



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2011

OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

NAIC Group Code 0088 (Current) 0088 (Prior) NAIC Company Code 10176 Employer's ID Number 38-3167100

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 11/17/1994 Commenced Business 02/13/1995

Statutory Home Office 1300 East 9th Street, Suite 1010 (Street and Number) Cleveland, OH 44114-1506 (City or Town, State and Zip Code)

Main Administrative Office 1300 East 9th Street, Suite 1010 (Street and Number) Cleveland, OH 44114-1506 (City or Town, State and Zip Code) 216-621-4270 (Area Code) (Telephone Number)

Mail Address 645 W. Grand River Avenue (Street and Number or P.O. Box) Howell, MI 48843-2151 (City or Town, State and Zip Code)

Primary Location of Books and Records 645 W. Grand River Avenue (Street and Number) Howell, MI 48843-2151 (City or Town, State and Zip Code) 517-546-2160 (Area Code) (Telephone Number)

Internet Web Site Address WWW.HANOVER.COM

Statutory Statement Contact Kathleen B. Turgeon (Name) 508-853-7200-4476 (Area Code) (Telephone Number) KTURGEON@HANOVER.COM (E-mail Address) 508-855-6417 (FAX Number)

OFFICERS

President Marita Zuraitis Vice President & Treasurer Ann Kirkpatrick Tripp Secretary Charles Frederick Cronin

OTHER

Bryan David Allen # Senior Vice President Mark Richard Desrochers # Senior Vice President David Bruce Greenfield # Executive Vice President & CFO J. Kendall Huber # Executive Vice President & GC Richard William Lavey # Senior Vice President Andrew Scott Robinson # Executive Vice President John Conner Roche # Senior Vice President Gregory Davison Tranter # Executive Vice President Mark Joseph Welzenbach # Senior Vice President

DIRECTORS OR TRUSTEES

Bryan David Allen Robert Matthew Cohen Frederick Henry Eppinger David Bruce Greenfield # J. Kendall Huber Steven Edward Morris John Conner Roche Gregory Davison Tranter Marita Zuraitis

State of Massachusetts County of Worcester SS:

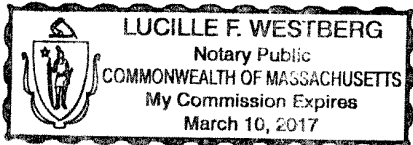
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Marita Zuraitis President Charles Frederick Cronin Secretary Ann Kirkpatrick Tripp Vice President & Treasurer

Subscribed and sworn to before me this 4th day of November, 2011

Lucille F. Westberg Notary March 10, 2017

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached



STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	13,646,852	0	13,646,852	13,110,686
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$358,730), cash equivalents (\$0) and short-term investments (\$65,789)	424,519	0	424,519	214,510
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	14,071,371	0	14,071,371	13,325,196
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	155,164	0	155,164	163,316
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,226,535	0	14,226,535	13,488,512
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	14,226,535	0	14,226,535	13,488,512
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	48,786	1,110
7.2 Net deferred tax liability	10,843	0
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$9,469,301 and including warranty reserves of \$0)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	1,501	1,700
20. Derivatives	0	0
21. Payable for securities	350,000	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$0 and interest thereon \$0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	411,130	2,810
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	411,130	2,810
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	7,535,850	7,535,850
35. Unassigned funds (surplus)	5,279,555	4,949,852
36. Less treasury stock, at cost:		
36.10 shares common (value included in Line 30 \$0)	0	0
36.20 shares preferred (value included in Line 31 \$0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	13,815,405	13,485,702
38. Totals (Page 2, Line 28, Col. 3)	14,226,535	13,488,512
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current	Prior Year	Prior Year Ended
	Year to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$14,938,220)	12,615,619	9,181,827	12,815,251
1.2 Assumed (written \$177,069)	168,471	156,163	211,781
1.3 Ceded (written \$15,115,289)	12,784,090	9,337,990	13,027,032
1.4 Net (written \$0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$0):			
2.1 Direct	8,108,673	5,707,398	6,986,878
2.2 Assumed	354,363	227,124	301,074
2.3 Ceded	8,463,036	5,934,522	7,287,952
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	488,464	471,963	625,810
10. Net realized capital gains (losses) less capital gains tax of \$10,680	(1,812)	(5,316)	(6,113)
11. Net investment gain (loss) (Lines 9 + 10)	486,652	466,647	619,697
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off \$0)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	486,652	466,647	619,697
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	486,652	466,647	619,697
19. Federal and foreign income taxes incurred	146,106	151,180	202,269
20. Net income (Line 18 minus Line 19)(to Line 22)	340,546	315,467	417,428
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	13,485,702	13,068,274	13,068,274
22. Net income (from Line 20)	340,546	315,467	417,428
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(13,629)	(2,281)	(2,658)
27. Change in nonadmitted assets	2,786	2,281	2,658
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	329,703	315,467	417,428
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	13,815,405	13,383,741	13,485,702
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	0	0	0
2. Net investment income	474,939	442,794	608,443
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	474,939	442,794	608,443
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$10,680 tax on capital gains (losses)	109,110	157,910	208,852
10. Total (Lines 5 through 9)	109,110	157,910	208,852
11. Net cash from operations (Line 4 minus Line 10)	365,829	284,884	399,591
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,718,587	878,203	2,041,524
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	350,000	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,068,587	878,203	2,041,524
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,224,208	1,563,063	2,711,662
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,224,208	1,563,063	2,711,662
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(155,621)	(684,860)	(670,138)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(199)	316	442
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(199)	316	442
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	210,009	(399,660)	(270,105)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	214,510	484,615	484,615
19.2 End of period (Line 18 plus Line 19.1)	424,519	84,955	214,510

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Citizens Insurance Company of Ohio (“the Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) “*Accounting Practices and Procedures Manual*” (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has not adopted any prescribed accounting practices that differ from those found in NAIC SAP.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

Description	09/30/2011	12/31/2010
Net income, state basis	\$340,546	\$417,428
Effect of state prescribed or permitted practices	0	0
Net income, NAIC SAP basis	<u>\$340,546</u>	<u>\$417,428</u>
Policyholders’ surplus, state basis	\$13,815,405	\$13,485,702
Effect of state prescribed or permitted practices	0	0
Policyholders’ surplus, NAIC SAP basis	<u>\$13,815,405</u>	<u>\$13,485,702</u>

B. Use of Estimates in the Preparation of the Financial Statements

No change

C. Accounting Policies

No change

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

A. Mortgage Loans

No change

B. Restructured Debt

No change

C. Reverse Mortgages

No change

D. Loan-backed Securities

1. Prepayment assumptions for loan-backed and structured securities were obtained from broker dealer survey values. These assumptions are consistent with the current interest rate and economic environment.
2. Not applicable
3. The Company had no securities with a recognized other-than-temporary impairment.
4. The Company had no securities with unrealized loss (fair value is less than amortized cost).
5. The Company employs a systematic methodology to determine if a decline in market value below book/adjusted carrying value is other-than-temporary. In determining whether a decline in fair value below book/adjusted carrying value is other-than-temporary, the Company evaluates several factors and circumstances, including the issuer’s overall financial condition; the issuer’s credit and financial strength ratings; the issuer’s financial performance, including earnings trends, dividend payments, and asset quality; any specific events which may influence the operations of the issuer including governmental actions; a weakening of the general market conditions in the industry or geographic region in which the issuer operates; the length of time and degree to which the fair value of an issuer’s securities remains below cost; the Company’s intent and ability to hold the security until such time to allow for the expected recovery in value; and with respect to fixed maturity investments, any factors that might raise doubt about the issuer’s ability to pay all amounts due according to the contractual terms. These factors are applied to all securities.

E. Repurchase Agreements and/or Securities Lending Transactions

No change

NOTES TO FINANCIAL STATEMENTS

- F. Real Estate
 - No change
- G. Low income Housing Tax Credits
 - No change
- 6. Joint Ventures, Partnerships and Limited Liability Companies
 - No change
- 7. Investment Income
 - No change
- 8. Derivative Instruments
 - No change
- 9. Income Taxes
 - A. Components of the net deferred tax asset/(liability)
 - No change
 - B. Unrecognized deferred tax liabilities
 - No change
 - C. Current Tax and Change in Deferred Tax
 - No change
 - D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate
 - No change
 - E. Operating Loss and Tax Credit Carryforwards
 - No change
 - F. Consolidated Federal Income Tax Return

1. The Company’s Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC	Hanover Texas Insurance Management Company, Inc.
AIX Holdings, Inc.	Health Facilities Insurance Corporation, Inc.
AIX, Inc.	Massachusetts Bay Insurance Company
AIX Insurance Services of California, Inc.	NOVA American Group, Inc.
AIX Specialty Insurance Company	NOVA Casualty Company
Allmerica Financial Alliance Insurance Company	NOVA Insurance Group, Inc.
Allmerica Financial Benefit Insurance Company	Opus Investment Management, Inc.
Allmerica Plus Insurance Agency, Inc.	Professionals Direct, Inc.
Benchmark Professional Insurance Services, Inc.	Professionals Direct Finance, Inc.
Campania Holding Company, Inc.	Professionals Direct Insurance Company
Campania Insurance Agency, Inc.	Professionals Direct Insurance Services, Inc.
Campania Management Company, Inc.	Professional Underwriters Agency, Inc.
Campania Shared Services Co. Inc.	The Hanover American Insurance Company
Campmed Casualty & Indemnity Co. Inc. of Maryland	The Hanover Insurance Company
Citizens Insurance Company of America	The Hanover Insurance Group, Inc.
Citizens Insurance Company of the Midwest	The Hanover National Insurance Company
Citizens Insurance Company of Illinois	The Hanover New Jersey Insurance Company
Citizens Management, Inc.	VeraVest Investments, Inc.
Educators Insurance Agency, Inc.	Verlan Fire Insurance Company
Hanover Lloyd’s Insurance Company	Verlan Holdings, Inc.
Hanover Specialty Insurance Brokers, Inc.	

2. The Board of Directors has delegated to The Hanover Insurance Group, Inc. (“THG”) Management, the development and maintenance of appropriate Federal Income Tax allocation policies and procedures, which are subject to written agreement between the companies. The Federal Income tax for all subsidiaries in the consolidated return of THG is calculated on a separate return basis. Any current tax liability is paid to THG. Tax benefits resulting from taxable operating losses or credits of THG’s subsidiaries are reimbursed to the subsidiary when such losses or credits can be utilized on a consolidated return basis.

- 10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. Nature of Relationships
 - No change
 - B. Detail of Transactions Greater than ½% of Admitted Assets
 - No change

NOTES TO FINANCIAL STATEMENTS

- C. Change in Terms of Intercompany Arrangements
 - No change
- D. Amounts Due to or from Related Parties
 - No change
- E. Guarantees or Contingencies for Related Parties
 - No change
- F. Management, Service Contracts, Cost Sharing Arrangements
 - No change
- G. Nature of Relationships that Could Affect Operations
 - No change
- H. Amount Deducted for Investment in Upstream Company
 - No change
- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets
 - No change
- J. Writedown for Impairment of Investments in Subsidiary, Controlled or Affiliated Companies
 - No change
- K. Foreign Insurance Subsidiary Valued Using CARVM
 - No change
- L. Detail of Investments in Downstream Noninsurance Holding Companies
 - No change
- 11. Debt
 - No change
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A., B., C., D., E., F
 - No change
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
 - A. Outstanding Shares
 - No change
 - B. Dividend Rate of Preferred Stock
 - No change
 - C., D., E. Dividend Restrictions
 - No change
 - F. Mutual Surplus Advances
 - No change
 - G. Company Stock Held for Special Purposes
 - No change
 - H. Changes in Special Surplus Funds
 - No change
 - I. Changes in Unassigned Funds
 - No change
 - J. Surplus Notes
 - No change

NOTES TO FINANCIAL STATEMENTS

K., L. Quasi Reorganizations

No change

14. Contingencies

A. Contingent Commitments

No change

B. Guaranty Fund and Other Assessments

No change

C. Gain Contingencies

No change

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

No change

E. All Other Contingencies

No change

15. Leases

No change

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk

No change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

No change

B. Transfers and Servicing of Financial Assets

No change

C. Wash Sales

The Company generally does not sell and reacquire securities within 30 days of the sale date. There were no wash sale transactions with a NAIC designation of 3 or below in the current year.

18. Gain or Loss from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

No change

B. Administrative Services Contract (ASC) Plans

No change

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts

No change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No change

20. Fair Value Measurements

The Company did not have any assets or liabilities measured at fair value at September 30, 2011.

21. Other Items

A. Extraordinary Items

No change

B. Troubled Debt Restructuring

No change

C. Other Disclosures

No change

NOTES TO FINANCIAL STATEMENTS

- D. Accounts Receivable for Uninsured Plans and Amounts Due from Agents
No change
- E. Business Interruption Insurance Recoveries
No change
- F. State Transferable Tax Credits
No change
- G. Subprime Mortgage Related Risk Exposure
No change
- 22. Events Subsequent
No change
- 23. Reinsurance
 - A. Unsecured Reinsurance Recoverables
No change
 - B. Reinsurance Recoverables in Dispute
No change
 - C. Reinsurance Assumed and Ceded
No change
 - D. Uncollectible Reinsurance
No change
 - E. Commutation of Ceded Reinsurance
No change
 - F. Retroactive Reinsurance
No change
 - G. Reinsurance Accounted for as a Deposit
No change
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No change
- 25. Change in Incurred Loss and Loss Adjustment Expenses
Not applicable
- 26. Intercompany Pooling Arrangements
No change
- 27. Structured Settlements
 - A. Reserves Released due to Purchase of Annuities
No change
 - B. Annuity Insurers with Balances due Greater than 1% of Policyholders' Surplus
No change
- 28. Health Care Receivables
No change
- 29. Participating Policies
No change

NOTES TO FINANCIAL STATEMENTS

30.

Premium Deficiency Reserves

1.

Liability carried for premium deficiency reserves: \$0.

2.

Date of the most recent evaluation of this liability: 09/30/11.

3.

Was anticipated investment income utilized in the calculation? Yes.
31.

High Deductibles

No change
32.

Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

A.

Tabular Discounts

No change

B.

Non-Tabular Discounts

No change

C.

Changes in Discount Assumptions

No change
33.

Asbestos/Environmental Reserves

No change
34.

Subscriber Savings Accounts

No change
35.

Multiple Peril Crop Insurance

No change
36.

Financial Guaranty Insurance

Not applicable

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes [X] No []
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [] N/A [X]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2008
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/20/2010
- 6.4

By what department or departments?
Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
Opus Investment Management, Inc.	Worcester, MA					YES.....

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13.

Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$.....0 | \$.....0 |
| 14.22 Preferred Stock | \$.....0 | \$.....0 |
| 14.23 Common Stock | \$.....0 | \$.....0 |
| 14.24 Short-Term Investments | \$.....0 | \$.....0 |
| 14.25 Mortgage Loans on Real Estate | \$.....0 | \$.....0 |
| 14.26 All Other | \$.....0 | \$.....0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$.....0 | \$.....0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$.....0 | \$.....0 |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon	One Wall Street, 14th Floor, New York, NY 10286

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....		

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]
- 16.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....			

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
107569	Opus Investment Management, Inc.	440 Lincoln Street, Worcester, MA 01653

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes [] No [] N/A [X]
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
	0.0	0.000	0	0	0	0	0	0	0	0
TOTAL			0	0	0	0	0	0	0	0

5.

Operating Percentages:

5.1 A&H loss percent0.000 %

5.2 A&H cost containment percent0.000 %

5.3 A&H expense percent excluding cost containment expenses0.000 %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....0
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date\$.....0

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
		NONE		

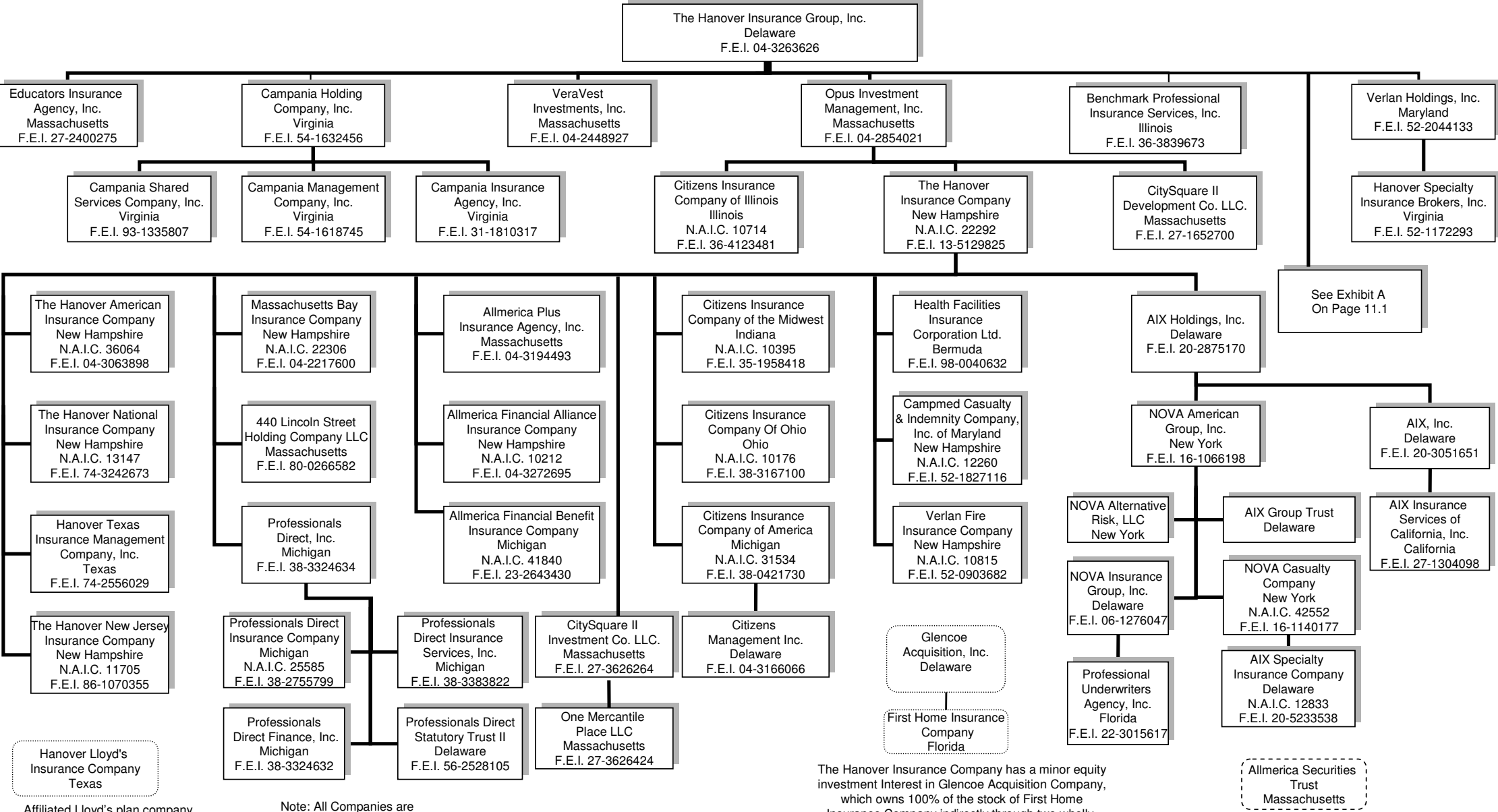
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, etc.		Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	Alabama	AL	N	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0
9.	District of Columbia	DC	N	0	0	0	0	0
10.	Florida	FL	N	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0
15.	Indiana	IN	N	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0
18.	Kentucky	KY	N	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0
20.	Maine	ME	N	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0
23.	Michigan	MI	L	4,083,894	3,448,592	2,101,001	2,077,484	9,771,705
24.	Minnesota	MN	N	0	0	0	0	0
25.	Mississippi	MS	N	0	0	0	0	0
26.	Missouri	MO	N	0	0	0	0	0
27.	Montana	MT	N	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0
31.	New Jersey	NJ	N	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0
35.	North Dakota	ND	N	0	0	0	0	0
36.	Ohio	OH	L	10,854,326	7,416,442	8,423,993	4,463,473	2,581,418
37.	Oklahoma	OK	N	0	0	0	0	0
38.	Oregon	OR	N	0	0	0	0	0
39.	Pennsylvania	PA	N	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0
45.	Utah	UT	N	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0
47.	Virginia	VA	N	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0
49.	West Virginia	WV	N	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0
57.	Canada	CN	N	0	0	0	0	0
58.	Aggregate Other Alien	OT	XXX	0	0	0	0	0
59.	Totals	(a) 2	14,938,220	10,865,034	10,524,994	6,540,957	12,353,123	16,173,754
DETAILS OF WRITE-INS								
5801.		XXX						
5802.		XXX						
5803.		XXX						
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
5899.	Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



Affiliated Lloyd's plan company, controlled by Underwriters for the benefit of The Hanover Insurance Company

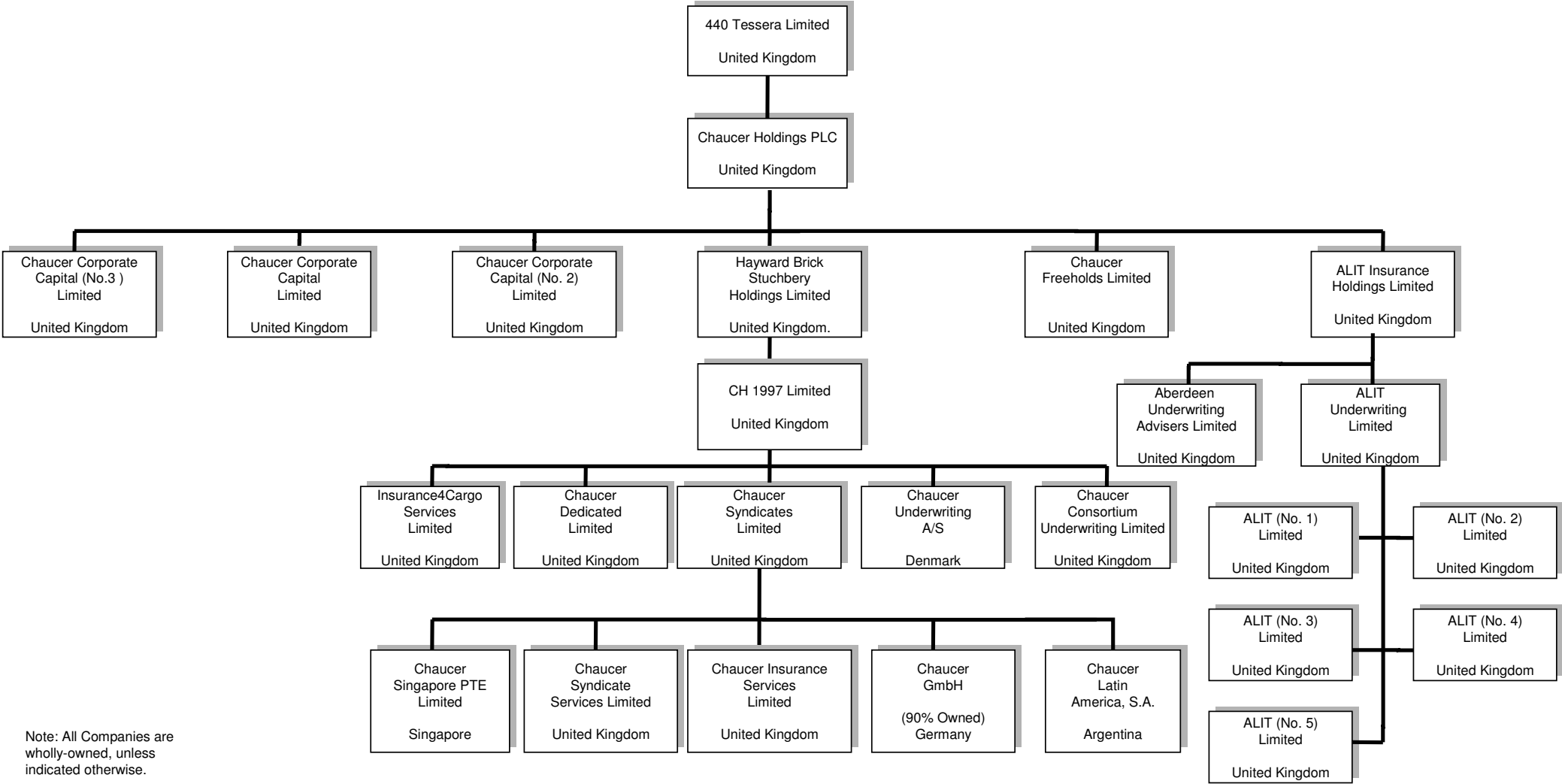
Note: All Companies are wholly-owned, unless indicated otherwise.

The Hanover Insurance Company has a minor equity investment interest in Glencoe Acquisition Company, which owns 100% of the stock of First Home Insurance Company indirectly through two wholly-owned subsidiaries.

Affiliated Investment Management Company

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Exhibit A



STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	60,913	70,128	115.1	80.6
2.	Allied Lines	14,051	15	0.1	5.0
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	7,467,311	7,604,341	101.8	109.6
5.	Commercial multiple peril	482,179	(81,932)	(17.0)	49.9
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine	0	0	0.0	0.0
9.	Inland marine	210,119	200,710	95.5	38.5
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability - occurrence	0	0	0.0	0.0
11.2	Medical professional liability - claims-made	0	0	0.0	0.0
12.	Earthquake	35,263	0	0.0	0.0
13.	Group accident and health	0	0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.	Other accident and health	0	0	0.0	0.0
16.	Workers' compensation	3,705,461	166,963	4.5	12.9
17.1	Other liability - occurrence	323,175	10,125	3.1	(18.6)
17.2	Other liability - claims-made	0	0	0.0	0.0
17.3	Excess workers' compensation	0	0	0.0	0.0
18.1	Products liability - occurrence	(1,421)	0	0.0	0.0
18.2	Products liability - claims-made	0	0	0.0	0.0
19.1,19.2	Private passenger auto liability	169,753	101,541	59.8	(16.4)
19.3,19.4	Commercial auto liability	20,725	25,138	121.3	18.8
21.	Auto physical damage	127,802	11,644	9.1	(20.0)
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	0	0	0.0	0.0
24.	Surety	0	0	0.0	0.0
26.	Burglary and theft	288	0	0.0	0.0
27.	Boiler and machinery	0	0	0.0	0.0
28.	Credit	0	0	0.0	0.0
29.	International	0	0	0.0	0.0
30.	Warranty	0	0	0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	Totals	12,615,619	8,108,673	64.3	62.2
DETAILS OF WRITE-INS					
3401.		0	0	0.0	0.0
3402.		0	0	0.0	0.0
3403.		0	0	0.0	0.0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire	(2,242)	142,487	1,064
2.	Allied Lines	(3,582)	32,711	579
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	3,465,766	9,142,799	6,074,040
5.	Commercial multiple peril	128,290	569,672	428,264
6.	Mortgage guaranty	0	0	0
8.	Ocean marine	0	0	0
9.	Inland marine	94,122	241,114	179,856
10.	Financial guaranty	0	0	0
11.1	Medical professional liability - occurrence	0	0	0
11.2	Medical professional liability - claims-made	0	0	0
12.	Earthquake	17,417	43,402	30,809
13.	Group accident and health	0	0	0
14.	Credit accident and health	0	0	0
15.	Other accident and health	0	0	0
16.	Workers' compensation	1,111,475	4,082,147	3,442,626
17.1	Other liability - occurrence	199,556	397,394	231,999
17.2	Other liability - claims-made	0	0	0
17.3	Excess workers' compensation	0	0	0
18.1	Products liability - occurrence	0	(1,421)	546
18.2	Products liability - claims-made	0	0	0
19.1,19.2	Private passenger auto liability	44,909	149,216	233,454
19.3,19.4	Commercial auto liability	(21,129)	21,144	71,102
21.	Auto physical damage	36,455	117,171	170,311
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	0	0	0
24.	Surety	0	0	0
26.	Burglary and theft	384	384	384
27.	Boiler and machinery	0	0	0
28.	Credit	0	0	0
29.	International	0	0	0
30.	Warranty	0	0	0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	Totals	5,071,421	14,938,220	10,865,034
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2011 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2008 + Prior													
2. 2009													
3. Subtotals 2009 + Prior													
4. 2010													
5. Subtotals 2010 + Prior													
6. 2011	.XXX	.XXX	.XXX	.XXX			.XXX				.XXX	.XXX	.XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

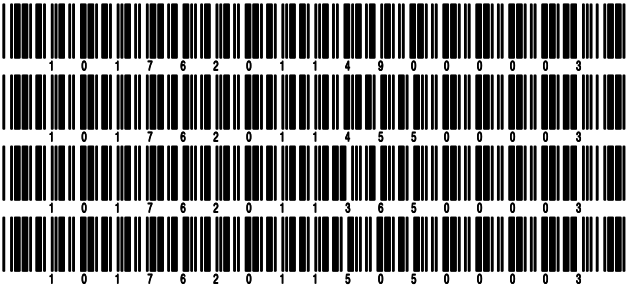
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanations:

1.
2.
3.
4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	13,110,686	12,434,351
2. Cost of bonds and stocks acquired	2,224,208	2,711,662
3. Accrual of discount	32,276	20,958
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	8,868	(331)
6. Deduct consideration for bonds and stocks disposed of	1,718,587	2,041,524
7. Deduct amortization of premium	10,599	14,430
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	13,646,852	13,110,686
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	13,646,852	13,110,686

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	11,568,337	451,265	246,900	105,116	11,502,214	11,568,337	11,877,818	11,372,922
2. Class 2 (a)	1,935,276	0	0	(100,453)	2,060,782	1,935,276	1,834,823	1,943,534
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	0	0	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	13,503,613	451,265	246,900	4,663	13,562,996	13,503,613	13,712,641	13,316,456
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	13,503,613	451,265	246,900	4,663	13,562,996	13,503,613	13,712,641	13,316,456

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 ;
NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	65,789	XXX	65,789	5	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	205,770	475,512
2. Cost of short-term investments acquired	350,019	1,620,863
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	490,000	1,890,605
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	65,789	205,770
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	65,789	205,770

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

Schedule E - Verification - Cash Equivalents

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
313375-07-5	Federal Home Loan Bank Agency Notes 1.500% 10/04/16		09/20/2011	RBC Dain Rauscher		250,000	250,000	0	1FE
0599999. Bonds - U.S. Governments						250,000	250,000	0	XXX
83755N-EW-8	S. Dakota Housing Dev. Authori Revenue Bonds - Tax-Exempt 4.000% 05/01/26		09/30/2011	RBC Dain Rauscher		100,000	100,000	0	1FE
95662M-F9-6	West VA Hsg Taxable - Revenue Bonds 2.809% 05/01/18		09/06/2011	Morgan Keegan		101,263	100,000	0	1FE
3199999. Bonds - U.S. Special Revenues						201,263	200,000	0	XXX
8399997. Total - Bonds - Part 3						451,263	450,000	0	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						451,263	450,000	0	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						451,263	XXX	0	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0

SCHEDULE D - PART 4

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Ident-ification	Description	For-ign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Other Than Temporary Impairment Recog-nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Design-ation or Market In-dicator (a)	
31394X-XV-3	Federal Home Loan Mo FHR2798EK 5.000% 10/15/31		09/01/2011	Paydown		63,300	63,300	62,153	62,854	0	447	0	447	0	63,300	0	0	0	2,106	10/15/2031	1FE	
676901-7L-9	Ohio St Hsg Fin Agy Revenue Bond - AMT - GNMA Coll 5.625% 03/01/32		09/01/2011	Call 102.0000		183,600	180,000	178,200	178,295	0	5,304	0	5,304	0	183,600	0	0	0	10,125	03/01/2032	1FE	
3199999. Bonds - U.S. Special Revenues						246,900	243,300	240,353	241,149	0	5,751	0	5,751	0	246,900	0	0	0	12,231	XXX	XXX	
8399997. Total - Bonds - Part 4						246,900	243,300	240,353	241,149	0	5,751	0	5,751	0	246,900	0	0	0	12,231	XXX	XXX	
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds						246,900	243,300	240,353	241,149	0	5,751	0	5,751	0	246,900	0	0	0	12,231	XXX	XXX	
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						246,900	XXX	240,353	241,149	0	5,751	0	5,751	0	246,900	0	0	0	12,231	XXX	XXX	

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
NONE							
8699999 - Total Cash Equivalents							