

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A	This return/report is for: <div>☐ a multiemployer plan</div> <div>☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div>☒ a single-employer plan</div> <div>☐ a DFE (specify) _____</div>
B	This return/report is: <div>☐ the first return/report</div> <div>☐ the final return/report</div> <div>☐ an amended return/report</div> <div>☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div>☒ Form 5558</div> <div>☐ automatic extension</div> <div>☐ the DFVC program</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CRUM & FORSTER EMPLOYEE SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 08/13/1998
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) U.S. FIRE INSURANCE CO. 305 MADISON AVENUE MORRISTOWN, NJ 07960
2b	Employer Identification Number (EIN) 13-5459190
2c	Plan Sponsor's telephone number 973-490-6600
2d	Business code (see instructions) 524290

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	MARTHA VAN HISE
	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, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2756
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2135
a(2) Total number of active participants at the end of the plan year	6a(2) 2273
b Retired or separated participants receiving benefits	6b 35
c Other retired or separated participants entitled to future benefits	6c 629
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2937
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 2939
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2933
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 31
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 Characteristics 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CRUM & FORSTER EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 U.S. FIRE INSURANCE CO.	D Employer Identification Number (EIN) 13-5459190	

Part I	Service Provider Information (see instructions)
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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 disclosures on eligible indirect compensation

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

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

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 26 33 37 52	NONE	92686	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	64	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	10 BPS	
94-1441976		
(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	60	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	25 BPS	
04-2033129		
(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.	
INVESCO	25 BPS	
74-1894784		

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 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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	4881940	4388456
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
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)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	2862803	3600351
	(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)	239006063	304187715
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	625152	962919

		(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	247375958 313139441
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	247375958 313139441

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	11994508
	(B) Participants	2a(1)(B)	16156725
	(C) Others (including rollovers)	2a(1)(C)	6388731
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	34539964
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)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	148642
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	148642
(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)	10358560
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	10358560
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(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)		31480175
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		76527341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15216608	
(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)		15216608
f Corrective distributions (see instructions)	2f		4167
g Certain deemed distributions of participant loans (see instructions).....	2g		
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)	81136	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		81136
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15301911

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		61225430
l Transfers of assets:			
(1) To this plan.....	2l(1)		4538053
(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CRUM & FORSTER EMPLOYEE SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 U.S. FIRE INSURANCE CO.		D Employer Identification Number (EIN) 13-5459190
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
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): 23-2186884		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INDEPENDENT AUDITORS' REPORT

To the Employee Benefit Committee
Crum & Forster Employee Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Crum & Forster Employee Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 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. 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 a certification from the Trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The schedule of assets (held at end of year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith & Brown, PC

October 8, 2018

**Crum & Forster Employee Savings Plan
Financial Statements
December 31, 2017 and 2016
with Independent Auditors' Report**

Crum & Forster Employee Savings Plan
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December 31, 2017 and 2016

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INDEPENDENT AUDITORS' REPORT

To the Employee Benefit Committee
Crum & Forster Employee Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Crum & Forster Employee Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 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. 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 a certification from the Trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The schedule of assets (held at end of year) as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith & Brown, PC

October 8, 2018

Crum & Forster Employee Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value		
Mutual funds	\$ 304,187,715	\$ 239,006,063
Brokerage option fund	962,919	625,152
	<u>305,150,634</u>	<u>239,631,215</u>
Receivables		
Employer	4,388,456	4,881,940
Notes receivable from participants	3,600,351	2,862,803
Total receivables	<u>7,988,807</u>	<u>7,744,743</u>
Net assets available for benefits	<u>\$ 313,139,441</u>	<u>\$ 247,375,958</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, 2017

Additions

Investment activities	
Net appreciation in fair value of investments	\$ 31,480,175
Interest and dividend income	10,358,560
Total investment income	<u>41,838,735</u>
Interest on notes receivable from participants	148,642
Contributions	
Participants	16,156,725
Employer	11,994,508
Rollover	6,388,731
Total contributions	<u>34,539,964</u>
Total additions	<u>76,527,341</u>

Deductions

Participant distributions	15,220,775
Administrative fees	81,136
Total deductions	<u>15,301,911</u>
Increase in assets before transfer of assets into Plan	61,225,430
Transfer of assets into Plan (see note 7)	<u>4,538,053</u>
Increase in net assets available for benefits	65,763,483
Net assets available for benefits, beginning of year	<u>247,375,958</u>
Net assets available for benefits, end of year	<u><u>\$ 313,139,441</u></u>

Crum & Forster Employee Savings Plan

Notes to Financial Statements

December 31, 2017 and 2016

1. DESCRIPTION OF THE PLAN

The following description of Crum & Forster Employee Savings Plan (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 of Crum & Forster and Subsidiaries (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 ("IRC") 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. 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 Benefits Committee (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%-50% of their annual pre-tax and after-tax compensation, as defined by the Plan, up to the IRC maximum allowance of \$18,000 in 2017. Eligible participants who attain age 50 in a particular calendar year may elect to make additional catch up contributions up to \$6,000, increasing the maximum allowance to \$24,000 for 2017. Employees that are automatically enrolled contribute at a rate of 3% of their annual pre-tax compensation, unless the participant opts out. The Plan allows for after-tax Roth contributions.

Company contributions (collectively, the "Employer Contributions") include: (i) a discretionary 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") and (ii) a matching contribution equal to 75% of the participants' pre-tax and Roth contributions, excluding contributions in excess of 6% of salaries (the "Company Matching Contribution"). In 2017 the Plan was amended to include Company matching of catch up contributions. In total, the Company's Basic Contribution was \$4,388,456 and the Company's Matching Contribution was \$7,606,052 for the year ended December 31, 2017.

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, 2017 and 2016

Vesting

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

Effective January 1, 2017, Participants who are active or hired on or after January 1, 2017 will become vested in Employer Contributions as follows:

Years of Service	% Vested
Less than 1 year	0%
1 or more	100%

Prior to the aforementioned January 1, 2017 amendment, the vesting schedule related to the Employer Contributions was as follows:

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

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.

Rollover Contributions

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 2017, the Plan used \$295,607 of forfeitures to reduce Employer Contributions. At December 31, 2017 and 2016, the forfeiture balance was \$38,223 and \$38,343, 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 50% 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, 2017 and 2016, interest rates on outstanding loans range from 4.25% to 5.5% and 4.25% to 5%, respectively.

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2017 and 2016

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. In the event that the Plan is terminated or upon complete discontinuance of contributions, the rights of the participants under the Plan at the date of termination or discontinuance shall be non-forfeitable.

New Accounting Pronouncements

The Plan is not aware of any new accounting standards that were required to be adopted in 2017, or yet to be adopted, that would impact the Plan's 2017 or prospective financial statements.

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 ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP 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 asset value of shares held by the Plan at year end. The brokerage option fund allows participants to select from shares of mutual funds and 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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. No allowance for credit losses has been recorded at December 31, 2017 and 2016.

Payment of Benefits

Benefits are recorded when paid.

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2017 and 2016

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, 2017, 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. Administrative expenses paid by the Plan totaled \$81,136 for the year ended December 31, 2017. 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 fund. These investments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility.

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 supplemental schedule of assets held at end of year, including investments held at December 31, 2017 and 2016, net appreciation in fair value of investments and investment and other income for the year ended December 31, 2017, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

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:

	2017	2016
Mutual funds	\$ 304,187,715	\$ 239,006,063
Brokerage option fund	962,919	625,152
Notes receivable from participants	3,600,351	2,862,803
Net appreciation in fair value of investments	31,480,175	-
Interest and dividend income	10,358,560	-
Interest on notes receivable from participants	148,642	-

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board *Accounting Standards Codification ("ASC") 820, "Fair Value Measurement and Disclosures"* establishes a framework for measuring fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). In accordance with GAAP, 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.

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2017 and 2016

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.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Mutual funds held by the Plan are investments registered with the Securities and Exchange Commission and are valued at the registered investment company's Net Asset Value ("NAV") as reported by the fund. These funds are required to publish their NAV and to transact at that price. The NAV is based on the value of the underlying assets owned by the fund minus its liabilities and then divided by the number of shares outstanding calculated as the close of business on the New York Stock Exchange. The mutual funds held by the Plan are deemed to be actively traded.

Brokerage option fund: Investments included in the brokerage option fund are primarily comprised of cash, common stocks, exchange traded funds and mutual funds. Common stocks are valued at the closing price reported in the active market in which the individual securities are traded. Mutual funds are valued at the NAV as reported by the fund and are deemed to be actively traded.

The valuation methods as described 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 methodologies 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 depicts the fair value hierarchy for the Plan's financial assets as of December 31, 2017 and 2016:

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 304,187,715	\$ -	\$ -	\$ 304,187,715
Brokerage option fund	962,919	-	-	962,919
Total investments, at fair value	<u>\$ 305,150,634</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 305,150,634</u>

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 239,006,063	\$ -	\$ -	\$ 239,006,063
Brokerage option fund	625,152	-	-	625,152
Total investments, at fair value	<u>\$ 239,631,215</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 239,631,215</u>

Crum & Forster Employee Savings Plan
Notes to Financial Statements
December 31, 2017 and 2016

5. TAX STATUS

The Plan adopted a prototype non-standardized profit sharing plan sponsored by Vanguard which obtained its latest opinion letter on May 28, 2014, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has since been amended, however, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 DOL. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or 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. In addition, there are no tax related interest or penalties reflected on these financial statements.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's investments are shares of mutual funds and brokerage option investments 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.

7. PLAN TRANSFERS

As of March 1, 2017, the participants of Redwoods Group, Inc. 401(k) Profit Sharing Plan, an acquisition made by the Company, were merged into the Plan and assets of approximately \$4,500,000, were transferred to the Plan on March 3, 2017.

8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events occurring after the financial statement date through the date of October 8, 2018, which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined that no subsequent events have occurred which require adjustment to or disclosure in the financial statements.

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, 2017

*(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>			
	American Funds	American Funds EuroPacific Growth Fund	**	\$ 10,398,278
	Dodge & Cox	Dodge & Cox Stock Fund	**	21,478,252
	Fidelity	Fidelity Contrafund	**	16,219,554
	Neuberger Berman	Neuberger Berman Genesis Fund	**	13,831,119
	PIMCO	PIMCO Total Return Fund	**	11,312,137
*	Vanguard	Vanguard 500 Index Fund	**	42,350,401
*	Vanguard	Vanguard Extended Market Index Fund	**	7,052,720
*	Vanguard	Vanguard FTSE Social Index Fund Investor Sha	**	1,219,657
*	Vanguard	Vanguard Inflation-Protected Securities Fund	**	1,995,574
*	Vanguard	Vanguard Target Retirement 2015 Fund	**	5,823,600
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	18,893,443
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	20,948,984
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	22,105,145
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	15,662,990
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	9,831,787
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	10,923,452
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	6,764,773
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	3,295,420
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	553,069
*	Vanguard	Vanguard Target Retirement 2065 Fund	**	3,282
*	Vanguard	Vanguard Target Retirement Income	**	3,215,433
*	Vanguard	Vanguard Total Bond Market Index Fund	**	7,883,750
*	Vanguard	Vanguard Total International Stock Index Fund	**	10,334,517
*	Vanguard	Vanguard Treasury Money Market Fund	**	20,180,472
*	Vanguard	Vanguard Wellesley Income Fund	**	4,350,213
*	Vanguard	Vanguard Wellington Fund	**	17,559,693
	Total Mutual Funds			\$ 304,187,715
	<u>Brokerage Option</u>			
	Accenture PLC Ireland Class A New	Common Stock	**	\$ 36,608
	Advanced Micro Devices Inc	Common Stock	**	2,570
	Apple Inc	Common Stock	**	60,415
	Ares Capital Corp	Closed-End Fund	**	7,860
	Best Buy Company Inc	Common Stock	**	13,085
	Bitauto Holdings Ltd Sponsored Ads	Common Stock ADR/GDR	**	1,908
	Brookfield Real Assets Income Fund	Closed-End Fund	**	19,575
	Caterpillar Inc	Common Stock	**	6,885
	CBL & Associates	Preferred Stock	**	7,105
	Celldex Therapeutics Inc New	Common Stock	**	5,680
	Coca-Cola Company	Common Stock	**	3,768
	Conocophillips	Common Stock	**	1,347
	Doubleline Income Solutions Fund	Closed-End Fund	**	28,427
	Exchange Yieldshares High Incm ETF	Exchange Traded Fund	**	30,617
	Exxon Mobil Corp	Common Stock	**	17,440
	Facebook Inc Cl A	Common Stock	**	2,647
*	Fairfax India Hldgs Corp Sub Vtg Shs	Common Stock	**	99,990
	Ford Motor Company New	Common Stock	**	12,635
	Ishares U S Aerospace & Defense ETF	Exchange Traded Fund	**	8,501
	Ishares U S Preferred Stock ETF	Exchange Traded Fund	**	23,361
	Johnson & Johnson	Common Stock	**	30,914
	Kroger Company	Common Stock	**	2,758
	Macquarie Infrastructure Corp	Common Stock	**	20,671
	Macys Inc	Common Stock	**	12,595
	Nuveen Pfd & Income Opportunities Fund	Closed-End Fund	**	18,958
	Oppenheimer Gold & Special Minerals Cl A	Mutual Fund	**	2,150
	Pimco Corporate & Incm Opportunity Fund	Closed-End Fund	**	30,281
	Pimco Dynamic Credit & Mortgage Income Fund	Closed-End Fund	**	27,734
	Potash Corp Chg Of Saskatchewan Inc	Common Stock	**	4,994

See Independent Auditors' Report.

Crum & Forster Employee Savings Plan
Schedule H, Part IV - Line 4i
Schedule of Assets (Held at End of Year) (continued)
ID# 13-5459190; Plan# 001
December 31, 2017

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	Powershares KBW Premium Yield Equity Reit ETF	Exchange Traded Fund	**	\$ 32,398
	Powershares Preferred ETF	Exchange Traded Fund	**	36
	Schlumberger Ltd	Common Stock	**	2,474
	Schwab U S Dividend Equity ETF	Exchange Traded Fund	**	12,484
	Sirius XM Hldgs Inc	Common Stock	**	10,802
	Spdr Series Trust S&P Dividend ETF	Exchange Traded Fund	**	19,010
	Synaptics Inc	Common Stock	**	1,677
	Transocean Limited Namen Akt	Common Stock ADR/GDR	**	1,428
*	Vanguard Federal Money Market Fund	Money Market Fund	**	90,559
*	Vanguard High Dividend Yield ETF	Exchange Traded Fund	**	16,917
*	Vanguard High Yield Corp Investor CI	Mutual Fund	**	26,409
*	Vanguard Information Technology ETF	Exchange Traded Fund	**	5,796
*	Vanguard Long Term Corp Bond ETF	Exchange Traded Fund	**	15,692
*	Vanguard Prime Money Market Investor CI	Money Market Fund	**	89,490
*	Vanguard Total Stock Market Index Admiral CI	Mutual Fund	**	88,467
	Wells Fargo Precious Metals CI A	Mutual Fund	**	1,902
	Wisdomtree Emerging Markets	Exchange Traded Fund	**	5,899
	Total Brokerage Option			<u>\$ 962,919</u>
*	Notes receivable from participants	Rates range from 4.25% to 5.5% maturing through 2037		<u>\$ 3,600,351</u>
	Total			<u><u>\$ 308,750,985</u></u>
* Party-in-interest				
** Cost omitted for participant directed investments				

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