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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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;
- [X] 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 HOME INSURANCE COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 12/14/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ZURICH AMERICAN INSURANCE COMPANY

HUMAN RESOURCES

1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

2b Employer Identification Number (EIN) 36-4233459

2c Sponsor's telephone number 847-605-6213

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.	10/04/2012	SARAH STAGGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")

ZURICH AMERICAN INSURANCE COMPANY
HUMAN RESOURCES
1400 AMERICAN LANE
SCHAUMBURG, IL 60196-1056

3b Administrator's EIN: 36-4233459

3c Administrator's telephone number: 847-605-6213

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**	4204
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**	222
b	Retired or separated participants receiving benefits	**6b**	1880
c	Other retired or separated participants entitled to future benefits	**6c**	1970
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4072
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	124
f	Total. Add lines **6d** and **6e**	**6f**	4196
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

1A 1G 1I 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)	[X]	**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)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE HOME INSURANCE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ZURICH AMERICAN INSURANCE COMPANY

D Employer Identification Number (EIN)
36-4233459

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		146121477
b	Actuarial value	**2b**		154743752
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	1922	83909439
b	For terminated vested participants	**3b**	2120	72438580
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		209181
	(2) Vested benefits	**3c(2)**		6654335
	(3) Total active	**3c(3)**	162	6863516
d	Total	**3d**	4204	163211535
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.50 %
6	Target normal cost	**6**		130000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/28/2012
Signature of actuary — Date

JAMES M. DERENGOWSKI, F.S.A., E.A.
Type or print name of actuary

11-06555
Most recent enrollment number

TOWERS WATSON
Firm name

312-525-2461
Telephone number (including area code)

191 NORTH WACKER DRIVE, SUITE 2100
CHICAGO, IL 60606-1615
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	207195	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	207195	0
10	Interest on item 9 using prior year's actual return of 3.38 %	7004	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.20 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	214199	0

Part III Funding percentages

14	Funding target attainment percentage	14	94.68 %
15	Adjusted funding target attainment percentage	15	94.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/09/2011	10152000				
			Totals ► 18(b)	10152000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9128599

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30**

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 130000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2153521	359911
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 489911

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35) **36** 489911

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 9128599

38 Interest-adjusted excess contributions for current year (see instructions) **38** 8638688

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE HOME INSURANCE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ZURICH AMERICAN INSURANCE COMPANY

D Employer Identification Number (EIN)
36-4233459

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).. . . . . [X] 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

MFO GMO TR GLOB EQTY ALLO FD CL III

04-3336401

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

CF ARTIO INTL EQTY II GROUP TR FD

20-4663328

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

JACOBS LEVY EQUITY MANAGEMENT

22-2774695

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

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

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

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)

TOWERS WATSON

23-1159360

(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?
11	NONE	250518	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE VANGUARD GROUP, INC.

23-2926795

(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	NONE	215275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEUTSCHE MORGAN

13-3466755

(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?
27	NONE	31156	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21	NONE	30254	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BLACKROCK

13-3806691

(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?
28 34 50 51	NONE	17395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARTIO GLOBAL MANAGEMENT

43-2047412

(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?
27	NONE	12465	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DLA PIPER LLP

52-0616490

(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?
29	NONE	5032	Yes [ ] No [X]	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

(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

(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

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE HOME INSURANCE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ZURICH AMERICAN INSURANCE COMPANY

D Employer Identification Number (EIN)
36-4233459

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVT FD

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6036794-001	C	1528901

a Name of MTIA, CCT, PSA, or 103-12 IE: ZUR AMER INS CO MASTER RETIRE TRUST

b Name of sponsor of entity listed in (a): ZURICH AMERICAN INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-4233459-005	M	45493996

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE HOME INSURANCE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ZURICH AMERICAN INSURANCE COMPANY

D Employer Identification Number (EIN)
36-4233459

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)		10152000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4370954	1068278
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	56629949	55976607
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	41226036	30720542
(B) All other	1c(3)(B)	8520024	15907237
(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)		
(9) Value of interest in common/collective trusts	1c(9)	858082	1528901
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	37350332	45493996
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		5254414

			(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	148955377	166101975
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	195959	203807
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	195959	203807
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	148759418	165898168

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)	10152000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10152000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	948523	
	(C) Corporate debt instruments	2b(1)(C)	3108329	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	154999	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4211851
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	133924470	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	129241690	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4682780

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3111923	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3111923
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1385
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5747082
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		27907021
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9866094	
(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)		9866094
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	538023	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	64085	
(4) Other	2i(4)	300069	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		902177
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10768271
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		17138750
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: PRICEWATERHOUSECOOPERS (2) EIN: 13-4008324

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		9500000
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			
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			

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE HOME INSURANCE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ZURICH AMERICAN INSURANCE COMPANY

D Employer Identification Number (EIN)
36-4233459

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): 23-2926795

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** 0

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: 26% Investment-Grade Debt: 74% High-Yield Debt: 0% Real Estate: 0% Other: 0%

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):

Zurich American Insurance Company
The Home Insurance Company Retirement Plan
EIN: 36-4233459; PN: 004
Form 5500, Schedule H, Part III, Accountants Opinion
December 31, 2010

The Accountants Opinion is on Page 1 of the Financial Statements attached to this Filing.

Statement by Enrolled Actuary

Plan Sponsor	Zurich America Insurance Company
EIN/PN	36-4233459
Plan Name	The Home Insurance Company Retirement Plan
Valuation Date	January 1, 2010
Enrolled Actuary	Jim Derengowski
Enrollment Number	11-06555

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Line 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB, LINE 19 – Discounted Employer Contributions

The Home Insurance Company Retirement Plan

EIN: 36-4233459

Plan Number: 004

Date	Applicable Plan Year	Contribution	Applicable Effective Rate	Interest Adjusted Contribution
9/9/2011	2010	$10,152,000	6.50%	$9,128,599

SCHEDULE SB, LINE 22 -- Description of Weighted Average Retirement Age

The Home Insurance Company Retirement Plan

EIN: 36-4233459

Plan Number: 004

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	2.5%	1000	25	1375
56	4.0%	975	39	2184
57	6.0%	936	56	3201
58	8.0%	880	70	4082
59	8.0%	809	65	3821
60	20.0%	745	149	8936
61	25.0%	596	149	9085
62	35.0%	447	156	9696
63	20.0%	290	58	3659
64	20.0%	232	46	2974
65	100.0%	186	186	12082
			1000	61096
				÷1000
		Weighted Average Retirement Age		61

Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

▸ Applicable month	January 2010
▸ Yield curve basis	Segment rates
▸ Transition from current liability rates	Yes

Interest rates:

▸ First segment rate (10-year rate)	4.60%
▸ Second segment rate (20-year rate)	6.65%
▸ Third segment rate (30-year rate)	6.76%
▸ Effective interest rate	6.50%

Annual rates of increase

▸ Salaries:	0%
▸ Future Social Security wage bases	0%
▸ Statutory limits on compensation and benefits	N/A

Demographic and Other Assumptions

Mortality	IRS 2008 Proposed Generational Mortality
Termination	Rates varying by age and service

Sample rates:

Years of Service	*Age 25*	*Age 40*	*Age 55*
< 1	.594	.284	.250
7+	.149	.071	.025

Disability	Society of Actuaries '72-'79 study

Retirement	Rates varying by age:

Age	*Rate*
55	.025
56	.040
57	.060
58-59	.080
60	.200
61	.250
62	.350
63-64	.200
65	1.000

Form of payment	Life annuity
Percentage married	Preretirement: 95% males; 75% females
	Postretirement: 80% males; 45% females
Spouse ages	Wives 3 years younger than husbands
Administrative expense	The Target Normal Cost includes an expense load of $130,000 expected to pay for administrative expenses.

Methods

▸ Valuation date	First day of plan year
▸ Funding target	Present value of accrued benefits
▸ Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
▸ Actuarial value of assets	Average of market values (adjusted for contributions, benefit/expense payments, and expected investment returns) as of valuation date and prior two valuation dates

Benefits Not Valued

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Zurich North America and, based on that review, is not aware of any significant benefits required to be valued that were not.

Assets and Pension Accruals

Towers Watson used asset data supplied by the trustee.

Change in Assumptions and Methods Since Prior Valuation

The funding interest rate was changed from the full yield curve based on bond yields during October 2008 to the segment interest rates as of January 2010.

Data Sources

Towers Watson used asset data supplied by the trustee. Zurich North America, through its third party administrator, furnished participant data as of the valuation date. Zurich North America also provided the dates and amounts of the 2009 contributions that will be paid in 2010, the postretirement benefit asset, postretirement benefit liability and amounts recognized in accumulated other comprehensive income as of December 31, 2009. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Summary of Plan Provisions

Effective Date February 14, 1991, amended effective December 31, 1995.

Covered Employees All employees of Risk Enterprise Management, who were also former employees of The Home Insurance Company.

Participation Date First of the month coincident with or following the date of becoming age 21 and attaining 1 year of service. If employed before January 1, 1976, earliest of age 30, 3 years of service, or age 21 and 1 year of service.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment.
Credited service	Years and pro rata portion of years as a Participant (age 21 and 1 year or was a Participant in the Prior Plan), for service after January, 1985 (but not later than December 31, 1995), not to exceed 30 years. For current and former Sterling Forest employees, pension service begins January 1, 1986 (and ends on December 31, 1995).
Pensionable pay	Base pay plus bonus, overtime and tips after January 1, 1989 (but not later than December 31, 1995), base pay previously.
Average earnings	The average of the highest five calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date, retirement date, or December 31, 1995.
Covered compensation	The average of the Social Security wage bases for the 35 years before a participant becomes eligible for unreduced Social Security benefits defined in 401(l)(5)(E) of the Internal Revenue Code.
New plan formula	The sum of (1) and (2): (1) 1.6% of average earnings times pension service. (2) 0.4% of average earnings in excess of covered compensation times pension service.
Prior plan benefit	The sum of (1) and (2), and reduced by (3): (1) 2.0% of average earnings times pension service up to 25 years. (2) 1.0% of average earnings times pension service in excess of 25 years. (3) 1.5% of Social Security Primary Insurance Amount times pension service up to 33 1/3 years.
Minimum benefit	The prior plan formula, with 1.8% substituted for 2.0% for all service to

	12/31/88 (including pre 1985 service), offset by the participant's 12/31/84 purchased accrued benefit. Participants of the Sterling Forest plan as of January 1, 1986 are ineligible for the minimum benefit.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Monthly pension benefit*	As of any date, one-twelfth of the larger of (1) and (2): (1) The new plan formula for all service. (2) The prior plan accrued benefit to December 31, 1988, plus the new formula for future service from January 1, 1989. * Plan benefits were “frozen” as of December 31, 1995.
Monthly preretirement spouse benefit	50% of the post-12/31/88 accrued benefit adjusted by the appropriate Joint and Survivor factor and early retirement factor plus 50% of the prior plan accrued benefit adjusted by the appropriate early retirement factor as well.

Eligibility for Benefits

Normal retirement	Retire on NRD.
Early retirement	Retire on or after attaining age 55 and completing 10 years of vesting service, but before NRD.
Postponed retirement	Retire after NRD.
Deferred vested	Terminate for reasons other than death or retirement after completing five years of vesting service.
Disability	Eligible to receive Social Security disability benefits, or receives committee approval of disability.
Preretirement spouse benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, with a reduction of .25% for each month that commencement of payment precedes age 60 for prior plan benefit, and a reduction of .25% per month that commencement of payment precedes age 65 for new plan benefit.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Monthly pension determined as of termination date; reduction of .25% for each month that commencement of payments precedes age 60 for prior plan benefit; reduction of .25% per month that commencement of

	payment precedes age 65 for new plan benefit.
Disability	Monthly pension benefit accrues to NRD.
Death with preretirement spouse benefit	Monthly preretirement spouse benefit reduced by .25% per month for each month by which the employee's age exceeds the spouse's age by more than five years.
Normal form of payment	- Life annuity - 50% joint and survivor annuity - equal to a life annuity reduced to 92% - 10 year certain and life annuity – converting using 7% interest rate and TPFC1971Unisex mortality table - 10 year certain only – converting using 7% interest rate and TPFC1971Unisex mortality table
Automatic form of payment	If married at retirement, actuarial equivalent 50% joint and survivor benefit; otherwise, life annuity.
Maximum on benefits and pay	All benefits and pay for determining benefits for any calendar year may not exceed the limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Provisions Effective After January 1, 2010

No future plan provisions were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Plan Provisions Since Prior Year

There were no changes in plan provisions since the prior year.

SCHEDULE SB, LINE 24 -- Change in Actuarial Assumptions and Methods

The Home Insurance Company Retirement Plan

EIN: 36-4233459

Plan Number: 004

The non-prescribed actuarial assumptions were reviewed and modified to reflect the enrolled actuary's best estimate of future plan experience. As a result, the following changes were made:

Type of Assumption	Old Assumption	New Assumption
417(e) interest rate assumption for lump sum payments	IRS prescribed full corporate bond yield curve, based on bond yields through October 2008	IRS prescribed segment rates without 3-year transition, based on bond yields through January 2010

SCHEDULE SB, LINE 25 -- Change in Method

The Home Insurance Company Retirement Plan

EIN: 36-4233459

Plan Number: 004

In accordance with 1.430(d)-1(g)(3)(ii)(A), automatic approval has been granted for the first plan year for which all the provisions of 1.430(d)-1, 1.430(f)-1, 1.430(g)-1, 1.430(i)-1, and 1.436-1 are reflected of any changes to funding methods permitted by the Pension Protection Act. 2010 is the first plan year for which all of these provisions were reflected, and thus all funding method changes are automatically approved

Aspect of the Valuation	Old	New
Funding Interest Rate	IRS prescribed full corporate bond yield curve, based on bond yields through October 2008	IRS prescribed segment rates without 3-year transition, based on bond yields through January 2010

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Schedule SB, Line 26 — Schedule of Active Participant Data
The Home Insurance Company Retirement Plan
EIN 36-4233459 / PN 004

Analysis of Active Participant Data by Age and Service

Age Nearest Birthday		Completed Years of Service								
		0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	Over 34	Total
15 to 24	Count	0	0	0	0	0	0	0	0	0
25 to 29	Count	0	0	0	0	0	0	0	0	0
30 to 34	Count	0	0	0	0	0	0	0	0	0
35 to 39	Count	0	0	0	1	1	0	0	0	2
40 to 44	Count	0	0	0	3	1	0	0	0	4
45 to 49	Count	0	0	0	8	10	4	1	0	23
50 to 54	Count	0	0	0	15	13	5	4	1	38
55 to 59	Count	0	0	0	13	12	14	6	3	48
60 to 64	Count	0	0	0	8	11	7	7	5	38
65 to 69	Count	0	0	0	4	1	0	0	1	6
Over 69	Count	0	0	0	0	1	1	0	1	3
Total	Count	0	0	0	52	50	31	18	11	162

Avg. Age: 55.4 Avg. Service: 23.9

Because the plan was frozen as of December 31, 1995, the analysis of active participant data excludes pay information.

The Home Insurance Company
Retirement Plan
Financial Statements and Supplemental Schedules
December 31, 2010 and 2009

The Home Insurance Company Retirement Plan
Index
December 31, 2010 and 2009

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Note: All other schedules of additional information required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

Report of Independent Auditors

To the Participants and Plan Administrator of
The Home Insurance Company Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of The Home Insurance Company Retirement Plan (the "Plan") at December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying index. These financial statements and schedules 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 information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 December 31, 2010 and 2009 and for the years then ended, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the 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.

PricewaterhouseCoopers LLP

Chicago, Illinois
October 10, 2011

The Home Insurance Company Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments		
Investments, at fair value		
Plan interest in Zurich American Insurance Company		
Master Retirement Trust	$ 45,493,996	$ 37,350,332
Government and agency securities	61,231,021	56,629,949
Corporate bonds and obligations	46,627,779	49,746,060
Short term investments	1,528,901	858,082
	154,881,697	144,584,423
Receivables		
Contributions receivable from the Company	10,152,000	-
Accrued interest and dividends	1,027,434	1,537,056
Due from Zurich American Insurance Company Retirement Account Plan	40,844	2,833,898
Total receivables	11,220,278	4,370,954
Total assets	166,101,975	148,955,377
Liabilities		
Accrued expenses	203,807	195,959
Total liabilities	203,807	195,959
Net assets available for benefits	$ 165,898,168	$ 148,759,418

The accompanying notes are an integral part of the financial statements.

The Home Insurance Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2010 and 2009

	2010	2009
Additions		
Employer contributions	$ 10,152,000	$ -
Net appreciation/(depreciation) in fair value of investments	7,794,703	(6,031,244)
Investment income	4,213,236	5,950,715
Plan interest in net investment results of Zurich American Insurance Company Master Retirement Trust	5,747,082	7,020,670
Total additions	27,907,021	6,940,141
Deductions		
Benefits paid	9,866,094	8,521,643
Administrative expenses	902,177	1,097,901
Total deductions	10,768,271	9,619,544
Net increase/(decrease)	17,138,750	(2,679,403)
Net assets available for benefits		
Beginning of year	148,759,418	151,438,821
End of year	$ 165,898,168	$ 148,759,418

The accompanying notes are an integral part of the financial statements.

The Home Insurance Company Retirement Plan
Statement of Accumulated Plan Benefits
January 1, 2010

	2010
Actuarial present value of accumulated plan benefits	
Vested benefits	
For retired and terminated employees/beneficiaries receiving benefits	$ 81,056,210
For actives and terminated employees not presently receiving benefits	76,375,299
Total vested benefits	157,431,509
Nonvested benefits	204,815
Total	$ 157,636,324

The accompanying notes are an integral part of the financial statements.

The Home Insurance Company Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2010

	2010
Actuarial present value of accumulated plan benefits at January 1, 2009	$ 152,784,035
Increase (decrease) during the year attributable to	
Actuarial experience (gain) loss	3,120,927
Increase for interest due to decrease in the discount period	10,253,005
Benefits paid to participants	(8,521,643)
Net increase (decrease)	4,852,289
Actuarial present value of accumulated plan benefits at January 1, 2010	$ 157,636,324

The accompanying notes are an integral part of the financial statements.

1. Description of the Plan

The following description of The Home Insurance Company Retirement Plan (the "Plan") is provided for general information purposes only. The Plan document should be referred to for more complete information.

General

The Plan is a defined benefit plan which covers all eligible U.S. employees of The Home Insurance Company (the "Home") and certain of its subsidiaries and Home Holdings Inc. The Plan was established in 1991 upon the sale of the Home by AmBase Corporation. The Risk Enterprise Management Limited Savings and Retirement Plans Administrative Committee was the Administrator of the Plan through September 30, 2003. Effective October 1, 2003, Zurich American Insurance Company (the "Plan Administrator" or the "Company") took over the role of plan administrator from Risk Enterprise Management.

The Plan had been sponsored by Home but as a result of certain transactions, sponsorship was relinquished effective July 24, 1998 and Zurich American Insurance Company (the "Sponsor") assumed sponsorship. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Benefits

The Plan was amended on December 11, 1995 to freeze participation in and future benefit accruals under the Plan, effective as of January 1, 1996, by: (1) ceasing participation in the Plan to newly eligible employees who, having completed the age and service requirements set forth in the Plan, would have entered the Plan on or after January 1, 1996; (2) ceasing the accrual of benefits for purposes of determining a participant's accrued benefit in the Plan as of January 1, 1996; and (3) ceasing consideration of earnings of a participant on and after January 1, 1996 for determining a participant's retirement income and/or accrued benefits. Employees become fully vested after five years of service, and are eligible for early retirement benefits after attaining the age of 55 with ten years of service.

Employees participating in the Plan prior to January 1, 1996 are eligible for retirement benefits when they reach their normal retirement date ("NRD"), defined as the first of the month coinciding with or next following the attainment of age 65. Such employees may be eligible for early retirement if they retire on or after attaining age 55 and completing ten years of service, but before NRD. The Plan also provides spousal death benefits for eligible employees.

Monthly retirement benefits are calculated as 1.6% of final average earnings times credited service up to 30 years plus 0.4% of final average earnings in excess of Social Security covered compensation times credited service up to 30 years, subject to minimum prior service benefits. Final average earnings are defined as the highest five years' earnings (base pay, bonus, overtime, and tips) in the ten-year period prior to January 1, 1996. Credited service is defined as all years of service earned after an employee becomes a participant in the Plan up to January 1, 1996.

Contributions

The Sponsor has agreed to make contributions sufficient to provide the Plan with assets with which to pay plan benefits. Contribution levels, computed using the projected unit credit method, are designed to fund (i) normal cost plus interest, and (ii) amounts required for amortization of the unfunded actuarial accrued liability, or the amount required to meet minimum funding requirements under ERISA.

During 2011, the Company contributed $10.2 million attributable to the 2010 plan year. There were no employer contributions required for the 2009 plan year.

Plan Termination
In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in the following order: benefits participants have been receiving for at least three years (or that participants eligible to retire for that three-year period would have been receiving), vested benefits of other participants and nonvested benefits. Under provisions of ERISA, if the Plan is terminated, the Sponsor and participating employers may be obligated to make payments to the Pension Benefit Guaranty Corporation ("PBGC") and participants may be eligible for benefits under insurance provided by the PBGC. Certain vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. The amount of benefit protection guaranteed by the PBGC is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements have been prepared on an accrual basis of accounting.

Use of Estimates
The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates and assumptions.

Investments Valuation and Income Recognition
Investments are stated at fair value. Investments traded on a national security exchange are valued at the last reported sales price on the last business day of the year; investments traded in the over-the-counter market and listed securities for which no sale was reported on the last day of the year, are valued at the average of the last reported bid and ask prices.

The Plan may enter into equity futures contracts as a means to replicate the performance of the broad stock market or to maintain allocations to equity securities at the appropriate target levels. Equity futures contracts are stated at market values determined by prices quoted on the futures exchange, with fluctuations in value recognized as realized gain or loss. Equity futures are exposed to investment risk that could result in a loss in the value of the futures contract. The futures contracts are executed on the futures exchange, which has strict margin requirements with daily cash collateral posting based on mark-to-market values of the futures contract, thereby mitigating credit risk associated with these contracts. The Plan did not hold any equity futures contracts at year end.

Corporate bonds and government securities are valued at fair value. Fair value of these bonds is determined by the Trustee of the Plan, using information available from pricing sources. The pricing sources use proprietary models to arrive at an evaluated price for each security. These pricing models use matrix pricing to gather market information and derive a price based on similar securities. Standard inputs include, but are not limited to; spread benchmark curves (Treasury curves, LIBOR curves and swap curves), prepayment speeds, inputs to build interest rate curves/spreads to determine discount rates, financial statements of the issuer, etc. The inputs for the models are derived from the market, brokers, dealers, mutual funds, and other similar market participants. The evaluated price represents the bid side market value of an institutional size block of a security. Certain corporate bonds are evaluated on a

nominal spread of risk free curves (swaps or government bonds). Issues with embedded options are priced using an option adjusted spread (OAS) model. Issues are generally benchmarked off of U.S. treasuries or LIBOR.

Short-term investments are valued at cost, which approximates market value. Investments in registered investment companies are carried at fair value based on quoted market prices.

Common collective trusts are valued based on the net asset value from the information reported by the investment trustee using audited financial statements of the collective trust at year-end. There are no unfunded commitments with respect to this investment, however, they may be subject to redemption restrictions, at the trustee's discretion, to the extent that it is determined such actions would disrupt management of the fund.

The Northern Trust Company Collective Short-Term Investment Fund (the "STIF Fund") is composed of high-grade money market instruments with short maturities. The STIF Fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Liquidity is emphasized to provide for redemption of units on any business day. Principal preservation is also a prime objective. High-quality securities are used in this fund. Within quality, maturity and sector diversification guidelines, investments are made in those securities with the most attractive yields. Admissions and withdrawals are daily in accordance with the terms of the Trust. Interest is accrued daily and distributed monthly.

In addition to the STIF Fund, the Master Retirement Trust invests in two equity common collective trust funds including the Artio International Equity Fund II (the "Artio Fund") and the Northern Trust US Equity Index Fund (the "NT Equity Fund"). The Artio Fund seeks long-term growth of capital. The Artio Fund attempts to meet this goal by investing in a wide variety of equity securities issued throughout the world, normally excluding the US. The Artio Fund invests in mid- to large-capitalization companies. The NT Equity Fund seeks to provide investment results that approximate the aggregate price and dividend performance of the securities included in the Standard & Poor's 500 Composite Stock Price Index. Through a passive investment approach, this Portfolio invests substantially all of its assets in securities that comprise the S&P 500. Dividends, if any, are declared and paid quarterly. Capital gains, if any, are distributed at least annually.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits, the net appreciation/depreciation in fair value of its investments which consists of the realized gains or losses and the unrealized appreciation/depreciation of those investments. The net realized gain or loss on investments is the difference between the proceeds received and the cost of the investments sold, determined on an average cost basis. Unrealized appreciation/depreciation in fair value of investments is the difference between fair value and the cost of investments.

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

Accumulated Plan Benefits

Accumulated plan benefits (Note 3) are those estimated future payments, including lump-sum distributions, that are attributable under the Plan’s provisions to services rendered by the employees to the date the Plan was frozen. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on plan provisions at the time of retirement.

Risks and Uncertainties
Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Administrative Expenses
Investment manager fees to unaffiliated managers, administrative expenses and the Plan's actuarial fees are paid by the Plan.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

3. Actuarial Present Value of Accumulated Plan Benefits

The Plan's independent consulting actuary, estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations of the present value of accumulated plan benefits are as follows:

Interest rate	6.90% for 2010 and 2009
Mortality basis	IRS Proposed Generational Mortality for 2010 and 2009
Assumed retirement age	Age 55 to 65 for 2010 and 2009

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Zurich American Insurance Company Pension Trusts

The Sponsor established the Zurich American Insurance Company Retirement Trust (the "Retirement Trust") with three separate pension trusts, one each for cash, equity securities and fixed income securities, to implement the provisions of the Plan. Investments are made under the direction of the pension trust's investment managers based on investment guidelines provided by the Sponsor.

In addition to the Plan, the Sponsor also sponsors Zurich American Insurance Company Retirement Account Plan (the "Zurich Plan"). During 2008, the Sponsor established a master trust (the "Trust") with two sub-accounts for its retirement plans. The two retirement plans have an undivided interest in each of the two sub-accounts, one sub-account comprised of equity securities and the other comprised of cash and

short term investments. The value of the Plan's interest in the each of the two sub-accounts is based on the value of the assets in the Trust at the beginning of the year, plus actual contributions to the Plan and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2010, the Plan's interest in the net assets of the equity securities sub-account was approximately 15.0%, while that in the net assets of the non-equity sub-account was approximately 66.8%. At December 31, 2009, the Plan's interest in the net assets of the equity securities sub-account was approximately 14.0%, while that in the net assets of the non-equity sub-account was approximately 87.3%.

5. Investment Information Certified by the Trustee

The following investments and related data were derived from information certified as to completeness and accuracy by The Northern Trust Company, the trustee of the Plan, and were not subject to audit. Such information includes investments at fair value, investment income, accrued interest and dividends, net appreciation/depreciation in the fair value of investments and Plan interest in net investment results of Zurich American Insurance Company Master Retirement Trust as shown in the accompanying statements of net assets available for benefits and statements of changes in net assets available for benefits and supplemental schedules. The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Investments as of December 31 are as follows:

	2010	2009
Investments, at fair value		
Plan interest in Zurich American Insurance Company Master Retirement Trust	$ 45,493,996	$ 37,350,332
Government and agency securities	61,231,021	56,629,949
Corporate bonds and obligations	46,627,779	49,746,060
Short term investments	1,528,901	858,082
	$ 154,881,697	$ 144,584,423

The fair values of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009 are as follows:

	2010	2009
United States Treasury Note, 4.500%, due 02/15/2036	$ 14,281,397	$ -
United States Treasury Note, 5.375%, due 02/15/2031	5,813,373	8,619,000
United States Treasury Note, 7.250%, due 08/15/2022	1,115,297	8,712,029
United States Treasury Note, 6.250%, due 08/15/2023	-	13,018,688
United States Treasury Note, 8.75%, due 08/15/2020	-	7,455,406
Plan interest in Zurich American Insurance Company Master Retirement Trust	$ 45,493,996	$ 37,350,332

For the years ended December 31, 2010 and 2009, appreciation and depreciation in value (including gains and losses on investments bought, sold and held during the year) of the Plan's investments is as follows:

	2010	2009
Plan interest in Zurich American Insurance Company		
Master Retirement Trust	$ 5,368,189	$ 6,624,008
Government and agency securities	4,445,454	(8,527,942)
Corporate bonds and obligations	3,266,180	2,496,698
Other	83,069	-
Net appreciation (depreciation)	$ 13,162,892	$ 592,764

Additionally, for the years ended December 31, 2010 and 2009, the Plan's investment income is as follows:

	2010	2009
Plan interest in Zurich American Insurance Company		
Master Retirement Trust	$ 378,893	$ 396,662
Interest	4,213,236	5,950,715
Investment income	$ 4,592,129	$ 6,347,377

The following table presents the net assets of the Master Trust:

	2010	2009
Investments at fair value		
Common stocks	$ 103,223,780	$ 84,312,012
Common/Collective Trusts	125,857,500	111,333,432
Registered Investment Companies	68,633,290	62,405,018
Other	21,255	1,246,850
Total investments	297,735,825	259,297,312
Due from brokers for pending trade sales	646,707	260,730
Total assets	298,382,532	259,558,042
Due to broker for pending trade purchases	(51,141)	(269,641)
Net assets of Master Trust available for benefits	$ 298,331,391	$ 259,288,401
Plan interest in the Master Trust	$ 45,493,996	$ 37,350,332

Net appreciation (depreciation) of investments in the Master Trust is as follows:

	2010	2009
Common stocks	$ 16,150,961	$ 15,553,680
Cash & short term investments	351	-
Common/Collective Trusts	14,959,894	24,574,516
Registered Investment Companies	5,229,687	11,079,779
Other	221,100	1,299,644
Total investments	$ 36,561,993	$ 52,507,619
Plan interest in Master Trust	$ 5,368,189	$ 6,624,008

Additionally, investment income of the Master Trust is as follows:

	2010	2009
Interest	$ 3,782	$ 13,336
Dividends	2,671,162	2,791,694
Investment income (loss) of Master Trust	$ 2,674,944	$ 2,805,030
Plan interest in the Master Trust	$ 378,893	$ 396,662

6. Federal Income Tax Status

The Internal Revenue Service (IRS) determined and informed the Company by a letter dated April 29, 2002, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination and has subsequently filed for an updated determination letter on January 29, 2010, the Plan administrator and the Plan's internal tax advisor is unaware of any reason that the Plan is not as currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that on a more likely than not basis would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to any IRS tax examinations for years prior to 2008.

7. Transactions with Parties-in-Interest

The Plan and the Master Trust invest in a short-term investment fund managed by The Northern Trust Company, the trustee of the Plan. These transactions qualify as party-in-interest transactions.

8. Fair Value Measurements

The FASB Financial Accounting Standards Codification (ASC) 820, Fair Value Measurements, defines fair value as the price that would be received upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. The Plan's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by FASB ASC 820, which prioritizes the inputs to valuation techniques used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are summarized below:

- Level 1 – Quoted market prices in active markets that the Plan or Trust has the ability to access for identical assets
- Level 2 – Quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuations in which all significant inputs are observable in the market; and
- Level 3 – Valuations using significant inputs that are unobservable in the market and include the use of judgment by the Plan or Trust about the assumptions market participants would use in pricing the assets.

There have been no changes in the methodologies used at December 31, 2010 and 2009. The methods described in Note 2 and above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Basis of Fair Value Measurement			
Fair Value Hierarchy	**Balance at December 31, 2010**	**Level 1**	**Level 2**	**Level 3**
Master trust				
Common stocks				
Consumer Discretionary	$ 11,738,066	$ 11,738,066	$ -	$ -
Consumer Staples	7,226,118	7,226,118	-	-
Energy	10,210,927	10,210,927	-	-
Financials	16,073,954	16,073,954	-	-
Health Care	16,036,784	16,036,784	-	-
Industrials	11,843,079	11,843,079	-	-
Information Technology	18,478,358	18,478,358	-	-
Materials	3,542,724	3,542,724	-	-
Telecommunication Services	1,213,394	1,213,394	-	-
Utilities	6,860,376	6,860,376	-	-
Common/Collective Trusts				
Equity	125,857,500	-	125,857,500	-
Registered Investment Companies				
Equity	68,633,290	68,633,290	-	-
Real estate investment trust	21,255	21,255	-	-
Total investments of Master Trust	$ 297,735,825	$ 171,878,325	$ 125,857,500	$ -
Fixed income investments				
Corporate bonds and obligations				
Domestic	$ 37,166,196	$ -	$ 37,166,196	$ -
International	6,921,230	-	6,921,230	-
U.S. government securities				
Bonds	54,069,339	-	54,069,339	-
Agencies	1,907,268	-	1,907,268	-
Mortgage backed securities	-	-		-
Foreign government securities	983,726	-	983,726	-
Municipal/Provincial bonds	4,270,688	-	4,270,688	-
Commercial mortgage backed securities	2,540,353	-	2,540,353	-
Common/collective trusts	1,528,901	1,528,901	-	-
Total fixed income investments	$ 109,387,701	$ 1,528,901	$ 107,858,800	$ -

	Basis of Fair Value Measurement			
Fair Value Hierarchy	**Balance at December 31, 2009**	**Level 1**	**Level 2**	**Level 3**
Master trust				
Common stocks				
Consumer Discretionary	$ 7,650,327	$ 7,650,327	$ -	$ -
Consumer Staples	8,098,571	8,098,571	-	-
Energy	7,228,294	7,228,294	-	-
Financials	14,354,459	14,354,459	-	-
Health Care	13,330,427	13,330,427	-	-
Industrials	12,968,466	12,968,466	-	-
Information Technology	13,105,761	13,105,761	-	-
Materials	2,301,075	2,301,075	-	-
Telecommunication Services	1,785,180	1,785,180	-	-
Utilities	3,489,452	3,489,452	-	-
Common/Collective Trusts				
Equity	111,333,432	-	111,333,432	-
Registered Investment Companies				
Equity	62,405,018	62,405,018	-	-
Real estate investment trust	1,246,850	1,246,850	-	-
Total investments of Master Trust	$ 259,297,312	$ 147,963,880	$ 111,333,432	$ -
Fixed income investments				
Corporate bonds and obligations				
Domestic	$ 34,876,574	$ -	$ 34,876,574	$ -
International	4,347,150	-	4,347,150	-
U.S. government securities				
Bonds	45,781,218	-	45,781,218	-
Agencies	3,255,683	-	3,255,683	-
Mortgage backed securities	7,593,049	-	7,593,049	-
Commercial mortgage backed securities	10,522,336	-	10,522,336	-
Common/collective trusts	858,082	858,082	-	-
Total fixed income investments	$ 107,234,092	$ 858,082	$ 106,376,010	$ -

9. Amounts due from the Zurich Plan

During 2010 the Plan paid certain expenses of the Zurich Plan, and accordingly the statement of net assets for benefits reflects an amount due from the Zurich Plan of $40,844.

During 2009, the Plan discovered that the Plan investment in Master Trust was understated by $2.8 million. This error resulted from a misallocation of assets between the Zurich Plan and the Plan in 2008. The Company corrected this error in 2009 by increasing net assets available for benefits by $2.8 million, of which $2.2 million is related to 2008 and $0.6 million is related to 2009. The Plan does not believe that this error was material to prior periods; as such, prior period financial statements have not been restated.

10. Out of Period Ajdustment

During 2010, the Plan administrator discovered that the actuarial present value of the accumulated plan benefits was understated by $3.8 million. This error resulted from the erroneous omission of Plan participants from the census data provided to the Plan actuaries in the prior years. The Plan administrator corrected this error in 2010. This correction in the Statement of Changes in Accumulated Plan Benefits for the Year Ended

January 1, 2010 increased the actuarial present value of the accumulated plan benefits by $3.8 million, by increasing the actuarial experience (gain) loss by $4.1 million and reducing the increase in interest due to decrease in the discount period by $0.3 million . The impact of the correction in the Statement of Accumulated Plan Benefits at January 1, 2010 increased the liability for vested benefits for retired and terminated employees/beneficiaries receiving benefits by $3.5 million and increased the liability for vested benefits for actives and terminated employees not presently receiving benefits by $0.3 million. The Plan administrator does not believe the error was material to prior periods; as such, prior period financial statements have not been restated.

11. Subsequent Events

Management has evaluated the events and transactions that have occurred through October 10, 2011, the date the financial statements were available to be issued, and noted no items requiring adjustment of the financial statements or additional disclosures.

SUPPLEMENTAL SCHEDULES

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Plan interest in Zurich American Insurance Company Master Retirement Trust **$45,493,996**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
FHLMC MTN 6.25 07-15-2032 CUSIP: 3134A4KX1	380,000.00	442,815.90	464,187.10
FNMA CAP DEB ZERO CPN DTD 10/09/84 0% DUE 10-09-2019 REG CUSIP: 313586RC5	1,825,000.00	1,070,660.10	1,152,346.97
TENNESSEE VALLEY AUTH GLOBAL PWR BD 2009SER C 5.25% DUE 09-15-2039 REG CUSIP: 880591EH1	275,000.00	278,635.50	290,734.40
U S TREAS BD STRIPPED PRIN PMT 00078 08-15-2039 REG CUSIP: 912803DH3	24,000,000.00	6,704,875.71	6,451,440.00
UNITED STATES GOV NATL TREAS BD STRIPPEDPRIN PMT 4.375 05-15-2040 CUSIP: 912803DM2	1,775,000.00	450,921.00	460,454.52
UNITED STATES TREAS BD STRIPPED PRIN PMTBD 02-15-2036 (UNDDATE) BEO CUSIP: 912803CX9	44,330,000.00	13,095,520.50	14,281,397.13
UNITED STATES TREAS BD STRIPPED PRIN PMT00054 05-15-2030 (UNDDATE) REG CUSIP: 912803CH4	9,000,000.00	3,473,177.50	3,811,554.00
UNITED STATES TREAS BD STRIPPED PRIN PMT00077 05-15-2039 (UNDDATE) REG CUSIP: 912803DG5	14,195,000.00	3,445,705.72	3,859,762.45
UNITED STATES TREAS BD STRIPPED PRIN PMT00079 11-15-2039 (UNDDATE) REG CUSIP: 912803DJ9	6,900,000.00	1,918,707.90	1,831,529.10
UNITED STATES TREAS BD STRIPPED PRIN PMT028 02-15-2025 (UNDDATE) REG CUSIP: 912803BE2	11,525,000.00	5,912,010.75	6,398,726.10
UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG CUSIP: 912810QK7	7,490,000.00	7,125,352.10	6,898,994.06
UNITED STATES TREAS BDS DTD 02/15/2001 5.375 15 FEB 2031 CUSIP: 912810FP8	4,980,000.00	5,266,562.43	5,813,373.12
UNITED STATES TREAS BDS DTD 02/15/2006 4.5% DUE 02-15-2036 REG CUSIP: 912810FT0	225,000.00	220,710.94	232,945.20
UNITED STATES TREAS BDS 7 1/4% 15/8/2022USD1000 7.25% DUE 08-15-2022 REG CUSIP: 912810EM6	825,000.00	1,195,186.52	1,115,296.87
UNITED STATES TREAS NTS DTD 00306 2.625%DUE 08-15-2020 REG CUSIP: 912828NT3	340,000.00	342,418.55	322,335.98
UNITED STATES TREAS NTS 2.625 DUE 11-15-2020 REG CUSIP: 912828PC8	810,000.00	769,477.93	764,057.61
UNITED STATES TREAS SEC STRIPPED INT PMT00338 11-15-2027 (UNDDATE) BEO CUSIP: 912833QB9	550,000.00	289,566.41	257,900.50
US TREAS BD STRIPPED PRIN PMT 11-15-2027REG CUSIP: 912803BM4	1,070,000.00	568,362.60	512,692.64

This schedule has been derived from information certified as complete and accurate by The Northern Trust Company.

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
US TREAS BDS 0 TREAS NT 15/11/2039 USD1000 4.375 DUE 11-15-2039 REG CUSIP: 912810QD3	25,000.00	28,546.88	25,132.80
US TREAS BDS 4.375 DUE 05-15-2040 REG CUSIP: 912810QH4	645,000.00	702,361.30	648,121.80
US TREAS 7.875 BD 2-15-2021 REG CUSIP: 912810EH7	275,000.00	377,781.25	383,625.00
Total United States - USD		**53,679,357.49**	**55,976,607.35**
Total U.S. Government Securities		**53,679,357.49**	**55,976,607.35**
Corporate Debt Instruments - Preferred			
Australia - USD			
PVTPL GTD NT 144A 5.7% DUE 10-01-2016 BEO CUSIP: 92924SAB4	600,000.00	598,638.00	647,620.80
RIO TINTO FIN USA 7.125% DUE 07-15-2028 CUSIP: 767201AD8	75,000.00	92,470.50	92,052.67
Total Australia - USD		**691,108.50**	**739,673.47**
Luxembourg - USD			
COVIDIEN INTL FIN 6.55% DUE 10-15-2037 CUSIP: 22303QAH3	250,000.00	255,950.00	296,789.50
Total Luxembourg - USD		**255,950.00**	**296,789.50**
Marshall Islands - USD			
PVTPL NAKILAT INC SR SECD BD 144A 6.067%DUE 12-31-2033 BEO CUSIP: 62983PAA3	320,000.00	320,000.00	336,000.00
Total Marshall Islands - USD		**320,000.00**	**336,000.00**
Mexico - USD			
AMERICA MOVIL S A DE C V SR NT 6.375% DUE 03-01-2035 REG CUSIP: 02364WAJ4	300,000.00	300,324.00	328,824.00
COCA-COLA FEMSA S 4.625 DUE 02-15-2020 CUSIP: 191241AD0	120,000.00	119,389.20	123,520.68

This schedule has been derived from information certified as complete and accurate by The Northern Trust Company.

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
Mexico - USD			
Total Mexico - USD		**419,713.20**	**452,344.68**
Norway - USD			
STATOIL ASA 5.1% DUE 08-17-2040 CUSIP: 85771PAC6	170,000.00	169,456.00	169,964.30
Total Norway - USD		**169,456.00**	**169,964.30**
Spain - USD			
TELEFONICA 7.045% DUE 06-20-2036 CUSIP: 87938WAC7	350,000.00	393,123.50	358,111.60
Total Spain - USD		**393,123.50**	**358,111.60**
United Kingdom - USD			
ASTRAZENECA PLC 6.45% DUE 09-15-2037 CUSIP: 046353AD0	200,000.00	220,234.00	237,441.40
HSBC HLDGS PLC 6.5% DUE 05-02-2036 CUSIP: 404280AG4	550,000.00	602,156.50	574,243.45
LLOYDS TSB BK PLC 5.8% DUE 01-13-2020 CUSIP: 53947MAB2	450,000.00	446,463.00	444,314.25
PVTPL BARCLAYS BK PLC BARCLAYS BANK PLC 6.05% DUE 12-04-2017 BEO CUSIP: 06739GAE9	325,000.00	360,743.50	333,385.97
PVTPL TESCO PLC CORP 6.15% DUE 11-15-2037 BEO CUSIP: 881575AC8	300,000.00	323,640.00	337,636.80
RIO TINTO FIN USA 9% DUE 05-01-2019 CUSIP: 767201AH9	90,000.00	114,073.94	120,874.14
Total United Kingdom - USD		**2,067,310.94**	**2,047,896.01**
United States - USD			
ALABAMA PWR CO 6.125% DUE 05-15-2038 CUSIP: 010392EZ7	500,000.00	498,705.00	551,389.50
ALLSTATE CORP 6.9 DEB DUE 05-15-2038 CUSIP: 020002AJ0	175,000.00	199,545.50	201,729.50
AMERN INTL GROUP 6.4% DUE 12-15-2020 CUSIP: 026874BW6	170,000.00	169,559.70	178,365.53

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
BAKER HUGHES INC 5.125% DUE 09-15-2040 CUSIP: 057224AZ0	300,000.00	298,710.00	293,034.60
BANK AMER CORP 5.625% DUE 07-01-2020 CUSIP: 06051GEC9	200,000.00	208,350.00	203,898.40
BANK AMER CORP 7.625% DUE 06-01-2019 CUSIP: 06051GDZ9	330,000.00	344,946.86	379,973.55
BELLSOUTH CORP 6.875% DUE 10-15-2031 CUSIP: 079860AD4	670,000.00	728,469.41	726,379.16
BRISTOL MYERS 6.125% DUE 05-01-2038 CUSIP: 110122AQ1	12,000.00	11,908.80	13,860.08
CATERPILLAR INC 7.3% DUE 05-01-2031 CUSIP: 149123BJ9	650,000.00	779,885.70	821,845.05
CISCO SYS INC 5.5% DUE 01-15-2040 CUSIP: 17275RAF9	200,000.00	191,926.00	208,934.60
CITIGROUP INC NT 6.625 DUE 01-15-2028 BEO CUSIP: 172967AR2	300,000.00	329,802.00	311,002.20
CMO CREDIT SUISSE FIRST BOSTON MTG SECS CORP 2004-C1 CL A-4 DUE 01-15-2037 REG CUSIP: 22541SAD0	1,000,000.00	1,005,000.00	1,047,590.00
CMO J P MORGAN CHASE COML MTG SECS CORP DUE 06-12-2041 REG CUSIP: 46625M6W4	1,000,000.00	1,052,247.87	1,069,604.00
CONOCOPHILLIPS NT 5.9 DUE 10-15-2032 BEO CUSIP: 20825CAF1	750,000.00	753,701.72	824,099.25
CR SUISSE 1ST BSTN 4.512% DUE 07-15-2037 CUSIP: 225458VM7	423,471.31	425,588.66	423,159.21
CR SUISSE 1ST BSTN 7.125% DUE 07-15-2032 CUSIP: 22541LAE3	300,000.00	341,318.14	359,547.60
DETROIT EDISON CO 6.35% DUE 10-15-2032 CUSIP: 250847DU1	250,000.00	261,402.25	276,722.50
DOMINION RES INC 6% DUE 11-30-2017 CUSIP: 25746UBC2	250,000.00	249,297.50	283,060.25
DUKE ENERGY 5.3% DUE 02-15-2040 CUSIP: 26442CAH7	500,000.00	497,865.00	507,353.00
EMERSON ELEC CO 6% DUE 08-15-2032 CUSIP: 291011AQ7	200,000.00	203,281.26	220,884.80
FL PWR & LT CO 5.625% DUE 04-01-2034 CUSIP: 341081EQ6	250,000.00	247,350.48	262,444.50

This schedule has been derived from information certified
as complete and accurate by The Northern Trust Company.

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
GENERAL ELEC CAP CORP TRANCHE # TR 005286.75% DUE 03-15-2032/03-20-2002 CUSIP: 36962GXZ2	850,000.00	868,428.00	962,300.30
GEORGIA PWR CO 5.65% DUE 03-01-2037 CUSIP: 373334GC9	500,000.00	497,795.00	517,292.00
GOLDMAN SACHS GROUP INC MEDIUM TERM NTS BOOK ENTRY NT 5.375% DUE 03-15-2020 CUSIP: 38141EA58	200,000.00	192,218.00	206,672.20
GOLDMAN SACHS 6 DUE 06-15-2020 CUSIP: 38141EA66	545,000.00	576,697.20	588,961.88
GOLDMAN SACHS 6.75% DUE 10-01-2037 CUSIP: 38141GFD1	515,000.00	505,818.29	526,533.94
HSBC BANK USA NA 4.875 DUE 08-24-2020 BEO CUSIP: 4042Q1AE7	425,000.00	424,766.25	422,478.90
INTL BUSINESS MACHS CORP 5.875 DUE 11-29-2032 BEO CUSIP: 459200BB6	250,000.00	268,484.33	281,771.75
JPMORGAN CHASE & CO FORMERLY J P MORGAN NT 6.4 DUE 05-15-2038 BEO CUSIP: 46625HHF0	200,000.00	197,692.00	226,837.80
LINCOLN NATL CORP 7% DUE 06-15-2040 CUSIP: 534187BA6	205,000.00	204,567.45	222,931.96
MCDONALDS CORP MEDIUM TERM NTS BOOK ENTRY SR NT 6.3% DUE 03-01-2038 CUSIP: 58013MEF7	250,000.00	258,817.50	294,641.50
MERCK & CO INC 5.85% DUE 06-30-2039 CUSIP: 589331AQ0	220,000.00	219,564.40	246,429.48
METLIFE INC 6.375% DUE 06-15-2034 CUSIP: 59156RAJ7	550,000.00	559,234.50	600,400.35
MIDAMERICAN ENERGY 6.75% DUE 12-30-2031 CUSIP: 595620AB1	475,000.00	531,704.29	554,863.65
MONSANTO CO NEW SR NT 5.5% DUE 08-15-2025/02-10-2006 CUSIP: 61166WAE1	200,000.00	221,948.00	217,203.80
MORGAN STANLEY 7.25% DUE 04-01-2032 CUSIP: 617446HD4	225,000.00	263,658.71	257,600.47
NORTHN STS PWR CO 5.35% DUE 11-01-2039 CUSIP: 665772CE7	100,000.00	99,810.00	102,963.60
NORTHWESTN MUT 6.063% DUE 03-30-2040 CUSIP: 668131AA3	525,000.00	525,000.00	579,885.60
ORACLE CORP 6.125% DUE 07-08-2039 CUSIP: 68389XAH8	400,000.00	397,336.00	448,883.20

This schedule has been derived from information certified as complete and accurate by The Northern Trust Company.

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
PACIFIC BELL 7.125% DUE 03-15-2026 CUSIP: 694032AT0	300,000.00	341,619.21	346,330.20
PECO ENERGY CO 5.95% DUE 10-01-2036 CUSIP: 693304AH0	250,000.00	249,232.50	270,772.50
PEPSI BOTTLING 7% DUE 03-01-2029 CUSIP: 713409AC4	500,000.00	577,659.56	614,944.50
PFIZER INC NT 7.2 DUE 03-15-2039 CUSIP: 717081CY7	385,000.00	466,042.50	498,204.24
PHILIP MORRIS INTL 6.375% DUE 05-16-2038 CUSIP: 718172AC3	275,000.00	276,133.00	319,188.92
PRUDENTIAL FINL INC MED TRM NTS BOOK TRANCHE # TR 00028 6.625 12-01-2037 CUSIP: 74432QBD6	450,000.00	469,138.50	500,228.10
PUB SVC CO OF CO 6.25% DUE 09-01-2037 CUSIP: 744448BZ3	500,000.00	508,795.00	575,142.50
PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM NTS BOOK ENTRY MTN 5.8% DUE 05-01-2037 CUSIP: 74456QAR7	350,000.00	349,317.50	377,211.80
PVTPL KERN RIV FDG CORP SR NT 144A 4.893% DUE 04-30-2018/04-30-2005 BEO CUSIP: 49228RAE3	90,974.62	92,357.43	93,866.70
PVTPL MASS MUT LIFE INS CO SURP NT 144A 8.875 DUE 06-01-2039 BEO CUSIP: 575767AG3	250,000.00	306,637.50	334,606.75
PVTPL ROCHE HLDGS INC GTD NT 144A 7% DUE03-01-2039 BEO CUSIP: 771196AU6	350,000.00	419,331.50	441,339.85
SBC COMMUNICATIONS 6.15% DUE 09-15-2034 CUSIP: 78387GAQ6	285,000.00	278,756.68	294,334.03
SOUTHN CAL EDISON 5.95% DUE 02-01-2038 CUSIP: 842400FH1	500,000.00	506,670.00	550,174.50
SOUTHN CAL GAS CO 5.45% DUE 04-15-2018 CUSIP: 842434CD2	300,000.00	309,303.60	328,143.00
TARGET CORP NT 7 DUE 01-15-2038/01-17-2008 REG CUSIP: 87612EAU0	300,000.00	344,721.00	367,780.50
UNITEDHEALTH GROUP 5.7% DUE 10-15-2040 CUSIP: 91324PBN1	205,000.00	203,692.10	204,110.91
UTD TECHNOLOGIES CORP NT DTD 08/04/1998 6.7 DUE 08-01-2028 BEO CUSIP: 913017AT6	300,000.00	336,198.00	355,185.30
VERIZON 6.9% DUE 04-15-2038 CUSIP: 92343VAP9	1,000,000.00	1,029,360.00	1,166,353.00

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as complete and accurate by The Northern Trust Company.

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Preferred			
United States - USD			
VERIZON 8.95% DUE 03-01-2039 CUSIP: 92343VAR5	250,000.00	338,997.50	356,272.25
VODAFONE GROUP PLC 6.25% DUE 11-30-2032 CUSIP: 92857WAB6	300,000.00	304,056.43	322,396.20
WAL-MART STORES 5.25% DUE 09-01-2035 CUSIP: 931142CB7	425,000.00	405,131.25	427,697.90
WAL-MART STORES 6.2% DUE 04-15-2038 CUSIP: 931142CM3	350,000.00	353,584.00	398,445.25
WELLS FARGO BK 5.95% DUE 08-26-2036 CUSIP: 94980VAG3	250,000.00	258,477.20	255,521.75
WYETH NT 5.95 DUE 04-01-2037/03-27-2007 BEO CUSIP: 983024AN0	450,000.00	446,944.50	497,982.15
Total United States - USD		**24,784,558.23**	**26,319,762.46**
Total Corporate Debt Instruments - Preferred		**29,101,220.37**	**30,720,542.02**
Corporate Debt Instruments - Other			
Brazil - USD			
ITAU UNIBANCO HLDG 5.75% DUE 01-22-2021 CUSIP: 46556LAB0	300,000.00	299,658.00	299,250.00
PETROBRAS INTL FIN CO 6.875 DUE 01-20-2040 REG CUSIP: 71645WAQ4	650,000.00	646,750.00	682,761.95
VALE OVERSEAS LTD 5.625% DUE 09-15-2019 CUSIP: 91911TAJ2	330,000.00	327,465.60	351,483.33
Total Brazil - USD		**1,273,873.60**	**1,333,495.28**
Canada - USD			
ROGERS 7.5% DUE 08-15-2038 CUSIP: 775109AL5	400,000.00	474,456.00	499,452.00
Total Canada - USD		**474,456.00**	**499,452.00**
Germany - USD			
DEUTSCHE TELEKOM 6% DUE 07-08-2019 CUSIP: 25156PAN3	250,000.00	248,427.50	282,812.50

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
Germany - USD			
Total Germany - USD		**248,427.50**	**282,812.50**
Mexico - USD			
GRUPO TELEVISA SA 6.625% DUE 01-15-2040 CUSIP: 40049JAZ0	300,000.00	295,647.00	324,882.60
Total Mexico - USD		**295,647.00**	**324,882.60**
United Kingdom - USD			
PVTPL SYSTEMS 2001 A T LLC SERIES-2001 CLASS-G 144A 6.664 DUE 09-15-2013 BEO CUSIP: 87203RAA0	72,744.95	81,069.23	79,808.48
Total United Kingdom - USD		**81,069.23**	**79,808.48**
United States - USD			
ALTRIA GROUP INC 10.2% DUE 02-06-2039 CUSIP: 02209SAH6	165,000.00	222,347.40	238,472.02
AMERN EXPRESS CO 8.125% DUE 05-20-2019 CUSIP: 025816BB4	150,000.00	180,814.50	186,631.65
ANADARKO PETE CORP 6.45% DUE 09-15-2036 CUSIP: 032511AY3	50,000.00	47,601.50	49,869.45
ANADARKO PETE CORP 6.95% DUE 06-15-2019 CUSIP: 032511BF3	660,000.00	652,614.60	740,477.10
AOL TIME WARNER 7.7% DUE 05-01-2032 CUSIP: 00184AAG0	450,000.00	519,187.50	549,310.95
BURL NORTHN SANTA 6.2% DUE 08-15-2036 CUSIP: 12189TAX2	250,000.00	256,905.00	270,256.50
CAP 1 BK USA NATL 8.8% DUE 07-15-2019 CUSIP: 140420MV9	250,000.00	302,407.50	307,509.75
CDN NAT RES LTD 7.2% DUE 01-15-2032 CUSIP: 136385AC5	160,000.00	197,465.60	189,164.48
CENTERPOINT ENERGY 6.125% DUE 11-01-2017 CUSIP: 15189WAC4	105,000.00	104,640.90	117,184.20
COMCAST CORP NEW 6.4% DUE 05-15-2038 CUSIP: 20030NAX9	250,000.00	256,600.00	267,166.25
COMCAST CORP NEW 6.95% DUE 08-15-2037 CUSIP: 20030NAV3	500,000.00	503,500.00	565,534.00

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The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
COMCAST CORP NEW 7.05% DUE 03-15-2033 CUSIP: 20030NAC5	300,000.00	328,137.00	342,715.80
CVS CAREMARK CORP 6.125% DUE 09-15-2039 CUSIP: 126650BR0	350,000.00	345,961.00	373,960.30
CVS CAREMARK CORP 6.25% DUE 06-01-2027 CUSIP: 126650BJ8	238,000.00	235,824.68	261,730.50
DIRECTV HLDGS/FING 6 DUE 08-15-2040 CUSIP: 25459HAX3	225,000.00	221,982.75	225,884.25
DISCOVERY 6.35% DUE 06-01-2040 CUSIP: 25470DAD1	200,000.00	199,948.00	216,016.20
DOW CHEM CO NT 9.4 DUE 05-15-2039 CUSIP: 260543BY8	125,000.00	176,782.50	181,428.75
ENTERPRISE PRODS 6.45% DUE 09-01-2040 CUSIP: 29379VAQ6	620,000.00	617,055.00	669,261.48
HOME DEPOT INC 5.875% DUE 12-16-2036 CUSIP: 437076AS1	250,000.00	241,027.50	260,037.25
INTL PAPER CO 7.3% DUE 11-15-2039 CUSIP: 460146CF8	205,000.00	220,454.95	233,585.81
INTL PAPER CO 7.95% DUE 06-15-2018 CUSIP: 460146CA9	50,000.00	61,169.00	59,498.15
JPMORGAN CHASE CAP 6.45% DUE 02-02-2037 CUSIP: 48123QAA1	500,000.00	497,960.00	498,049.50
KINDER MORGAN 6.5% DUE 09-01-2039 CUSIP: 494550BD7	560,000.00	555,060.80	578,499.60
KRAFT FOODS INC 6.125% DUE 02-01-2018 CUSIP: 50075NAU8	105,000.00	104,490.75	119,940.97
KRAFT FOODS INC 6.5% DUE 02-09-2040 CUSIP: 50075NAZ7	580,000.00	574,408.80	649,964.82
KRAFT FOODS INC 6.5% DUE 11-01-2031 CUSIP: 50075NAC8	325,000.00	371,403.50	361,512.77
LEHMAN BROS HLDGS INC LEHMAN BROTHERS HOLDINGS INC 7.5 5-11-38 BEO DEFAULT CUSIP: 5249087N4	250,000.00	248,197.50	25.00
LEHMAN INC 7.5 SR SUB NTS DUE 08-01-2026BD IN DEFAULT CUSIP: 524909AW8	200,000.00	232,834.44	20.00
NEWS AMER INC 6.9% DUE 08-15-2039 CUSIP: 652482BY5	800,000.00	885,096.00	915,934.40

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The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Debt Instruments - Other			
United States - USD			
ONEOK PARTNERS L P 6.65% DUE 10-01-2036 CUSIP: 68268NAC7	145,000.00	151,262.55	157,240.90
PAC GAS & ELEC CO 6.05% DUE 03-01-2034 CUSIP: 694308GE1	500,000.00	496,470.00	547,449.50
PVTPL COX COMMUNICATIONS INC NEW NT 144A8.375% DUE 03-01-2039 BEO CUSIP: 224044BV8	325,000.00	405,232.75	421,171.07
PVTPL NBC UNVL INC SR NT 144A 6.4% DUE 04-30-2040/04-30-2010 BEO CUSIP: 62875UAD7	275,000.00	274,925.75	292,040.10
REPUBLIC SVCS INC 5.5% DUE 09-15-2019 CUSIP: 760761AB2	315,000.00	312,747.75	343,518.84
SOUTHWEST GAS CORP 7.625% DUE 05-15-2012 CUSIP: 844895AS1	15,000.00	14,943.60	16,128.49
TELECOM ITALIA CAP 7.721% DUE 06-04-2038 CUSIP: 87927VAV0	100,000.00	109,311.00	99,089.90
TIME WARNER CABLE 7.3% DUE 07-01-2038 CUSIP: 88732JAN8	750,000.00	834,285.00	876,984.75
TRANSOCEAN INC 6.8% DUE 03-15-2038 CUSIP: 893830AT6	275,000.00	287,661.75	281,836.77
VALERO ENERGY CORP 6.625% DUE 06-15-2037 CUSIP: 91913YAL4	350,000.00	330,031.00	355,471.55
WASTE MGMT INC DEL 6.125% DUE 11-30-2039 CUSIP: 94106LAV1	185,000.00	184,012.10	197,984.04
WILLIAMS PARTNERS 5.25% DUE 03-15-2020 CUSIP: 96950FAD6	300,000.00	299,835.00	310,980.00
WILLIAMS PARTNERS 6.3% DUE 04-15-2040 CUSIP: 96950FAF1	55,000.00	53,413.25	57,248.78
Total United States - USD		**13,116,010.17**	**13,386,786.59**
Total Corporate Debt Instruments - Other		**15,489,483.50**	**15,907,237.45**

This schedule has been derived from information certified
as complete and accurate by The Northern Trust Company.

The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Common/Collective Trusts			
United States - USD			
COLTV SHORT TERM INVT FD CUSIP: 195998AC3	1,528,901.07	1,528,901.07	1,528,901.07
Total United States - USD		**1,528,901.07**	**1,528,901.07**
Total Value of Interest in Common/Collective Trusts		**1,528,901.07**	**1,528,901.07**
Other			
Brazil - USD			
BRAZIL FEDERATIVE REP GLOBAL NT 5.625% DUE 01-07-2041 REG CUSIP: 105756BR0	550,000.00	516,994.50	545,875.00
Total Brazil - USD		**516,994.50**	**545,875.00**
Mexico - USD			
UNITED MEXICAN STS MEDIUM TERM NTS BOOK ENTRY NT 5.125% DUE 01-15-2020 BEO CUSIP: 91086QAY4	420,000.00	424,015.20	437,850.00
Total Mexico - USD		**424,015.20**	**437,850.00**
United States - USD			
CALIFORNIA ST TAXABLE-VAR PURP 7.55% DUE04-01-2039 BEO TAXABLE N/C CUSIP: 13063A5G5	950,000.00	920,673.50	988,579.50
CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE CUSIP: 13063BJC7	110,000.00	111,043.90	115,214.00
COLORADO BRDG ENTERPRISE REV 6.078% 12-01-2040 BEO TAXABLE CUSIP: 19633SAB9	340,000.00	340,000.00	346,987.00
IL ST TAXABLE-PENSION 5.1 DUE 06-01-2033BEO TAXABLE SINKING FD 06-01-2024 N/C CUSIP: 452151LF8	300,000.00	234,855.00	225,750.00
LOS ANGELES CALIF DEPT WTR & PWR REV BUILD AMERICA BONDS 5.716 DUE 07-01-39 CUSIP: 544495UG7	425,000.00	425,000.00	372,610.25
LOS ANGELES CALIF DEPT WTR & PWR REV 6.574% 07-01-2045 BEO TAXABLE CUSIP: 544495VY7	300,000.00	300,000.00	307,227.00
METROPOLITAN TRANSN AUTH N Y REV 6.687% 11-15-2040 BEO TAXABLE CUSIP: 59259YDC0	375,000.00	375,000.00	378,705.00
MUNICIPAL ELEC AUTH GA 6.637% 04-01-2057BEO TAXABLE CUSIP: 626207YF5	300,000.00	300,000.00	294,333.00

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The Home Insurance Company Retirement Plan
Schedule of Assets (Held at End of Year) - per Schedule H, Line 4i of Form 5500
December 31, 2010

Schedule I

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Other			
United States - USD			
NEW JERSEY ST TRANSN TR FD AUTH 6.561% 12-15-2040 BEO TAXABLE CUSIP: 646136XR7	250,000.00	259,322.50	255,662.50
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5.952% 06-15-2042 REG CUSIP: 64972FK88	250,000.00	252,527.50	253,640.00
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.572% 11-01-2038 BEO TAXABLE CUSIP: 64971M5L2	250,000.00	250,000.00	247,260.00
NEW YORK N Y 5.846% 06-01-2040 BEO TAXABLE CUSIP: 64966HYV6	200,000.00	200,000.00	194,092.00
NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5.289% 03-15-2033 BEO TAXABLE CUSIP: 6499022E2	200,000.00	200,000.00	190,718.00
NY NY CTY MUN WTR FIN AUTH WTR & SWR REVBLD AMER BDS 5.724 6-15-2042 REG TXBLE CUSIP: 64972FT30	100,000.00	95,950.00	99,910.00
Total United States - USD		**4,264,372.40**	**4,270,688.25**
Total Other		**5,205,382.10**	**5,254,413.25**
Total		**105,004,344.53**	**109,387,701.14**

Total investments **$154,881,697**

Note: The investments COLTV Short Term Invt FD represents a party-in-interest

This schedule has been derived from information certified as complete and accurate by The Northern Trust Company.

The Home Insurance Company Retirement Plan
Schedule of Reportable Transactions per Schedule H, Line 4j of Form 5500
Year Ended December 31, 2010

Schedule II

Identity of Issue	Description	Number of Transactions	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
* The Northern Trust Company Collective Short - Term Investment Fund	Common/collective trust fund				
Purchases		117	$49,552,212	$49,552,212	
Sales		81	48,881,393	48,881,393	0
United States Treasury Bonds					
Purchases		44	$64,340,142	$64,340,142	
Sales		49	57,519,691	60,406,525	$2,886,834
United States Treasury Notes					
Purchases		13	$3,343,677	$3,343,677	
Sales		14	5,861,825	5,944,296	$82,471

*Denotes party in interest

This schedule has been derived from information certified as complete and accurate by The Northern Trust Company.

Zurich American Insurance Company
The Home Insurance Company Retirement Plan
EIN: 36-4233459; PN: 004
Form 5500, Schedule H, Part IV, Line 4 i
December 31, 2010

The information for Form 5500, Schedule H, Part IV, Line 4 i is included in Schedule I of the Financial Statements attached to this Filing.

Zurich American Insurance Company
The Home Insurance Company Retirement Plan
EIN: 36-4233459; PN: 004
Form 5500, Schedule H, Part IV, Line 4 j
December 31, 2010

The information for Form 5500, Schedule H, Part IV, Line 4 j is included in Schedule II of the Financial Statements attached to this Filing.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2010 This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ▶	004
The Home Insurance Company Retirement Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)	
Zurich American Insurance Company	36-4233459	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		2a	146,121,477
	b Actuarial value		2b	154,743,752
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	1,922	83,909,439
	b For terminated vested participants	3b	2,120	72,438,580
	c For active participants:			
	(1) Non-vested benefits	3c(1)		209,181
	(2) Vested benefits	3c(2)		6,654,335
	(3) Total active	3c(3)	162	6,863,516
	d Total	3d	4,204	163,211,535
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	6.50 %
6	Target normal cost		6	130,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	Date: 9/28/12
James M. Derengowski, F.S.A., E.A.	Type or print name of actuary	11-06555 Most recent enrollment number
Towers Watson	Firm name	(312) 525-2461 Telephone number (including area code)
191 North Wacker Drive, Suite 2100 Chicago IL 60606-1615	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	207,195	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	207,195	0
10	Interest on item 9 using prior year's actual return of 3.38 %	7,004	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.20 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	214,199	0

Part III Funding percentages

14	Funding target attainment percentage	14	94.68 %
15	Adjusted funding target attainment percentage	15	94.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/09/2011	10,152,000				
			Totals ▶ 18(b)	10,152,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,128,599

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**:

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 130,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,153,521	359,911
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 489,911

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) — **36**: 489,911

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 9,128,599

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 8,638,688

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

SCHEDULE SB, LINE 32 -- Schedule of Amortization Bases

The Home Insurance Company Retirement Plan

EIN: 36-4233459

Plan Number: 004

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
2010 Shortfall	1/1/2010	$2,153,521	7	$2,153,121	$359,911