

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), 6057(b), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CRUM & FORSTER EMPLOYEE SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>08/13/1998</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>U.S. FIRE INSURANCE CO.</u> <u>305 MADISON AVENUE</u> <u>MORRISTOWN, NJ 07960</u>	2b Employer Identification Number (EIN) <u>13-5459190</u> 2c Sponsor's telephone number <u>973-490-6600</u> 2d Business code (see instructions) <u>524290</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>MARTHA VAN HISE</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") U.S. FIRE INSURANCE CO. 305 MADISON AVENUE MORRISTOWN, NJ 07960	3b Administrator's EIN 13-5459190 3c Administrator's telephone number 973-490-6600
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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
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5 Total number of participants at the beginning of the plan year	5	1806
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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	1212
b Retired or separated participants receiving benefits.....	6b	18
c Other retired or separated participants entitled to future benefits.....	6c	458
d Subtotal. Add lines 6a , 6b , and 6c	6d	1688
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	1690
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1666
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	45

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 2S 2T 3D 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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>CRUM & FORSTER EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>U.S. FIRE INSURANCE CO.</u>	D Employer Identification Number (EIN) <u>13-5459190</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.

23-1945930

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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 25 33 37 52	NONE	6815	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE VANGUARD GROUP, INC	99	0

(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.
DODGE AND COX 94-1441976	10 BASIS POINTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE VANGUARD GROUP, INC	99	0

(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.
FIDELITY INVESTMENTS 04-2647786	25 BASIS POINTS

(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.

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>CRUM & FORSTER EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>U.S. FIRE INSURANCE CO.</u>	D Employer Identification Number (EIN) <u>13-5459190</u>	

Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a	-52	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1010693	0
(2) Participant contributions	1b(2)	239861	0
(3) Other	1b(3)	0	44243
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	100226	100680
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	50220	101240
(B) Common	1c(4)(B)	493520	448516
(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)	2090822	2085472
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	133671083	131605354
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	137656373	134385505

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5107	43490
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5107	43490

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	137651266	134342015
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3366294	
(B) Participants	2a(1)(B)	7573231	
(C) Others (including rollovers)	2a(1)(C)	1005223	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11944748

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)		
(C) Corporate debt instruments	2b(1)(C)	4513	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	99757	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		104270

(2) Dividends: (A) Preferred stock	2b(2)(A)	3581	
(B) Common stock	2b(2)(B)	10020	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2713258	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2726859

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1053528	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1052647	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		881

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-34448	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-34448
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-2945019
c Other income.....	2c		-26
d Total income. Add all income amounts in column (b) and enter total.....	2d		11797265

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15095022	
(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)		15095022
f Corrective distributions (see instructions)	2f		7278
g Certain deemed distributions of participant loans (see instructions).....	2g		2401
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1815	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1815
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15106516

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3309251
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: WITHUM SMITH & BROWN

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 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 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>CRUM & FORSTER EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>U.S. FIRE INSURANCE CO.</u>	D Employer Identification Number (EIN) <u>13-5459190</u>

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
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): <u>23-2186884</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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): _____

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

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

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

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

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

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

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

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

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

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

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

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

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



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Independent Auditors' Report

Crum & Forster Employee Savings Plan Administrative and Finance Committees

We were engaged to audit the accompanying financial statements of Crum & Forster Employee Savings Plan (formerly "The Individual Retirement Plan of United States Fire Insurance Company") (the "Plan") as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplementary schedule as of December 31, 2011 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the Trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The supplementary schedule is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the investment information certified by the Trustee, has 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.

A handwritten signature in black ink that reads "WithSmith+Brown PC". The signature is written in a cursive, flowing style.

September 13, 2012



Crum & Forster Employee Savings Plan

Financial Statements

**December 31, 2011 and 2010
with Independent Auditors' Report**

Crum & Forster Employee Savings Plan
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December 31, 2011 and 2010

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Independent Auditors' Report

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As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the Trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The supplementary schedule is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the investment information certified by the Trustee, has 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.

A handwritten signature in black ink that reads "WithSmith+Brown PC". The signature is written in a cursive, flowing style.

September 13, 2012

Crum & Forster Employee Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair value		
Mutual funds	\$ 131,238,459	\$ 133,465,472
Brokerage option	<u>1,017,331</u>	<u>849,525</u>
	132,255,790	134,314,997
Receivables:		
Employee	-	239,861
Employer	-	1,010,693
Other receivables	753	-
Notes receivable from participants	<u>2,085,472</u>	<u>2,090,822</u>
Total receivables	<u>2,086,225</u>	<u>3,341,376</u>
Total Assets	134,342,015	137,656,373
Liabilities		
Other liabilities	<u>-</u>	<u>5,107</u>
Net Assets Available for Benefits	<u>\$ 134,342,015</u>	<u>\$ 137,651,266</u>

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

Crum & Forster Employee Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Additions

Investment activities	
Net depreciation in fair value of investments	\$ (2,978,586)
Interest and dividend income	2,831,129
Total investment loss	<u>(147,457)</u>
Contributions	
Participants	7,573,231
Employer	3,366,294
Rollover	<u>1,005,223</u>
Total contributions	<u>11,944,748</u>
Total additions	11,797,291

Deductions

Participant distributions	15,104,701
Administrative fees	<u>1,841</u>
Total deductions	<u>15,106,542</u>
Decrease in net assets	(3,309,251)
Net assets available for benefits, beginning of year	<u>137,651,266</u>
Net assets available for benefits, end of year	<u><u>\$ 134,342,015</u></u>

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

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2011 and 2010

1. Description of the Plan

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

General

The Plan is a participant directed, defined contribution plan covering eligible employees and former employees of Crum & Forster (the "Company"). The Plan is a profit sharing plan with a cash or deferred arrangement that is intended to qualify under Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended. Participation in the Plan is voluntary and eligible employees are permitted to contribute to the Plan systematically through payroll deductions. All regular employees, as defined in the Plan document, are eligible to contribute to the Plan. Effective September 1, 2010 eligible participants are automatically enrolled in the Plan 30 days after their hire date unless the participant opts out. Participants may contribute on a pre-tax or after-tax basis, or combination of both. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration

The Plan is administered by the Employee Saving Plan Committee (collectively, the "Committee"), whose members are appointed by the board of directors of the Company. The Committee administers or delegates such duties that are required to maintain the financial records of the Plan. Vanguard Fiduciary Trust Company ("Vanguard") is the Trustee of the Plan (See Note 3).

Contributions

Eligible employees may contribute to the Plan between 1%-20% of their annual pretax compensation for highly compensated employees and 1%-50% for non-highly compensated employees, not to exceed the permitted Internal Revenue Code ("IRC") dollar limits (\$16,500 for 2011 and 2010), as well as catch-up contributions (\$5,500 for 2011 and 2010). Both groups can contribute 1%-50% on an after tax basis. Eligible participants who attain age 50 in a particular calendar year may elect to make these additional catch up contributions permitted by the Economic Growth & Tax Relief Reconciliation Act, effective January 1, 2002. Catch-up contributions are not eligible for Company Matching Contributions. Effective September 1, 2010, employees that are automatically enrolled contribute at a rate of 3% of their annual pretax compensation, unless the participant opts out. The Plan allows Roth contributions.

Company contributions (collectively, the "Employer Contributions") include: (i) a discretionary regular basic contribution at the end of the Plan year equal to a certain percentage of salaries, as defined by the Plan document, for all employees on the last day of the Plan year or who terminated their employment during the Plan year due to retirement, death or disability (the "Company Basic Contribution"); (ii) effective September 1, 2010 a regular matching contribution equal to 75% (50% prior to September 1, 2010) of the participants' pre-tax contributions, excluding contributions in excess of 6% of salaries (the "Company Matching Contribution"), and (iii) prior to September 1, 2010, at the sole discretion of the Company, an additional basic contribution and/or an additional matching contribution for a Plan year (the "Additional Basic & Matching Contribution"). There were no Company Additional Basic & Matching Contributions for 2011 and 2010. There was no Company Basic Contribution for the years ended December 31, 2011 and 2010.

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

Participant Accounts

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

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2011 and 2010

Vesting

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

The vesting schedule related to the other Employer Contributions is as follows:

Years of Service	% Vested
Less than 3 years	0%
3 or more	100%

Prior to September 1, 2010, participants vested at a rate of 20% per year and became fully vested after 5 years of service. A participant becomes 100% vested in Employer Contributions if the participant becomes totally disabled, dies or reaches age 65 while employed by the Company.

Payment of Benefits

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

Rollovers

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

Forfeitures

Forfeitures of non-vested employer contributions are used to reduce future employer contributions. For 2011 and 2010, the amount forfeited was \$24,593 and \$97,449, respectively, and the amount used to reduce employer contributions was \$161,782 and \$122,535, respectively. At December 31, 2011 and 2010, the forfeiture balance was \$1,819 and \$138,978, respectively.

Notes Receivable from Participants

At the discretion of, and subject to, the terms as set forth in the Plan, loans may be made to a participant of up to a maximum amount equal to the lesser of \$50,000 or one-half of the participant's total vested balance. Interest will be charged at a rate equal to one point above the prime rate at the date of the loan and, in general, repayment must be made over a period not to exceed five years, except for loans used to purchase a principal residence, in which case the repayment period may not exceed twenty years. At December 31, 2011 and 2010, interest rates on outstanding loans range from 4.25% to 9.25%.

Plan Termination

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

2. Summary of Significant Accounting Policies

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

Basis of Accounting

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

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2011 and 2010

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net value of shares held by the Plan at year-end. The Brokerage Option allows participants to select from shares of mutual funds and also investments in common stocks and corporate bonds which are valued at the closing price reported in the active market in which the individual securities are traded. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

Notes Receivable from Participants

Notes receivable are valued at their unpaid principal balance plus any accrued but unpaid interest. Upon default, these receivables are deemed to be a distribution to the participant.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Expenses incidental to the purchase and sale of investments are reflected in the cost or net proceeds of sale, as applicable. Generally, the Company pays the administrative fees charged by the Trustee to maintain the Plan accounts of active participants and fees necessary to be in compliance with ERISA and IRC. During the year ended December 31, 2011 and 2010, substantially all of the Plan's expenses were paid by the Company, however, the Plan reserves the right to have certain Plan expenses to be paid directly from the assets of the Plan. Investment related fees are reflected as an offset of net investment income and are not readily determinable.

Risks and Uncertainties

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

3. Information Certified by the Plan's Trustee (Unaudited)

The Plan's investments are maintained in participant directed accounts which are held and administered by the Trustee, Vanguard. All investment information disclosed in the accompanying financial statements and supplementary schedule, including investments held at December 31, 2011 and 2010, net appreciation in fair value of investments and investment income for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2011 and 2010

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

	2011	2010
Mutual funds	\$ 131,238,459	\$ 133,465,472
Brokerage option	1,017,331	849,525
Notes receivable from participants	2,085,472	2,090,822
Net depreciation in fair value of investments	(2,978,586)	
Interest and dividend income	2,831,129	
Administrative fees	1,841	

For the year ended December 31, 2011, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, depreciated in value by \$(2,978,586), as follows:

Mutual Funds	\$ (2,979,586)
Brokerage Option	1,000

The following investments represent 5% or more of the Plan's net assets at December 31, 2011 and 2010:

	2011	2010
AIM Mid Cap Core Equity Fund	\$ 8,987,410	\$ 10,122,943
Dodge & Cox Stock Fund	\$ 11,940,554	\$ 13,960,502
American Funds EuroPacific Growth Fund	\$ 7,597,607	\$ 9,443,544
Fidelity Contrafund	\$ 7,494,495	\$ 7,234,447
Neuberger Berman Genesis Fund	\$ 12,370,674	\$ 11,763,856
PIMCO Total Return Fund	\$ 14,725,987	\$ 15,741,325
Vanguard 500 Index Fund	\$ 16,639,557	\$ 19,466,916
Vanguard Prime Money Market Fund	\$ 26,492,215	\$ 27,823,261
Vanguard Wellington Fund	\$ 9,909,487	\$ 10,157,599

4. Fair Value Measurements

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

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

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

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

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

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2011 and 2010

The following depicts the fair value hierarchy for the Plan's financial assets as of December 31, 2011 and 2010:

December 31, 2011:

	Fair Value Measurements at Reporting Date Using:			
	Total	Level 1	Level 2	Level 3
Mutual Funds				
Domestic equities	\$ 86,862,594	\$ 86,862,594	\$ -	\$ -
Foreign equities	8,012,428	8,012,428	-	-
Money market fund	26,492,215	26,492,215	-	-
Target date funds	9,871,222	9,871,222	-	-
Brokerage option				
Corporate debt instruments	100,680	100,680		
Common and preferred stock	549,756	549,756		
Registered investment companies	366,895	366,895		
Total	\$ 132,255,790	\$ 132,255,790	\$ -	\$ -

December 31, 2010:

	Fair Value Measurements at Reporting Date Using:			
	Total	Level 1	Level 2	Level 3
Mutual Funds				
Domestic equities	\$ 90,155,232	\$ 90,155,232	\$ -	\$ -
Foreign equities	9,737,987	9,737,987	-	-
Money market fund	27,823,261	27,823,261	-	-
Target date funds	5,748,992	5,748,992	-	-
Brokerage option				
Corporate debt instruments	100,226	100,226		
Common and preferred stock	543,688	543,688		
Registered investment companies	205,611	205,611		
Total	\$ 134,314,997	\$ 134,314,997	\$ -	\$ -

5. Tax Status

The Plan obtained its determination letter on March 31, 2008 and although the Plan has been amended since that date, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, therefore, not subject to tax under present income tax laws.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2008. There are no tax related interest or penalties included in the financial statements presented.

6. Party-in-Interest Transactions

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

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2011 and 2010

7. Subsequent Events

The Plan has evaluated subsequent events occurring after the financial statement date through the date of September 13, 2012, which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined that the following subsequent event requires disclosure in the financial statements:

Effective July 1, 2012, the DOL will require that all fee arrangements between the Plan and its covered service providers will be subject to fee disclosure requirements, pursuant to ERISA Section 408(b)(2). Under Section 408(b)(2), applicable fees paid directly or indirectly by the Plan are required to be disclosed to the Plan in writing. A failure to do so by the covered service provider would cause the fee arrangement to be considered a prohibited transaction.

Management is currently evaluating the impact of its arrangements with covered service providers in compliance with this regulation. Any penalties related to this regulation would be borne by the Company or the covered service provider.

Supplemental Information

Crum & Forster Employee Savings Plan
Schedule H, Part IV - Line 4i
Schedule of Assets Held at End of Year
ID# 13-5459190; Plan# 001
December 31, 2011

*(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
	<u>Mutual Funds</u>			
	AIM	AIM Mid Cap Core Equity Fund	**	\$ 8,987,410
	American Funds	American Funds EuroPacific Growth Fund	**	7,597,607
	Dodge & Cox	Dodge & Cox Stock Fund	**	11,940,554
	Fidelity	Fidelity Contrafund	**	7,494,495
	Neuberger Berman	Neuberger Berman Genesis Fund	**	12,370,674
	PIMCO	PIMCO Total Return Fund	**	14,725,987
*	Vanguard	Vanguard 500 Index Fund	**	16,639,557
*	Vanguard	Vanguard Extended Market Index Fund	**	636,106
*	Vanguard	Vanguard Inflation-Protected Securities Fund	**	1,677,907
*	Vanguard	Vanguard Prime Money Market Fund	**	26,492,215
*	Vanguard	Vanguard Target Retirement 2005 Fund	**	22,861
*	Vanguard	Vanguard Target Retirement 2010 Fund	**	1,031,371
*	Vanguard	Vanguard Target Retirement 2015 Fund	**	1,458,158
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	2,657,075
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	1,390,449
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	755,027
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	849,057
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	241,467
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	393,036
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	394,803
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	1,082
*	Vanguard	Vanguard Target Retirement Income	**	676,836
*	Vanguard	Vanguard Total Bond Market Index Fund	**	1,260,342
*	Vanguard	Vanguard Total International Stock Index Fund	**	414,821
*	Vanguard	Vanguard Wellesley Income Fund	**	1,220,075
*	Vanguard	Vanguard Wellington Fund	**	9,909,487
	Total Mutual Funds			<u>\$ 131,238,459</u>
	<u>Brokerage Option</u>			
	GENL ELECTRIC CAP CORP MEDIUM TERM NOTE	Corporate Debt Instruments	**	\$ 32,560
	PRUDENTIAL FINANCIAL INC MEDIUM TERM	Corporate Debt Instruments	**	36,863
	WELLS FARGO & CO NEW SUBORDINATED NOTES	Corporate Debt Instruments	**	31,257
	JP MORGAN CHASE CAPITAL PFD	Preferred Stock	**	50,280
	METLIFE INC PFD	Preferred Stock	**	50,960
	ABBOTT LABS COM	Common Stock	**	142
	Accenture PLC Ireand D CLASS A COM	Common Stock	**	11,187
	Alkermes PLC COM	Common Stock	**	3,472
	AMR CORP DELAWARE COMMON STOCK	Common Stock	**	74
	ANTARES PHARMA INC COM	Common Stock	**	1,100
	AT&T INC	Common Stock	**	15,120
	ATMEL CORP	Common Stock	**	810
	BANK OF AMERICA COM	Common Stock	**	5,560
	BECTON DICKINSON & CO	Common Stock	**	225
	BEST BUY COMPANY INC	Common Stock	**	3,661
	BLOUNT INTK INC COM	Common Stock	**	1,452
	CENTRAL FD CDA LTD CLA	Common Stock	**	23,246
	CHEVRON CORPORATION COM	Common Stock	**	53,200
	CITIGROUP INC NEW COM	Common Stock	**	5,080
	COCA-COLA COMPANY	Common Stock	**	2,397
	CSX CORPORATION	Common Stock	**	44,959
	DUKE ENERGY CORP NEW COM	Common Stock	**	5,500
	EXXON MOBIL CORP COM	Common Stock	**	52,228
	FIRST TR EXCHANGE TRADED FD AMEX BIOTECH	Common Stock	**	16,330
	FORD MOTOR CO DEL COM PAR	Common Stock	**	8,608
	GENERAL ELECTRIC CO COM	Common Stock	**	8,955
	GERON CORP COM	Common Stock	**	222

See Independent Auditors' Report.

Crum & Forster Employee Savings Plan
Schedule H, Part IV - Line 4i
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December 31, 2011

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	HOKU CORP COM	Common Stock	**	71
	Ireland Bank ADR New COM	Common Stock	**	890
	JOHNSON & JOHNSON	Common Stock	**	23,070
	MARVELL TECHNOLOGY GROUP LTD SHS	Common Stock	**	1,385
	Merck & Co Inc New COM	Common Stock	**	18,850
	MICROMET INC COM	Common Stock	**	1,438
	MORGAN STANLEY DEAN WITTER & CO COM NEW	Common Stock	**	1,513
	PHILIP MORRIS INTL INC COM	Common Stock	**	645
	PITNEY BOWES INC	Common Stock	**	1,854
	POTASH CORP OF SASKATCHEWAN INC	Common Stock	**	8,267
	QUICKSILVER RES INC COM	Common Stock	**	537
	SANDRIDGE ENERGY INCCOM	Common Stock	**	48,960
	SIRIUS XM RADIO INC COM	Common Stock	**	5,460
	SIRONA DENTAL SYS INC COM	Common Stock	**	4,404
	SOUTHERN CO	Common Stock	**	23,145
	SPRINT CORP (FON GROUP)	Common Stock	**	2,925
	TOTAL S A SPONSORED ADR	Common Stock	**	413
	U.S. GOLD CORP NEW	Common Stock	**	18,984
	VERIZON COMMUNICATIONS COM	Common Stock	**	20,060
	ZYNGA INC	Common Stock	**	2,117
	VBO MONEY MARKET SWEEP FUND	Registered Investment Co. - Money Market	**	326,381
	MATTHEWS ASIA PACIFIC FUND	Registered Investment Company	**	17,908
	MATTHEWS INDIA FUND	Registered Investment Company	**	7,387
	Matthews International Funds: Matthews P	Registered Investment Company	**	7,641
	OPPENHEIMER GOLD & SPECIAL MINERALS	Registered Investment Company	**	4,001
	WELLS FARGO ADVANTAGE FUNDS PRECIOUS MET	Registered Investment Company	**	3,577
	Total Brokerage Option			<u>\$ 1,017,331</u>
*	Notes receivable from participants	Rates range from 4.25% to 9.25%		<u>\$ 2,085,472</u>

* Party-in-interest

** Cost omitted for participant directed investments

Crum & Forster Employee Savings Plan
Schedule H, Part IV - Line 4i
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ID# 13-5459190; Plan# 001
December 31, 2011

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