

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) United States Fire Insurance Company PAC (U.S. Fire PAC) (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 6 Sylvan Way (c) City, State and ZIP Code Parsippany, New Jersey 07054	2. DATE 1/9/95 3. FEC IDENTIFICATION NUMBER 4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

(d) This committee is a _____ (National, State or subordinate) committee of the _____ Party (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
United States Fire Insurance Company	6 Sylvan Way, PO Box 416 Parsippany, NJ 07054-0416	Connected
Crum and Forster, Inc. Voluntary Political Action Committee	6 Sylvan Way, PO Box 416 Parsippany, NJ 07054-0416	Affiliated

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Michele Steele	6 Sylvan Way, PO Box 416 Parsippany, NJ 07054-0416	Assistant Treasurer

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Dennis J. Hammer	6 Sylvan Way, PO Box 416 Parsippany, NJ 07054-0416	Treasurer
Michele Steele		Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Midlantic Bank NA	499 Thornall Street Edison, NJ 08818

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Dennis J. Hammer	SIGNATURE OF TREASURER <i>Dennis J. Hammer</i>	DATE 1/18/95
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

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J.H.
 PREPARER

1-19-95
 DATE PREPARED

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