0	1FE.....	
93974C YR 5	WASHINGTON ST 5.000% 08/01/20.....					...07/20/2011	Salomon-GVT MT.....		118,355	100,000	0	1FE.....	
1799999.	Total - Bonds - U.S. States, Territories & Possessions.....								356,468	300,000	0	XXX.....	
Bonds - U.S. Political Subdivisions of States, Territories and Possessions													
64966J MQ 6	NEW YORK N Y 5.000% 08/01/19.....					...07/22/2011	Salomon-GVT MT.....		116,563	100,000	0	1FE.....	
64966J MR 4	NEW YORK N Y 5.000% 08/01/20.....					...07/22/2011	Salomon-GVT MT.....		174,482	150,000	0	1FE.....	
2499999.	Total - Bonds - U.S. Political Subdivision of States, Territories & Possessions.....								291,045	250,000	0	XXX.....	
Bonds - U.S. Special Revenue and Special Assessment													
13066Y SN 0	CALIFORNIA ST DEPT OF W 5.000% 05/01/21.....					...08/17/2011	MORGAN STANLEY & CO INC.....		119,826	100,000	0	1FE.....	
13066Y SP 5	CALIFORNIA ST DEPT OF W 5.000% 05/01/20.....					...08/17/2011	MORGAN STANLEY & CO INC.....		238,908	200,000	0	1FE.....	
249182 DC 7	DENVER CITY & CNTY CO A 5.000% 11/15/16.....					...09/29/2011	JP MORGAN.....		112,228	100,000	0	1FE.....	
646135 5Q 2	NEW JERSEY ST TRANSPRTN 5.500% 12/15/20.....					...07/22/2011	WELLS FARGO.....		113,815	100,000	642	1FE.....	
64971Q JM 6	NEW YORK N Y CITY 5.000% 02/01/20.....					...08/05/2011	JP MORGAN.....		118,328	100,000	0	1FE.....	
3199999.	Total - Bonds - U.S. Special Revenue & Special Assessments.....								703,105	600,000	642	XXX.....	
8399997.	Total - Bonds - Part 3.....								1,350,618	1,150,000	642	XXX.....	
8399999.	Total - Bonds.....								1,350,618	1,150,000	642	XXX.....	
9999999.	Total - Bonds, Preferred and Common Stocks.....								1,350,618	XXX.....	642	XXX.....	

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

QE04

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

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			F o r e i g n	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 Desig- nation or Market Indicator (a)

Bonds - U.S. Government

36241K N7 9	GNMA POOL 782214 6.500% 11/01/37.....	.....	09/01/2011	Paydown.....	.....	.....4,665	4,665	4,873	4,868	0	(203)	0	(203)	0	4,665	0	0	0	203	11/01/2037	1.....
0599999.	Total - Bonds - U.S. Government.....	.....				.....4,665	4,665	4,873	4,868	0	(203)	0	(203)	0	4,665	0	0	0	203	XXX...	..XXX....

Bonds - U.S. Special Revenue and Special Assessment

3138A1 U3 3	FNMA POOL AH0601 4.000% 12/01/40.....	.....	09/01/2011	Paydown.....	.....	.....8,358	8,358	8,207	0	0	151	0	151	0	8,358	0	0	0	148	12/01/2040	1.....
3138A2 DW 6	FNMA POOL AH1016 4.000% 12/01/40.....	.....	09/01/2011	Paydown.....	.....	.....506	506	497	0	0	9	0	9	0	506	0	0	0	8	12/01/2040	1.....
3138A2 PH 6	FNMA POOL AH1323 4.000% 01/01/41.....	.....	09/01/2011	Paydown.....	.....	.....973	973	956	0	0	18	0	18	0	973	0	0	0	17	01/01/2041	1.....
3138A4 M9 3	FNMA POOL AH3083 4.000% 01/01/41.....	.....	09/01/2011	Paydown.....	.....	.....4,284	4,284	4,207	0	0	77	0	77	0	4,284	0	0	0	72	01/01/2041	1.....
3138A4 XY 6	FNMA POOL AH3394 4.000% 01/01/41.....	.....	09/01/2011	Paydown.....	.....	.....13,749	13,749	13,501	0	0	248	0	248	0	13,749	0	0	0	230	01/01/2041	1.....
3138A5 NG 3	FNMA POOL AH3990 4.000% 02/01/41.....	.....	09/01/2011	Paydown.....	.....	.....7,412	7,412	7,279	0	0	133	0	133	0	7,412	0	0	0	123	02/01/2041	1.....
3138A6 EF 3	FNMA POOL AH4633 4.000% 01/01/41.....	.....	09/01/2011	Paydown.....	.....	.....20,174	20,174	19,811	0	0	363	0	363	0	20,174	0	0	0	338	01/01/2041	1.....
31401W PL 7	FNMA POOL 720527 5.500% 05/01/33.....	.....	09/01/2011	Paydown.....	.....	.....44,820	44,820	45,706	45,649	0	(829)	0	(829)	0	44,820	0	0	0	1,642	05/01/2033	1.....
31402D GN 4	FNMA POOL 725705 5.000% 08/01/34.....	.....	09/01/2011	Paydown.....	.....	.....101,762	101,762	101,285	101,291	0	472	0	472	0	101,762	0	0	0	3,392	08/01/2034	1.....
31410G ER 0	FNMA POOL 888544 6.500% 08/01/36.....	.....	09/01/2011	Paydown.....	.....	.....65,316	65,316	67,706	67,656	0	(2,340)	0	(2,340)	0	65,316	0	0	0	2,845	08/01/2036	1.....
31411V D8 9	FNMA POOL 915527 5.637% 08/01/37.....	.....	09/01/2011	Paydown.....	.....	.....54,045	54,045	54,282	54,276	0	(231)	0	(231)	0	54,045	0	0	0	1,897	08/01/2037	1.....
31416X Y4 6	FNMA POOL AB2530 4.000% 03/01/41.....	.....	09/01/2011	Paydown.....	.....	.....46,555	46,555	45,716	0	0	838	0	838	0	46,555	0	0	0	750	03/01/2041	1.....
31418X NC 8	FNMA POOL AD9386 4.000% 09/01/40.....	.....	09/01/2011	Paydown.....	.....	.....1,080	1,080	1,060	0	0	19	0	19	0	1,080	0	0	0	20	09/01/2040	1.....
31419G 4V 3	FNMA POOL AE6235 4.000% 12/01/40.....	.....	09/01/2011	Paydown.....	.....	.....432	432	424	0	0	8	0	8	0	432	0	0	0	7	12/01/2040	1.....
31419H QV 7	FNMA POOL AE6767 4.000% 11/01/40.....	.....	09/01/2011	Paydown.....	.....	.....4,486	4,486	4,405	0	0	81	0	81	0	4,486	0	0	0	75	11/01/2040	1.....
3199999.	Total - Bonds - U.S. Special Revenue & Assessment.....	.....				.....373,952	373,952	375,042	268,872	0	(983)	0	(983)	0	373,952	0	0	0	11,564	XXX...	..XXX....

Bonds - Industrial and Miscellaneous

92978Y AB 6	WACHOVIA BANK COMMERCIA 5.926% 06/15/49.....	.....	09/01/2011	Paydown.....	.....	.....8,705	8,705	8,901	0	0	(196)	0	(196)	0	8,705	0	0	0	88	04/01/2017	1Z*.....
3899999.	Total - Bonds - Industrial & Miscellaneous.....	.....				.....8,705	8,705	8,901	0	0	(196)	0	(196)	0	8,705	0	0	0	88	XXX...	..XXX....
8399997.	Total - Bonds - Part 4.....	.....				.....387,322	387,322	388,816	273,740	0	(1,382)	0	(1,382)	0	387,322	0	0	0	11,855	XXX...	..XXX....
8399999.	Total - Bonds.....	.....				.....387,322	387,322	388,816	273,740	0	(1,382)	0	(1,382)	0	387,322	0	0	0	11,855	XXX...	..XXX....
9999999.	Total - Bonds, Preferred and Common Stocks.....	.....				.....387,322	XXX.....	388,816	273,740	0	(1,382)	0	(1,382)	0	387,322	0	0	0	11,855	XXX...	..XXX....

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

QE05

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

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

MELLON BANK..... PITTSBURGH, PA.....		0.000	0	0	1,388,578	1,388,643	1,367,543	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	0	0	1,388,578	1,388,643	1,367,543	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	0	0	1,388,578	1,388,643	1,367,543	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	0	0	1,388,578	1,388,643	1,367,543	XXX..

Statement for September 30, 2011 of the Fireman's Fund Insurance Company of Ohio

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE



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

			1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			Direct Premiums Written	Direct Premiums Earned	3	4	Direct Losses Incurred	6	7	Direct Losses Incurred But Not Reported
States, Etc.					Amount	Number of Claims		Amount Reported	Number of Claims	
1.	Alabama.....	AL.....	0	0	0	0	0	0	0	0
2.	Alaska.....	AK.....	0	0	0	0	0	0	0	0
3.	Arizona.....	AZ.....	0	0	0	0	0	0	0	0
4.	Arkansas.....	AR.....	0	0	0	0	0	0	0	0
5.	California.....	CA.....	0	0	0	0	0	0	0	0
6.	Colorado.....	CO.....	0	0	0	0	(7)	0	0	15
7.	Connecticut.....	CT.....	0	0	0	0	0	0	0	0
8.	Delaware.....	DE.....	0	0	0	0	0	0	0	0
9.	District of Columbia.....	DC.....	0	0	0	0	0	0	0	0
10.	Florida.....	FL.....	0	0	0	0	(1,937)	0	0	4,113
11.	Georgia.....	GA.....	0	0	0	0	0	0	0	0
12.	Hawaii.....	HI.....	0	0	0	0	0	0	0	0
13.	Idaho.....	ID.....	0	0	0	0	0	0	0	0
14.	Illinois.....	IL.....	(7)	(7)	0	0	(2,441)	0	0	4,935
15.	Indiana.....	IN.....	0	0	0	0	0	0	0	0
16.	Iowa.....	IA.....	0	0	0	0	0	0	0	0
17.	Kansas.....	KS.....	0	0	0	0	0	0	0	0
18.	Kentucky.....	KY.....	0	0	0	0	0	0	0	0
19.	Louisiana.....	LA.....	0	0	0	0	(5,910)	0	0	12,773
20.	Maine.....	ME.....	0	0	0	0	0	0	0	0
21.	Maryland.....	MD.....	0	0	0	0	0	0	0	0
22.	Massachusetts.....	MA.....	0	0	0	0	0	0	0	0
23.	Michigan.....	MI.....	0	0	0	0	0	0	0	2
24.	Minnesota.....	MN.....	0	0	0	0	0	0	0	0
25.	Mississippi.....	MS.....	0	0	0	0	0	0	0	0
26.	Missouri.....	MO.....	0	0	0	0	4	0	0	(11)
27.	Montana.....	MT.....	0	0	0	0	0	0	0	0
28.	Nebraska.....	NE.....	0	0	0	0	0	0	0	0
29.	Nevada.....	NV.....	0	0	0	0	1,762	0	0	18,070
30.	New Hampshire.....	NH.....	0	0	0	0	0	0	0	0
31.	New Jersey.....	NJ.....	0	0	0	0	0	0	0	0
32.	New Mexico.....	NM.....	0	0	0	0	134	0	0	1,971
33.	New York.....	NY.....	0	0	0	0	0	0	0	0
34.	North Carolina.....	NC.....	0	0	0	0	0	0	0	0
35.	North Dakota.....	ND.....	0	0	0	0	0	0	0	0
36.	Ohio.....	OH.....	0	0	0	0	0	0	0	0
37.	Oklahoma.....	OK.....	0	0	0	0	0	0	0	0
38.	Oregon.....	OR.....	0	0	0	0	(4)	0	0	2
39.	Pennsylvania.....	PA.....	0	0	0	0	0	0	0	0
40.	Rhode Island.....	RI.....	0	0	0	0	0	0	0	0
41.	South Carolina.....	SC.....	0	0	0	0	0	0	0	0
42.	South Dakota.....	SD.....	0	0	0	0	0	0	0	0
43.	Tennessee.....	TN.....	0	0	0	0	0	0	0	0
44.	Texas.....	TX.....	0	0	0	0	(2,853)	0	0	15,435
45.	Utah.....	UT.....	0	0	0	0	0	0	0	0
46.	Vermont.....	VT.....	0	0	0	0	0	0	0	0
47.	Virginia.....	VA.....	0	0	0	0	(913)	0	0	1,509
48.	Washington.....	WA.....	0	0	0	0	2	0	0	(7)
49.	West Virginia.....	WV.....	0	0	0	0	0	0	0	0
50.	Wisconsin.....	WI.....	0	0	0	0	0	0	0	0
51.	Wyoming.....	WY.....	0	0	0	0	0	0	0	0
52.	American Samoa.....	AS.....	0	0	0	0	0	0	0	0
53.	Guam.....	GU.....	0	0	0	0	0	0	0	0
54.	Puerto Rico.....	PR.....	0	0	0	0	0	0	0	0
55.	US Virgin Islands.....	VI.....	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands.....	MP.....	0	0	0	0	0	0	0	0
57.	Canada.....	CN.....	0	0	0	0	0	0	0	0
58.	Aggregate Other Alien.....	OT.....	0	0	0	0	0	0	0	0
59.	Totals.....		(7)	(7)	0	0	(12,163)	0	0	58,807
DETAILS OF WRITE-INS										
5801.	0.....		0	0	0	0	0	0	0	0
5802.	0.....		0	0	0	0	0	0	0	0
5803.	0.....		0	0	0	0	0	0	0	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



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			Direct Losses Paid		5	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3	4		6	7	
States, Etc.			Direct Premiums Written	Direct Premiums Earned	Direct Losses Incurred	Amount Reported	Number of Claims	
1.	Alabama.....	AL.....	0	0	0	0	0	0
2.	Alaska.....	AK.....	0	0	0	0	0	0
3.	Arizona.....	AZ.....	0	0	0	0	0	0
4.	Arkansas.....	AR.....	0	0	(587)	0	0	339
5.	California.....	CA.....	0	0	0	0	0	0
6.	Colorado.....	CO.....	0	0	0	0	0	0
7.	Connecticut.....	CT.....	0	0	0	0	0	0
8.	Delaware.....	DE.....	0	0	0	0	0	0
9.	District of Columbia.....	DC.....	0	0	0	0	0	0
10.	Florida.....	FL.....	0	0	(21,525)	0	0	12,594
11.	Georgia.....	GA.....	0	0	0	0	0	0
12.	Hawaii.....	HI.....	0	0	0	0	0	0
13.	Idaho.....	ID.....	0	0	0	0	0	0
14.	Illinois.....	IL.....	0	0	0	0	0	0
15.	Indiana.....	IN.....	0	0	0	0	0	0
16.	Iowa.....	IA.....	0	0	0	0	0	0
17.	Kansas.....	KS.....	0	0	0	0	0	0
18.	Kentucky.....	KY.....	0	0	0	0	0	0
19.	Louisiana.....	LA.....	0	0	0	0	0	0
20.	Maine.....	ME.....	0	0	0	0	0	0
21.	Maryland.....	MD.....	0	0	0	0	0	0
22.	Massachusetts.....	MA.....	0	0	0	0	0	0
23.	Michigan.....	MI.....	(15)	8,390	(1,235)	50,000	1	1,938
24.	Minnesota.....	MN.....	0	0	0	0	0	0
25.	Mississippi.....	MS.....	0	0	0	0	0	0
26.	Missouri.....	MO.....	0	0	0	0	0	(1)
27.	Montana.....	MT.....	0	0	0	0	0	0
28.	Nebraska.....	NE.....	0	0	0	0	0	0
29.	Nevada.....	NV.....	0	0	(745)	236,861	1	7,218
30.	New Hampshire.....	NH.....	0	0	0	0	0	0
31.	New Jersey.....	NJ.....	0	0	0	0	0	0
32.	New Mexico.....	NM.....	0	0	(8)	0	0	6
33.	New York.....	NY.....	0	0	0	0	0	0
34.	North Carolina.....	NC.....	0	0	0	0	0	0
35.	North Dakota.....	ND.....	0	0	0	0	0	0
36.	Ohio.....	OH.....	0	0	0	0	0	0
37.	Oklahoma.....	OK.....	0	0	0	0	0	0
38.	Oregon.....	OR.....	0	0	0	0	0	0
39.	Pennsylvania.....	PA.....	0	0	0	0	0	0
40.	Rhode Island.....	RI.....	0	0	0	0	0	0
41.	South Carolina.....	SC.....	0	0	0	0	0	0
42.	South Dakota.....	SD.....	0	0	0	0	0	0
43.	Tennessee.....	TN.....	0	0	0	0	0	0
44.	Texas.....	TX.....	0	0	0	0	0	0
45.	Utah.....	UT.....	0	0	0	0	0	0
46.	Vermont.....	VT.....	0	0	0	0	0	0
47.	Virginia.....	VA.....	0	0	(73)	0	0	83
48.	Washington.....	WA.....	0	0	0	0	0	0
49.	West Virginia.....	WV.....	0	0	0	0	0	0
50.	Wisconsin.....	WI.....	0	0	0	0	0	0
51.	Wyoming.....	WY.....	0	0	0	0	0	0
52.	American Samoa.....	AS.....	0	0	0	0	0	0
53.	Guam.....	GU.....	0	0	0	0	0	0
54.	Puerto Rico.....	PR.....	0	0	0	0	0	0
55.	US Virgin Islands.....	VI.....	0	0	0	0	0	0
56.	Northern Mariana Islands.....	MP.....	0	0	0	0	0	0
57.	Canada.....	CN.....	0	0	0	0	0	0
58.	Aggregate Other Alien.....	OT.....	0	0	0	0	0	0
59.	Totals.....	(15)	8,390	0	(24,173)	286,861	2	22,177

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



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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, Etc.		Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
1.	Alabama.....AL	0	0	0	0	0	0	0	0
2.	Alaska.....AK	0	0	0	0	0	0	0	0
3.	Arizona.....AZ	0	0	0	0	(1)	0	0	(1)
4.	Arkansas.....AR	0	0	0	0	8,373	0	0	47
5.	California.....CA	0	0	0	0	0	0	0	0
6.	Colorado.....CO	0	0	0	0	(12)	0	0	15
7.	Connecticut.....CT	0	0	0	0	(1)	1	1	0
8.	Delaware.....DE	0	0	0	0	0	0	0	0
9.	District of Columbia.....DC	0	0	0	0	0	0	0	0
10.	Florida.....FL	0	0	75,000	1	23,667	0	0	709
11.	Georgia.....GA	0	0	0	0	0	0	0	0
12.	Hawaii.....HI	0	0	0	0	0	0	0	0
13.	Idaho.....ID	0	0	0	0	0	0	0	0
14.	Illinois.....IL	(4,188)	286,787	(11,563)	0	(393,848)	88,314	4	460,374
15.	Indiana.....IN	0	0	0	0	(430)	0	0	242
16.	Iowa.....IA	0	0	0	0	(19)	0	0	(19)
17.	Kansas.....KS	0	0	0	0	0	0	0	0
18.	Kentucky.....KY	0	0	0	0	0	0	0	0
19.	Louisiana.....LA	0	0	0	0	(35,994)	75,000	1	15,171
20.	Maine.....ME	0	0	0	0	0	0	0	0
21.	Maryland.....MD	0	0	0	0	0	0	0	0
22.	Massachusetts.....MA	0	0	0	0	0	0	0	0
23.	Michigan.....MI	(11,879)	364,853	60,000	1	(143,180)	175,122	6	873,640
24.	Minnesota.....MN	0	0	0	0	0	0	0	0
25.	Mississippi.....MS	0	0	0	0	0	0	0	0
26.	Missouri.....MO	0	0	0	0	483	0	0	(16)
27.	Montana.....MT	0	0	0	0	0	0	0	0
28.	Nebraska.....NE	0	0	0	0	0	0	0	0
29.	Nevada.....NV	0	0	0	0	(10,206)	0	0	9,987
30.	New Hampshire.....NH	0	0	0	0	0	0	0	0
31.	New Jersey.....NJ	0	0	0	0	(130)	0	0	12
32.	New Mexico.....NM	0	0	0	0	(1,657)	0	0	697
33.	New York.....NY	0	0	0	0	(4,341)	0	0	1,736
34.	North Carolina.....NC	0	0	0	0	0	0	0	0
35.	North Dakota.....ND	0	0	0	0	0	0	0	0
36.	Ohio.....OH	0	0	0	0	(3,938)	0	0	1,631
37.	Oklahoma.....OK	0	0	0	0	(498)	0	0	219
38.	Oregon.....OR	0	0	0	0	16	0	0	10
39.	Pennsylvania.....PA	0	0	0	0	51	0	0	51
40.	Rhode Island.....RI	0	0	0	0	0	0	0	0
41.	South Carolina.....SC	0	0	0	0	0	0	0	0
42.	South Dakota.....SD	0	0	0	0	0	0	0	0
43.	Tennessee.....TN	0	0	0	0	0	0	0	0
44.	Texas.....TX	0	0	0	0	38,736	0	0	(98)
45.	Utah.....UT	0	0	0	0	(300)	0	0	150
46.	Vermont.....VT	0	0	0	0	0	0	0	0
47.	Virginia.....VA	0	0	0	0	4,369	0	0	1,813
48.	Washington.....WA	0	0	0	0	(28)	0	0	(19)
49.	West Virginia.....WV	0	0	0	0	0	0	0	0
50.	Wisconsin.....WI	0	0	0	0	0	0	0	0
51.	Wyoming.....WY	0	0	0	0	0	0	0	0
52.	American Samoa.....AS	0	0	0	0	0	0	0	0
53.	Guam.....GU	0	0	0	0	0	0	0	0
54.	Puerto Rico.....PR	0	0	0	0	0	0	0	0
55.	US Virgin Islands.....VI	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands.....MP	0	0	0	0	0	0	0	0
57.	Canada.....CN	0	0	0	0	0	0	0	0
58.	Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59.	Totals.....	(16,067)	651,640	123,437	2	(518,888)	338,437	12	1,366,351

DETAILS OF WRITE-INS

5801.	0.....	0	0	0	0	0	0	0	0
5802.	0.....	0	0	0	0	0	0	0	0
5803.	0.....	0	0	0	0	0	0	0	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



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

			Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, Etc.			Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
1.	Alabama.....	AL.....0	0	0	0	0	0	0
2.	Alaska.....	AK.....0	0	0	0	0	0	0
3.	Arizona.....	AZ.....0	0	0	0	0	0	0
4.	Arkansas.....	AR.....0	0	0	(3,262)	0	0	4,138
5.	California.....	CA.....0	0	0	0	0	0	0
6.	Colorado.....	CO.....0	0	0	0	0	0	0
7.	Connecticut.....	CT.....0	0	0	0	0	0	0
8.	Delaware.....	DE.....0	0	0	0	0	0	0
9.	District of Columbia.....	DC.....0	0	0	0	0	0	0
10.	Florida.....	FL.....0	0	0	104	0	0	380
11.	Georgia.....	GA.....0	0	0	0	0	0	0
12.	Hawaii.....	HI.....0	0	0	0	0	0	0
13.	Idaho.....	ID.....0	0	0	0	0	0	0
14.	Illinois.....	IL.....0	0	0	(98)	0	0	147
15.	Indiana.....	IN.....0	0	0	0	0	0	0
16.	Iowa.....	IA.....0	0	0	0	0	0	0
17.	Kansas.....	KS.....0	0	0	0	0	0	0
18.	Kentucky.....	KY.....0	0	0	0	0	0	0
19.	Louisiana.....	LA.....0	0	0	0	0	0	0
20.	Maine.....	ME.....0	0	0	0	0	0	0
21.	Maryland.....	MD.....0	0	0	0	0	0	0
22.	Massachusetts.....	MA.....0	0	0	0	0	0	0
23.	Michigan.....	MI.....0	0	0	0	0	0	0
24.	Minnesota.....	MN.....0	0	0	0	0	0	0
25.	Mississippi.....	MS.....0	0	0	0	0	0	0
26.	Missouri.....	MO.....0	0	0	(230)	0	0	285
27.	Montana.....	MT.....0	0	0	0	0	0	0
28.	Nebraska.....	NE.....0	0	0	0	0	0	0
29.	Nevada.....	NV.....0	0	0	110	0	0	(142)
30.	New Hampshire.....	NH.....0	0	0	0	0	0	0
31.	New Jersey.....	NJ.....0	0	0	0	0	0	0
32.	New Mexico.....	NM.....0	0	0	(266)	0	0	339
33.	New York.....	NY.....0	0	0	0	0	0	0
34.	North Carolina.....	NC.....0	0	0	0	0	0	0
35.	North Dakota.....	ND.....0	0	0	0	0	0	0
36.	Ohio.....	OH.....0	0	0	0	0	0	0
37.	Oklahoma.....	OK.....0	0	0	176	0	0	(223)
38.	Oregon.....	OR.....0	0	0	0	0	0	0
39.	Pennsylvania.....	PA.....0	0	0	0	0	0	0
40.	Rhode Island.....	RI.....0	0	0	0	0	0	0
41.	South Carolina.....	SC.....0	0	0	0	0	0	0
42.	South Dakota.....	SD.....0	0	0	0	0	0	0
43.	Tennessee.....	TN.....0	0	0	0	0	0	0
44.	Texas.....	TX.....0	0	0	(8,989)	0	0	11,557
45.	Utah.....	UT.....0	0	0	0	0	0	0
46.	Vermont.....	VT.....0	0	0	0	0	0	0
47.	Virginia.....	VA.....0	0	0	8	0	0	(6)
48.	Washington.....	WA.....0	0	0	0	0	0	0
49.	West Virginia.....	WV.....0	0	0	0	0	0	0
50.	Wisconsin.....	WI.....0	0	0	0	0	0	0
51.	Wyoming.....	WY.....0	0	0	0	0	0	0
52.	American Samoa.....	AS.....0	0	0	0	0	0	0
53.	Guam.....	GU.....0	0	0	0	0	0	0
54.	Puerto Rico.....	PR.....0	0	0	0	0	0	0
55.	US Virgin Islands.....	VI.....0	0	0	0	0	0	0
56.	Northern Mariana Islands.....	MP.....0	0	0	0	0	0	0
57.	Canada.....	CN.....0	0	0	0	0	0	0
58.	Aggregate Other Alien.....	OT.....0	0	0	0	0	0	0
59.	Totals.....	0	0	0	(12,447)	0	0	16,475
DETAILS OF WRITE-INS								
5801.	0.....	0	0	0	0	0	0	0
5802.	0.....	0	0	0	0	0	0	0
5803.	0.....	0	0	0	0	0	0	0
5898.	Summary of remaining write-ins for Line 58 from overflow page.....	0	0	0	0	0	0	0
5899.	Totals (Lines 5801 thru 5803 + 5898) (Line 58 above).....	0	0	0	0	0	0	0

NONE



DIRECTOR AND OFFICER SUPPLEMENT

Year To Date For the Period Ended September 30, 2011

NAIC Group Code.....761
Company Name: Fireman's Fund Insurance Company of Ohio
NAIC Company Code.....39640

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
.....62,083	69,817	2,711

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: \$......0
2.32 Amount estimated using reasonable assumptions: \$......0
- 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: \$......0