Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE INDIVIDUAL RETIREMENT PLAN OF US FIRE INSURANCE COMPANY

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/13/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
UNITED STATES FIRE INSURANCE CO.

305 MADISON AVENUE
MORRISTOWN, NJ 07960

2b Employer Identification Number (EIN) 13-5459190

2c Sponsor's telephone number 973-490-6600

2d Business code (see instructions) 524290

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	MARTHA VAN HISE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	MARTHA VAN HISE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
UNITED STATES FIRE INSURANCE CO.

305 MADISON AVENUE
MORRISTOWN, NJ 07960

3b Administrator's EIN
13-5459190

3c Administrator's telephone number
973-490-6600

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2144
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1351
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	590
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1955
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f	Total. Add lines **6d** and **6e**	**6f**	1963
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1875
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	39
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE INDIVIDUAL RETIREMENT PLAN OF US FIRE INSURANCE COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED STATES FIRE INSURANCE CO.

D Employer Identification Number (EIN)
13-5459190

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
15 71 52 56 59 60 62 63 72	RECORD KEEPER	4163	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE INDIVIDUAL RETIREMENT PLAN OF US FIRE INSURANCE COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED STATES FIRE INSURANCE CO.

D Employer Identification Number (EIN)
13-5459190

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3064078	3126239
(2) Participant contributions	1b(2)	210490	294201
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	322937	5448
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1871699	1976263
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	101317851	122812253
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	195727	546572

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	106982782	128760976
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	106982782	128760976

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	5181142	
(B) Participants	2a(1)(B)	7215133	
(C) Others (including rollovers)	2a(1)(C)	497202	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12893477
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	265	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	124702	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		124967
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1805882	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1805882
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16592755
c Other income	2c		37318
d Total income. Add all **income** amounts in column (b) and enter total	2d		31454399
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9578591	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9578591
f Corrective distributions (see instructions)	2f		192
g Certain deemed distributions of participant loans (see instructions)	2g		95482
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1940	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1940
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9676205
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		21778194
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WITHUM SMITH & BROWN (2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE INDIVIDUAL RETIREMENT PLAN OF US FIRE INSURANCE COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED STATES FIRE INSURANCE CO.

D Employer Identification Number (EIN)
13-5459190

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-3513863 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WS-B

The Individual Retirement Plan
of
United States Fire Insurance Company

Financial Statements

December 31, 2009 and 2008
with Independent Auditors' Report

The Individual Retirement Plan of United States Fire Insurance Company
Table of Contents
December 31, 2009 and 2008

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Florida, and Colorado

Independent Auditors' Report

The Individual Retirement Plan of United States Fire Insurance Company,
Management Committee

We were engaged to audit the accompanying financial statements of the The Individual Retirement Plan of United States Fire Insurance Company (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplementary schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

WithumSmith+Brown, PC

Morristown, New Jersey
September 10, 2010

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The Individual Retirement Plan of United States Fire Insurance Company
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value		
Mutual funds	$ 122,812,253	$ 101,317,851
Participant self-directed investments	546,572	195,727
Cash	5,448	322,937
Participant loans	1,976,263	1,871,699
	125,340,536	103,708,214
Contributions receivable:		
Employee	294,201	210,490
Employer	3,126,239	3,064,078
	3,420,440	3,274,568
Net Assets Available for Benefits	$ 128,760,976	$ 106,982,782

The Notes to Financial Statements are an integral part of these statements.

The Individual Retirement Plan of United States Fire Insurance Company
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions	
Investment activities	
Net appreciation in fair value of investments	$ 16,630,073
Interest and dividend income	1,930,849
Total investment income	18,560,922
Contributions	
Participants	7,215,133
Employer	5,181,142
Rollover	497,202
Total contributions	12,893,477
Total additions	31,454,399
Deductions	
Participant distributions	9,674,265
Administrative fees	1,940
Total deductions	9,676,205
Increase in net assets	21,778,194
Net assets available for beneifts, beginning of year	106,982,782
Net assets available for plan benefits, end of year	$ 128,760,976

The Notes to Financial Statements are an integral part of this statement.

1. Description of the Plan

The following description of The Individual Retirement Plan of United States Fire Insurance Company (the "Plan") provides only general information. Participants should refer to the Plan document, which legally governs the Plan, for a more complete description of the Plan's provisions.

General

The Plan is a participant directed, defined contribution plan covering eligible employees and former employees of The United States Fire Insurance Company (the "Company"). The Plan is a profit sharing plan with a cash or deferred arrangement that is intended to qualify under Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended. Participation in the Plan is voluntary and eligible employees are permitted to contribute to the Plan systematically through payroll deductions. All regular employees, as defined in the Plan document, are eligible to contribute to the Plan. Participants may contribute on a pre-tax or after-tax basis, or combination of both. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration

The Plan is administered by the Plan's Administrative and Finance committees (collectively, the "Committee"), whose members are appointed by the board of directors of the Company. The Committee administers or delegates such duties that are required to maintain the financial records of the Plan. Bank of America, N.A. (the "trustee") (previously Merrill Lynch Bank & Trust Company) is the trustee for the Plan.

Contributions

Eligible employees may contribute to the Plan between 1%-20% of their annual pretax compensation for highly compensated employees and 1%-50% for non-highly compensated employees, not to exceed the permitted Internal Revenue Code ("IRC") dollar limits ($16,500 for 2009 and $15,500 for 2008), as well as catch-up contributions ($5,500 for 2009 and $5,000 for 2008). Eligible participants who attain age 50 in a particular calendar year may elect to make these additional contributions permitted by the Economic Growth & Tax Relief Reconciliation Act, effective January 1, 2002. Catch-up contributions are not eligible for Company Matching Contributions.

Company contributions (collectively, the "Employer Contributions") include: (i) a regular basic contribution at the end of the Plan year equal to 3% of salaries, as defined by the Plan document, for all employees on the last day of the Plan year or who terminated their employment during the Plan year due to retirement, death or disability (the "Company Basic Contribution"); (ii) a regular matching contribution equal to 50% of the participants' contributions, excluding contributions in excess of 6% of salaries (the "Company Matching Contribution") and (iii) at the sole discretion of the Company, an additional basic contribution and/or an additional matching contribution for a Plan year (the "Additional Basic & Matching Contribution"). There were no Company Additional Basic & Matching Contributions for 2009 and 2008.

Participants direct the investment of their contributions and Company contribution into any of various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, Employer Contributions and Plan earnings. Withdrawals by or distributions to the participant, as defined in the Plan document, reduce a participant's account.

Vesting
Plan participants are 100% vested in the account balance attributable to their voluntary contributions, Company Basic Contributions and actual earnings thereon.

The vesting schedule related to the Company Matching Contribution and the Additional Basic & Matching Contribution is as follows:

Years of Service	% Vested
Less than 1 year	0%
1-2	20%
2-3	40%
3-4	60%
4-5	80%
5 or more	100%

Participants hired prior to August 13, 1998 are fully vested in Company Matching Contributions. Additionally, a participant becomes 100% vested in Company Matching Contributions if the participant becomes totally disabled, dies or reaches age 65 while employed by the Company, or terminates employment with the Company on or after attaining age 55.

Payment of Benefits
Upon termination of service or death, the participant, or the designated beneficiary, may elect to receive a single lump-sum payment in cash or to transfer their vested benefits to another qualified plan or to an individual retirement account. The Plan also allows for certain distributions after a participant attains the age of 59-1/2 or in the event of certain hardships.

Rollovers
The Plan allows eligible participants to make rollover contributions from other qualified plans.

Forfeitures
Forfeitures of non-vested employer contributions are used to reduce future employer contributions. For 2009 and 2008, the amount forfeited was $123,770 and $82,824, respectively, and the amounts used to reduce employer contributions was $86,194 and $137,711, respectively. At December 31, 2009 and 2008, the forfeiture balance was $123,770 and $86,194, respectively.

Participant Loans
At the discretion of, and subject to, the terms as set forth in the Plan, loans may be made to a participant of up to a maximum amount equal to the lesser of $50,000 or one-half of the participant's total vested balance. Interest will be charged at a rate equal to one point above the prime rate and, in general, repayment must be made over a period not to exceed five years, except for loans used to purchase a principal residence, in which case the repayment period may not exceed ten years. For the years ended December 31, 2009 and 2008, interest rates on outstanding loans range from 4.25% to 9.25%.

Plan Termination
Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA.

2. Summary of Significant Accounting Policies

The following are the significant accounting policies consistently applied in the preparation of the financial statements of the Plan.

Basis of Accounting
The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net value of shares held by the Plan at year-end. Participant self-directed investments are invested in common stocks and corporate bonds and are valued at the closing price reported in the active market in which the individual securities are traded Participant loans are valued at the amortized outstanding loan balances, which approximate fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when received. Dividends are recorded on the ex-dividend date.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Expenses incidental to the purchase and sale of investments are reflected in the cost or net proceeds of sale, as applicable, of the related services. Generally, the Company pays the administrative fees charged by the custodian to maintain the Plan accounts of active participants and fees necessary to be in compliance with ERISA and IRC. During the year ended December 31, 2009 and 2008, substantially all of the Plan's expenses were paid by the Company, however, the Plan reserves the right to have certain Plan expenses to be paid directly from the assets of the Plan.

Risk and Uncertainties
The Plan invests in various mutual funds and participant self-directed investments. These investments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, including significant declines in the U.S. and world markets, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

3. Investments

The Plan's investments are maintained in participant directed accounts which are held and administered by the trustee, Bank of America, N.A. All investment information disclosed in the accompanying financial statements and supplementary schedule, including investments held at December 31, 2009 and 2008, net appreciation in fair value of investments and investment income for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee.

The following investments represent 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009	2008
AIM Mid Cap Core Equity Fund	$ 9,369,930	$ 6,970,404
American Balanced Fund	$ 9,942,846	$ 8,145,898
Dodge & Cox Stock Fund	$ 12,926,331	$ 9,961,040
DWS Equity 500 Index Fund	$ 16,861,728	$ 13,355,770
Euro Pacific Growth Fund	$ 9,172,665	$ 6,052,855
FFI Treasury Fund	$ 32,521,908*	$ 33,097,523
Neuberg & Berman Genesis Trust	$ 9,457,525	$ 7,853,091
PIMCO Total Return Fund	$ 14,391,192	$ 10,339,293

*In 2009, the investment in Merrill Lynch Treasury Fund was renamed to FFI Treasury Fund.

For the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year, appreciated in value by $16,630,073, of which $16,585,910 is attributable to mutual funds and $44,163 is attributable to participant self-directed investments.

4. Information Certified by the Plan's Trustee (unaudited)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Trustee:

	2009	2008
Mutual funds	$ 122,812,253	$ 101,317,851
Participant self-directed investments	546,572	195,727
Cash	5,448	322,937
Participant loans	1,976,263	1,871,699
Net appreciation in fair value of investments	16,630,073	
Interest and dividend income	1,930,849	
Administrative fees	1,940	

5. Fair Value Measurements

In accordance with U.S. generally accepted accounting principles, each of the Plan's fair value measurements are categorized as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. Such inputs include quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Management has concluded that the fair value disclosure for participant loans is not significant to the financial statements. Accordingly such disclosure has been omitted.

The following depicts the fair value hierarchy for the Plan's financial assets as of December 31, 2009 and 2008:

December 31, 2009:

	Fair Value Measurements at Reporting Date Using:			
	Total	Level 1	Level 2	Level 3
Assets				
Mutual funds	$ 122,812,253	$ 122,812,253	$ -	$ -
Participant self-directed investments	546,572	546,572	-	-
Total	$ 123,358,825	$ 123,358,825	$ -	$ -

December 31, 2008:

	Fair Value Measurements at Reporting Date Using:			
	Total	Level 1	Level 2	Level 3
Assets				
Mutual funds	$ 101,317,851	$ 101,317,851	$ -	$ -
Participant self-directed investments	195,727	195,727	-	-
Total	$ 101,513,578	$ 101,513,578	$ -	$ -

The Plan's concentration of investments at December 31, 2009 is as follows:

Common stock	$ 69,216,560
US Government	42,548,622
Corporate bonds	6,007,641
Foreign equities	1,094,357
Cash and short-term securities	4,491,645
	$ 123,358,825

The Plan's market sector concentration in common stock at December 31, 2009 is as follows:

Consumer goods/services	18%
Information technology	17%
Healthcare	15%
Financials	14%
Industrials	12%
Energy	10%
Other	14%

6. Tax Status

The Plan obtained its determination letter on May 16, 2001 and although the Plan has been amended since that date, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

7. Party-in-Interest Transactions

Certain of the Plan's investments are shares of mutual funds managed by the trustee as defined in the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Participants' loans are granted and administered by the trustee and, therefore, these loan transactions qualify as exempt party-in-interest transactions. Additionally, certain fees and expenses of the Plan are paid by the Company.

8. Subsequent Events

The Plan has evaluated subsequent events occurring after the balance sheet through the date of September 10, 2010, which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined that the following subsequent events require disclosure in the financial statements:

Effective September 1, 2010, i) The Vanguard Group replaced Bank of America, N.A. as the Plan's trustee, ii) Company Matching Contributions increased to 75% of the participants' contributions (from 50%), iii) a Roth contribution option was added, iv) the vesting schedule for Company Matching Contributions changed to 100% vested after three years, with no vesting until after three years of service, v) the Company's Basic Contribution changed from a standard to a discretionary contribution and vi) after-tax contributions are no longer eligible for Company match.

Supplemental Information

The Individual Retirement Plan of United States Fire Insurance Company
Schedule H, Part IV - Line 4i
Schedule of Assets Held at End of Year
ID# 13-5459190; Plan# 001
December 31, 2009

*(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds			
	Aim Mid Cap Core Equity Fund	447,252 shares	**	$ 9,369,930
	American Balanced fund	613,377 shares	**	9,942,846
	American Growth Fund of America	226,562 shares	**	6,191,942
	Dodge & Cox Stock Fund	134,453 shares	**	12,926,331
	DWS Equity 500 Index Fund	133,442 shares	**	16,861,728
	Euro Pacific Growth Fund	239,245 shares	**	9,172,665
	FFI Treasury Fund	32,521,908 shares	**	32,521,908
	Neuberg & Berman Genesis Trust	240,956 shares	**	9,457,525
	PIMCO Total Return Fund	1,332,518 shares	**	14,391,192
	Vanguard Growth and Income Fund	51,773 shares	**	1,976,186
	Total Mutual Funds			122,812,253
	Participant Self-Directed Investments			
	Self-Direct Account	n/a	**	546,572
	Cash	n/a		5,448
*	Participant loans	Rates range from 4.25% to 9.25%		1,976,263
	Total Invesments			$ 125,340,536

* Party-in-interest
** Cost omitted for participant directed investments

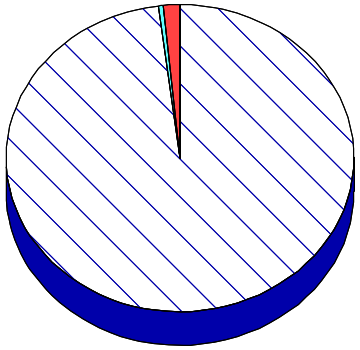
See Independent Auditors' Report.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

THE INDIVIDUAL RETIREMENT PLAN
OF US FIRE INSURANCE COMPANY
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 97.98% MUTUAL FUNDS
- 1.58% LOANS
- 0.00% ACCRUED INCOME
- 0.44% OTHER ASSETS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.00% CASH

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
MUTUAL FUNDS					
DWS EQUITY 500 INDEX FUND-INST	133,441.9760	126.360	19,972,625.76	16,861,728.09	13.45%
VANGUARD GRW AND INC FD	51,773.2775	38.170	2,348,881.37	1,976,186.00	1.58%
FFI TREASURY FUND	32,521,907.6403	1.000	32,521,907.60	32,521,907.64	25.95%
PIMCO TOTAL RETURN FUND	1,332,517.7667	10.800	14,048,583.27	14,391,191.88	11.48%
NEUBERG & BERMN GENESIS TRUST	240,956.0483	39.250	10,037,816.84	9,457,524.90	7.55%
AMERICAN BALANCED FD	613,377.3005	16.210	10,329,180.36	9,942,846.04	7.93%
EURO PACIFIC GROWTH FUND	239,245.3143	38.340	9,232,035.95	9,172,665.35	7.32%
AIM MID CAP CORE EQUITY FUND A	447,252.0079	20.950	10,729,882.94	9,369,929.57	7.48%
DODGE & COX STOCK FD	134,453.2002	96.140	15,954,906.49	12,926,330.67	10.31%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

THE INDIVIDUAL RETIREMENT PLAN
OF US FIRE INSURANCE COMPANY
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN GRWTH FD OF AMERICA	226,562.0933	27.330	6,257,753.13	6,191,942.01	4.94%
TOTAL MUTUAL FUNDS			131,433,573.71	122,812,252.15	97.98%
OTHER ASSETS					
SELF-DIRECT ACCT	546,571.7200	1.000	546,571.72	546,571.72	0.44%
LOANS					
LOAN FUND	1,976,263.2800	1.000	1,976,263.28	1,976,263.28	1.58%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	20.0000	1.000	20.00	20.00	0.00%
INVESTMENT TOTAL			133,956,428.71	125,335,107.15	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			888.44	888.44	0.00%
CASH			4,540.17	4,540.17	0.00%
TOTAL ASSETS			133,961,857.32	125,340,535.76	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades