

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 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 _____, 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 Cleveland, OH 44114-1506
(Street and Number) (City or Town, State and Zip Code)

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

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

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

Internet Website Address WWW.HANOVER.COM

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

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
3rd day of February, 2012

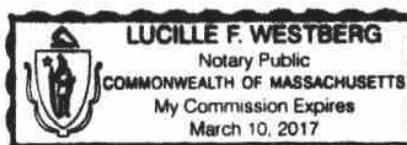
Lucille F. Westberg
Notary
March 10, 2017

a. Is this an original filing?

b. If no,

1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []





ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

Direct Business in the state of Michigan

During the Year 2011

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	(2)	0	0	(2)	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	4,655,184	4,901,403	0	1,483,443	2,805,701	(1,171,052)	7,735,599	125,432	458,856	1,145,873	408,327	88,727
17.1 Other Liability - occurrence	0	0	0	0	0	(173)	(35)	0	(50)	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,655,184	4,901,403	0	1,483,443	2,805,701	(1,171,228)	7,735,564	125,432	458,805	1,145,873	408,327	88,727
DETAILS OF WRITE-INS												
3401.	0	0	0	0	0	0	0	0	0	0	0	0
3402.	0	0	0	0	0	0	0	0	0	0	0	0
3403.	0	0	0	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 11,270

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

Line of Business	Direct Business in the state of Ohio		During the Year 2011					NAIC Company Code 10176		Commissions and Brokerage Expenses	Taxes, Licenses and Fees		
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10			
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	143,216	97,015	0	46,940	46,451	97,044	50,790	1,380	2,202	823	15,653	2,686	
2.1 Allied lines	32,872	22,335	0	10,939	0	796	812	0	47	47	3,615	616	
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0	
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners multiple peril	12,495,495	10,472,570	0	6,614,812	10,702,118	10,518,403	1,970,788	81,799	84,865	95,128	2,062,389	233,705	
5.1 Commercial multiple peril (non-liability portion)	457,063	432,641	0	191,588	155,148	45,095	15,157	0	4,310	9,919	71,907	8,487	
5.2 Commercial multiple peril (liability portion)	241,039	229,689	0	94,126	25,311	(161,842)	196,425	12,483	(97,816)	99,946	37,880	4,486	
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0	
9. Inland marine	329,538	289,648	0	173,025	171,539	176,685	2,333	2,335	2,522	243	53,532	6,172	
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0	
12. Earthquake	60,432	49,858	0	32,115	0	0	0	0	0	0	9,997	1,135	
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0	
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0	
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0	
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0	
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' compensation	0	0	0	0	0	7,500	(11,754)	7,300	6,938	6,938	0	0	
17.1 Other Liability - occurrence	504,494	443,623	0	248,408	0	6,167	157,064	0	(2,517)	28,058	67,925	9,461	
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0	
18. Products liability	(1,421)	(1,421)	0	0	0	0	0	0	0	0	(213)	0	
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0	
19.2 Other private passenger auto liability	197,546	216,941	0	43,075	145,454	152,723	181,494	8,426	(2,261)	10,584	26,224	3,705	
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0	
19.4 Other commercial auto liability	31,592	37,917	0	21,671	16,696	26,983	60,912	9,138	2,433	10,202	4,983	592	
21.1 Private passenger auto physical damage	133,589	145,178	0	27,559	42,136	48,303	(1,259)	2,478	969	992	17,760	2,505	
21.2 Commercial auto physical damage	17,077	18,461	0	7,306	6,204	5,559	742	0	(387)	110	2,707	320	
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0	
26. Burglary and theft	384	384	0	267	0	0	0	0	0	0	0	61	
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0	
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35. TOTALS (a)	14,642,917	12,454,839	0	7,511,829	11,318,557	10,904,161	2,642,557	124,978	1,304	256,051	2,374,418	273,878	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ 57,323

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

Line of Business	Direct Business in the state of		Grand Total	During the Year		2011	NAIC Company Code		10176		
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11
	1 Direct Premiums Written	2 Direct Premiums Earned									
1. Fire	143,216	97,015	0	46,940	46,451	97,044	50,790	1,380	2,202	823	15,653
2.1 Allied lines	32,872	22,335	0	10,939	0	796	812	0	47	47	3,615
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	12,495,495	10,472,570	0	6,614,812	10,702,118	10,518,403	1,970,788	81,799	84,865	95,128	2,062,389
5.1 Commercial multiple peril (non-liability portion)	457,063	432,641	0	191,588	155,148	45,095	15,157	0	4,310	9,919	71,907
5.2 Commercial multiple peril (liability portion)	241,039	229,689	0	94,126	25,311	(161,844)	196,425	12,483	(97,818)	99,946	37,880
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	329,538	289,648	0	173,025	171,539	176,685	2,333	2,335	2,522	243	53,532
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	60,432	49,858	0	32,115	0	0	0	0	0	0	9,997
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	4,655,184	4,901,403	0	1,483,443	2,813,201	(1,182,807)	7,742,899	132,370	465,794	1,145,873	408,327
17.1 Other Liability - occurrence	504,494	443,623	0	248,408	0	5,994	157,029	0	(2,566)	28,058	67,925
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	(1,421)	(1,421)	0	0	0	0	0	0	0	0	(213)
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	197,546	216,941	0	43,075	145,454	152,723	181,494	8,426	(2,261)	10,584	26,224
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	31,592	37,917	0	21,671	16,696	26,983	60,912	9,138	2,433	10,202	4,983
21.1 Private passenger auto physical damage	133,589	145,178	0	27,559	42,136	48,303	(1,259)	2,478	969	992	17,760
21.2 Commercial auto physical damage	17,077	18,461	0	7,306	6,204	5,559	742	0	(387)	110	2,707
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	384	384	0	267	0	0	0	0	0	0	61
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	19,298,101	17,356,242	0	8,995,272	14,124,259	9,732,933	10,378,121	250,409	460,108	1,401,924	2,782,745
DETAILS OF WRITE-INS											
3401.											
3402.											
3403.											
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 68,593

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 OMITTED)

Assumed Reinsurance as of December 31, Current Year (000's OMITTED)														
1 Federal ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Known Case Losses and LAE Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7								
0499999. Total - Affiliates				0	0	0	0	0	0	0	0	0	0	0
0599998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000				0	0	0	0	0	0	0	0	0	0	0
0599999. Total Other U.S. Unaffiliated Insurers				0	0	0	0	0	0	0	0	0	0	0
AA-999214 ..00000 ..MICHIGAN PLACEMENT FACILITY ..MI..				228	0	689	689	0	0	87	0	0	0	0
0699998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools				0	0	0	0	0	0	0	0	0	0	0
0699999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				228	0	689	689	0	0	87	0	0	0	0
0799998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools				0	0	0	0	0	0	0	0	0	0	0
0799999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Pools and Associations				228	0	689	689	0	0	87	0	0	0	0
0999998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000				0	0	0	0	0	0	0	0	0	0	0
0999999. Total Other Non-U.S. Insurers				0	0	0	0	0	0	0	0	0	0	0
99999999 Totals				228	0	689	689	0	0	87	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		19,527	0	0	6,179	0	5,559	1,714	9,082	0	22,534	0	0	22,534	0
0299999. Total Authorized - Affiliates - U.S. Non-Pool					19,527	0	0	6,179	0	5,559	1,714	9,082	0	22,534	0	0	22,534	0
0499999. Total Authorized - Affiliates					19,527	0	0	6,179	0	5,559	1,714	9,082	0	22,534	0	0	22,534	0
0599998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0599999. Total Authorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0999999. Total Authorized					19,527	0	0	6,179	0	5,559	1,714	9,082	0	22,534	0	0	22,534	0
1399999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499999. Total Unauthorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1799998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1799999. Total Unauthorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1899999. Total Unauthorized					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999999. Total Authorized and Unauthorized					19,527	0	0	6,179	0	5,559	1,714	9,082	0	22,534	0	0	22,534	0
2099999. Total Protected Cells					0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					19,527	0	0	6,179	0	5,559	1,714	9,082	0	22,534	0	0	22,534	0

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		0.000	0
2.		0.000	0
3.		0.000	0
4.		0.000	0
5.		0.000	0

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.	CITIZENS INS CO OF AMERICA	22,534,000	19,527,000	Yes [X] No []
2.		0	0	Yes [] No []
3.		0	0	Yes [] No []
4.		0	0	Yes [] No []
5.		0	0	Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

Schedule F - Part 6

N O N E

Schedule F - Part 7

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	13,812,520	0	13,812,520
2. Premiums and considerations (Line 15)	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5. Other assets	164,890	0	164,890
6. Net amount recoverable from reinsurers	0	22,534,000	22,534,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	13,977,410	22,534,000	36,511,410
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	13,452,000	13,452,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	62,869	0	62,869
11. Unearned premiums (Line 9)	0	9,082,000	9,082,000
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15. Funds held by company under reinsurance treaties (Line 13)	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17. Provision for reinsurance (Line 16)	0	0	0
18. Other liabilities	1,689	0	1,689
19. Total liabilities excluding protected cell business (Line 26)	64,558	22,534,000	22,598,558
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	13,912,852	XXX	13,912,852
22. Totals (Line 38)	13,977,410	22,534,000	36,511,410

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [] No []

If yes, give full explanation: The Company ceded 100% of its business to The Citizens Insurance Company of America, an affiliated insurer.

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2002	2,668	2,668	0	3,605	3,605	96	96	206	206	0	0	803	
3. 2003	2,270	2,270	0	2,309	2,309	14	14	196	196	0	0	640	
4. 2004	2,180	2,180	0	1,244	1,244	1	1	159	159	0	0	422	
5. 2005	1,955	1,955	0	1,169	1,169	24	24	121	121	0	0	267	
6. 2006	1,659	1,659	0	839	839	10	10	147	147	0	0	293	
7. 2007	1,574	1,574	0	689	689	5	5	107	107	0	0	225	
8. 2008	2,103	2,103	0	2,616	2,616	21	21	331	331	0	0	765	
9. 2009	3,501	3,501	0	3,220	3,220	91	91	256	256	0	0	646	
10. 2010	6,724	6,724	0	6,067	6,067	67	67	577	577	0	0	1,187	
11. 2011	10,473	10,473	0	9,710	9,710	28	28	1,049	1,049	0	0	2,264	
12. Totals	XXX	XXX	XXX	31,470	31,470	356	356	3,150	3,150	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR										
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	.38	.38	0	0	0	0	1	1	1	1	0	0	0	1			
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2004	0	0	9	9	0	0	1	1	0	0	0	0	0	0			
5. 2005	0	0	6	6	0	0	1	1	0	0	0	0	0	0			
6. 2006	0	0	14	14	0	0	3	3	0	0	0	0	0	0			
7. 2007	0	0	21	21	0	0	4	4	0	0	0	0	0	0			
8. 2008	0	0	22	22	0	0	10	10	0	0	0	0	0	0			
9. 2009	.75	.75	40	.40	0	0	.14	.14	3	3	0	0	0	4			
10. 2010	294	294	53	53	0	0	24	24	7	7	0	0	0	8			
11. 2011	862	862	535	535	0	0	37	37	59	59	0	0	0	72			
12. Totals	1,270	1,270	701	701	0	0	95	95	70	70	0	0	0	85			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	3,907	3,907	0	146.4	146.4	0.0	0	0	0.0	0	0
3. 2003	2,519	2,519	0	111.0	111.0	0.0	0	0	0.0	0	0
4. 2004	1,414	1,414	0	64.9	64.9	0.0	0	0	0.0	0	0
5. 2005	1,323	1,323	0	67.7	67.7	0.0	0	0	0.0	0	0
6. 2006	1,013	1,013	0	61.1	61.1	0.0	0	0	0.0	0	0
7. 2007	826	826	0	52.5	52.5	0.0	0	0	0.0	0	0
8. 2008	3,000	3,000	0	142.7	142.7	0.0	0	0	0.0	0	0
9. 2009	3,700	3,700	0	105.7	105.7	0.0	0	0	0.0	0	0
10. 2010	7,090	7,090	0	105.4	105.4	0.0	0	0	0.0	0	0
11. 2011	12,280	12,280	0	117.3	117.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2002	4,001	4,001	0	1,720	1,720	163	163	190	190	0	0	687	
3. 2003	2,964	2,964	0	1,650	1,650	110	110	190	190	0	0	506	
4. 2004	2,362	2,362	0	1,584	1,584	90	90	192	192	0	0	430	
5. 2005	1,932	1,932	0	1,519	1,519	49	49	123	123	0	0	247	
6. 2006	1,555	1,555	0	1,218	1,218	19	19	125	125	0	0	218	
7. 2007	1,088	1,088	0	296	296	26	26	111	111	0	0	146	
8. 2008	750	750	0	138	138	0	0	.58	.58	0	0	71	
9. 2009	457	457	0	177	177	7	7	.32	.32	0	0	51	
10. 2010	327	327	0	26	26	0	0	.18	.18	0	0	19	
11. 2011	217	217	0	39	39	0	0	16	16	0	0	21	
12. Totals	XXX	XXX	XXX	8,367	8,367	464	464	1,057	1,057	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Case Basis								
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2007	8	8	1	1	0	0	0	0	1	1	0	0	0	1			
8. 2008	0	0	4	4	0	0	1	1	0	0	0	0	0	0			
9. 2009	0	0	6	6	0	0	2	2	0	0	0	0	0	0			
10. 2010	15	15	10	10	0	0	4	4	1	1	0	0	0	1			
11. 2011	114	114	24	24	0	0	3	3	3	3	0	0	0	3			
12. Totals	137	137	45	45	0	0	11	11	5	5	0	0	0	5			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	2,074	2,074	0	51.8	51.8	0.0	0	0	0.0	0	0
3. 2003	1,950	1,950	0	65.8	65.8	0.0	0	0	0.0	0	0
4. 2004	1,866	1,866	0	79.0	79.0	0.0	0	0	0.0	0	0
5. 2005	1,692	1,692	0	87.6	87.6	0.0	0	0	0.0	0	0
6. 2006	1,363	1,363	0	87.6	87.6	0.0	0	0	0.0	0	0
7. 2007	442	442	0	40.7	40.7	0.0	0	0	0.0	0	0
8. 2008	201	201	0	26.8	26.8	0.0	0	0	0.0	0	0
9. 2009	225	225	0	49.2	49.2	0.0	0	0	0.0	0	0
10. 2010	74	74	0	22.6	22.6	0.0	0	0	0.0	0	0
11. 2011	199	199	0	91.5	91.5	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	9	9	0	0	0	0	XXX	
2. 2002	2,895	2,895	0	1,289	1,289	89	89	131	131	0	0	233	
3. 2003	1,631	1,631	0	2,314	2,314	.93	.93	.83	.83	0	0	129	
4. 2004	1,290	1,290	0	.721	.721	.33	.33	.79	.79	0	0	.87	
5. 2005	991	991	0	.309	.309	.23	.23	.39	.39	0	0	41	
6. 2006	.620	.620	0	.49	.49	.13	.13	.42	.42	0	0	.34	
7. 2007	.336	.336	0	.25	.25	.11	.11	.27	.27	0	0	.20	
8. 2008	.235	.235	0	.4	.4	.2	.2	.4	.4	0	0	.4	
9. 2009	.220	.220	0	.11	.11	0	0	.10	.10	0	0	.8	
10. 2010	.135	.135	0	.7	.7	0	0	.9	.9	0	0	.4	
11. 2011	38	38	0	17	17	0	0	10	10	0	0	6	
12. Totals	XXX	XXX	XXX	4,745	4,745	273	273	437	437	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR										
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	.25	25	.5	.5	0	0	1	1	2	2	0	0	0	2			
2. 2002	0	0	1	1	0	0	0	0	0	0	0	0	0	0			
3. 2003	0	0	1	1	0	0	0	0	0	0	0	0	0	0			
4. 2004	0	0	1	1	0	0	0	0	0	0	0	0	0	0			
5. 2005	0	0	5	5	0	0	0	0	0	0	0	0	0	0			
6. 2006	0	0	1	1	0	0	0	0	0	0	0	0	0	0			
7. 2007	0	0	2	2	0	0	0	0	0	0	0	0	0	0			
8. 2008	0	0	3	3	0	0	1	1	0	0	0	0	0	0			
9. 2009	0	0	3	3	0	0	2	2	0	0	0	0	0	0			
10. 2010	0	0	5	5	0	0	2	2	0	0	0	0	0	0			
11. 2011	0	0	10	10	0	0	2	2	0	0	0	0	0	0			
12. Totals	25	25	36	36	0	0	10	10	2	2	0	0	0	2			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	1,510	1,510	0	52.2	52.2	0.0	0	0	0.0	0	0
3. 2003	2,491	2,491	0	152.7	152.7	0.0	0	0	0.0	0	0
4. 2004	835	835	0	64.7	64.7	0.0	0	0	0.0	0	0
5. 2005	376	376	0	38.0	38.0	0.0	0	0	0.0	0	0
6. 2006	105	105	0	17.0	17.0	0.0	0	0	0.0	0	0
7. 2007	64	64	0	19.2	19.2	0.0	0	0	0.0	0	0
8. 2008	15	15	0	6.6	6.6	0.0	0	0	0.0	0	0
9. 2009	26	26	0	11.7	11.7	0.0	0	0	0.0	0	0
10. 2010	23	23	0	17.1	17.1	0.0	0	0	0.0	0	0
11. 2011	39	39	0	103.8	103.8	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	223	223	16	16	(1)	(1)	0	0	XXX	
2. 2002	6,146	6,146	0	5,167	5,167	147	147	496	496	0	0	1,076	
3. 2003	3,677	3,677	0	1,533	1,533	75	75	334	334	0	0	491	
4. 2004	4,850	4,850	0	2,468	2,468	59	59	428	428	0	0	559	
5. 2005	7,817	7,817	0	3,311	3,311	164	164	654	654	0	0	824	
6. 2006	7,050	7,050	0	3,008	3,008	103	103	605	605	0	0	679	
7. 2007	6,520	6,520	0	3,259	3,259	177	177	776	776	0	0	721	
8. 2008	6,247	6,247	0	2,833	2,833	116	116	894	894	0	0	664	
9. 2009	5,165	5,165	0	1,437	1,437	61	61	584	584	0	0	585	
10. 2010	4,533	4,533	0	1,528	1,528	52	52	873	873	0	0	579	
11. 2011	5,128	5,128	0	669	669	13	13	885	885	0	0	476	
12. Totals	XXX	XXX	XXX	25,436	25,436	983	983	6,528	6,528	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	891	891	1,290	1,290	0	0	183	183	22	22	0	0	16			
2. 2002	427	427	222	222	0	0	48	48	10	10	0	0	7			
3. 2003	66	66	222	222	0	0	41	41	3	3	0	0	2			
4. 2004	157	157	218	218	0	0	47	47	4	4	0	0	3			
5. 2005	.81	81	320	320	0	0	52	52	0	0	0	0	0			
6. 2006	115	115	276	276	0	0	39	39	1	1	0	0	1			
7. 2007	57	57	288	288	0	0	42	42	3	3	0	0	2			
8. 2008	164	164	317	317	0	0	85	85	7	7	0	0	5			
9. 2009	291	291	399	399	0	0	107	107	8	8	0	0	6			
10. 2010	1,095	1,095	492	492	0	0	206	206	.51	.51	0	0	.37			
11. 2011	1,294	1,294	422	422	0	0	297	297	125	125	0	0	91			
12. Totals	4,638	4,638	4,465	4,465	0	0	1,146	1,146	233	233	0	0	170			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	6,517	6,517	0	106.0	106.0	0.0	0	0	0.0	0	0
3. 2003	2,273	2,273	0	61.8	61.8	0.0	0	0	0.0	0	0
4. 2004	3,380	3,380	0	69.7	69.7	0.0	0	0	0.0	0	0
5. 2005	4,583	4,583	0	58.6	58.6	0.0	0	0	0.0	0	0
6. 2006	4,147	4,147	0	58.8	58.8	0.0	0	0	0.0	0	0
7. 2007	4,602	4,602	0	70.6	70.6	0.0	0	0	0.0	0	0
8. 2008	4,416	4,416	0	70.7	70.7	0.0	0	0	0.0	0	0
9. 2009	2,887	2,887	0	55.9	55.9	0.0	0	0	0.0	0	0
10. 2010	4,296	4,296	0	94.8	94.8	0.0	0	0	0.0	0	0
11. 2011	3,704	3,704	0	72.2	72.2	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	1	1	0	0	XXX	
2. 2002	5,233	5,233	0	3,503	3,503	190	190	302	302	0	0	437	
3. 2003	3,550	3,550	0	2,288	2,288	109	109	182	182	0	0	225	
4. 2004	3,207	3,207	0	2,542	2,542	64	64	138	138	0	0	131	
5. 2005	2,805	2,805	0	1,930	1,930	17	17	160	160	0	0	132	
6. 2006	2,217	2,217	0	891	891	162	162	258	258	0	0	220	
7. 2007	1,375	1,375	0	370	370	31	31	76	76	0	0	86	
8. 2008	755	755	0	641	641	16	16	62	62	0	0	59	
9. 2009	446	446	0	36	36	(5)	(5)	14	14	0	0	14	
10. 2010	543	543	0	31	31	2	2	22	22	0	0	23	
11. 2011	662	662	0	135	135	0	0	16	16	0	0	23	
12. Totals	XXX	XXX	XXX	12,365	12,365	585	585	1,231	1,231	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR										
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	13	13	14	14	0	0	.15	.15	2	2	0	0	0	3			
2. 2002	0	0	4	4	0	0	.4	.4	0	0	0	0	0	0			
3. 2003	0	0	4	4	0	0	.4	.4	0	0	0	0	0	0			
4. 2004	0	0	1	1	0	0	.2	.2	0	0	0	0	0	0			
5. 2005	(8)	(8)	2	2	0	0	.4	.4	0	0	0	0	0	0			
6. 2006	66	66	1	1	0	0	.4	.4	1	1	0	0	0	1			
7. 2007	(8)	(8)	1	1	0	0	.6	.6	0	0	0	0	0	0			
8. 2008	0	0	6	6	0	0	.10	.10	0	0	0	0	0	0			
9. 2009	(68)	(68)	11	11	0	0	.17	.17	0	0	0	0	0	0			
10. 2010	82	82	19	19	0	0	.20	.20	1	1	0	0	0	1			
11. 2011	5	5	67	67	0	0	.24	.24	1	1	0	0	0	1			
12. Totals	82	82	130	130	0	0	110	110	4	4	0	0	0	6			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	4,002	4,002	0	76.5	76.5	0.0	0	0	0.0	0	0
3. 2003	2,587	2,587	0	72.9	72.9	0.0	0	0	0.0	0	0
4. 2004	2,747	2,747	0	85.7	85.7	0.0	0	0	0.0	0	0
5. 2005	2,104	2,104	0	75.0	75.0	0.0	0	0	0.0	0	0
6. 2006	1,384	1,384	0	62.4	62.4	0.0	0	0	0.0	0	0
7. 2007	.477	.477	0	.34.7	.34.7	0.0	0	0	0.0	0	0
8. 2008	.735	.735	0	.97.4	.97.4	0.0	0	0	0.0	0	0
9. 2009	4	4	0	0.9	0.9	0.0	0	0	0.0	0	0
10. 2010	176	176	0	32.4	32.4	0.0	0	0	0.0	0	0
11. 2011	247	247	0	37.3	37.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2002	93	93	0	0	0	0	0	0	0	0	0	0	
3. 2003	34	34	0	1	1	0	0	2	2	0	0	0	
4. 2004	27	27	0	0	0	0	0	0	0	0	0	0	
5. 2005	34	34	0	0	0	0	0	0	0	0	0	0	
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	1	1	0	0	2	2	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2003	3	3	0	8.8	8.8	0.0	0	0	0.0	0	0
4. 2004	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2005	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2002	1,333	1,333	0	124	124	21	21	.39	.39	0	0	29	
3. 2003	1,109	1,109	0	0	0	0	0	.5	.5	0	0	3	
4. 2004	1,026	1,026	0	0	0	0	0	7	7	0	0	2	
5. 2005	894	894	0	38	38	0	0	.30	.30	0	0	6	
6. 2006	634	634	0	0	0	0	0	.16	.16	0	0	3	
7. 2007	371	371	0	.3	.3	0	0	.26	.26	0	0	2	
8. 2008	267	267	0	0	0	0	0	0	0	0	0	0	
9. 2009	245	245	0	0	0	0	0	0	0	0	0	0	
10. 2010	275	275	0	0	0	0	0	0	0	0	0	0	
11. 2011	444	444	0	0	0	0	0	15	15	0	0	4	
12. Totals	XXX	XXX	XXX	164	164	21	21	138	138	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	5	5	0	0	.3	3	0	0	0	0	0
2. 2002	0	0	1	1	0	0	1	1	0	0	0	0	0
3. 2003	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2004	0	0	2	2	0	0	1	1	0	0	0	0	0
5. 2005	0	0	4	4	0	0	1	1	0	0	0	0	0
6. 2006	0	0	7	7	0	0	2	2	0	0	0	0	0
7. 2007	0	0	14	14	0	0	2	2	0	0	0	0	0
8. 2008	0	0	15	15	0	0	4	4	0	0	0	0	0
9. 2009	0	0	22	22	0	0	3	3	0	0	0	0	0
10. 2010	0	0	33	33	0	0	4	4	0	0	0	0	0
11. 2011	0	0	52	52	0	0	8	8	2	2	0	0	1
12. Totals	0	0	157	157	0	0	28	28	2	2	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	186	186	0	13.9	13.9	0.0	0	0	0.0	0	0
3. 2003	7	7	0	0.6	0.6	0.0	0	0	0.0	0	0
4. 2004	10	10	0	1.0	1.0	0.0	0	0	0.0	0	0
5. 2005	72	72	0	8.1	8.1	0.0	0	0	0.0	0	0
6. 2006	25	25	0	3.9	3.9	0.0	0	0	0.0	0	0
7. 2007	45	45	0	12.1	12.1	0.0	0	0	0.0	0	0
8. 2008	19	19	0	7.1	7.1	0.0	0	0	0.0	0	0
9. 2009	25	25	0	10.3	10.3	0.0	0	0	0.0	0	0
10. 2010	37	37	0	13.4	13.4	0.0	0	0	0.0	0	0
11. 2011	77	77	0	17.4	17.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2002																
3. 2003																
4. 2004																
5. 2005																
6. 2006																
7. 2007																
8. 2008																
9. 2009																
10. 2010																
11. 2011																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2010	248	248	0	81	81	1	1	10	10	0	0	XXX	
3. 2011	459	459	0	252	252	3	3	22	22	0	0	XXX	
4. Totals	XXX	XXX	XXX	333	333	4	4	32	32	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	(4)	(4)	0	0	1	1	0	0	0	0	0			
2. 2010	0	0	(2)	(2)	0	0	0	0	0	0	0	0	0			
3. 2011	26	26	34	34	0	0	0	0	(5)	(5)	0	0	2			
4. Totals	26	26	28	28	0	0	1	1	(5)	(5)	0	0	2			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	90	90	0	36.4	36.4	0.0	0	0	0.0	0	0
3. 2011	332	332	0	72.4	72.4	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(9)	(9)	0	0	0	0	0	0	XXX	
2. 2010	242	242	0	44	44	3	3	13	13	0	0	54	
3. 2011	164	164	0	45	45	0	0	16	16	0	0	46	
4. Totals	XXX	XXX	XXX	80	80	3	3	29	29	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	(3)	(3)	0	0	0	0	0	0	0	0	0			
2. 2010	0	0	(3)	(3)	0	0	0	0	0	0	0	0	0			
3. 2011	3	3	2	2	0	0	0	0	1	1	0	0	1			
4. Totals	3	3	(3)	(3)	0	0	1	1	1	1	0	0	1			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	57	57	0	23.6	23.6	0.0	0	0	0.0	0	0
3. 2011	67	67	0	41.1	41.1	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1K - FIDELITY/SURETY
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX	
3. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2007	2	2	0	0	0	0	0	0	0	0	0	0	
8. 2008	3	3	0	0	0	0	0	0	0	0	0	0	
9. 2009	2	2	0	0	0	0	0	0	0	0	0	0	
10. 2010	1	1	0	0	0	0	0	0	0	0	0	0	
11. 2011	(1)	(1)	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2003	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2004	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2005	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 2M - International

N O N E

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior	.000	0	0	0	0	0	0	0	0	0	22	0
2. 2002	0	0	0	0	0	0	0	0	0	0	618	185
3. 2003	XXX	0	0	0	0	0	0	0	0	0	507	133
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	318	104
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	209	58
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	224	69
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	185	40
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	620	145
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	491	151
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	916	263
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1,753	439

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000	0	0	0	0	0	0	0	0	0	114	0
2. 2002	0	0	0	0	0	0	0	0	0	0	527	160
3. 2003	XXX	0	0	0	0	0	0	0	0	0	393	113
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	302	128
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	158	89
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	148	70
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	112	33
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	55	16
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	40	11
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	17	1
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	16	2

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000	0	0	0	0	0	0	0	0	0	81	0
2. 2002	0	0	0	0	0	0	0	0	0	0	185	48
3. 2003	XXX	0	0	0	0	0	0	0	0	0	108	21
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	67	20
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	23	18
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	23	11
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	10	10
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	2
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	6	2
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	4	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	5	1

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(INCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000	0	0	0	0	0	0	0	0	0	503	0
2. 2002	0	0	0	0	0	0	0	0	0	0	791	278
3. 2003	XXX	0	0	0	0	0	0	0	0	0	399	90
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	437	119
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	516	308
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	444	234
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	544	175
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	457	202
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	331	248
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	327	215
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	204	181

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	0	0	0	0	0	0	0	0	0	96	0
2. 2002	0	0	0	0	0	0	0	0	0	0	280	157
3. 2003	XXX	0	0	0	0	0	0	0	0	0	148	77
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	83	48
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	75	57
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	141	78
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	48	38
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	39	20
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	12	2
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	13	9
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	13	9

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior	.000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XX								
7. 2007	XXX	XXX	XXX	XXX	XX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	28
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0	3
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0	2
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	4
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	3
7. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	1
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	3

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	000	0	0	0	0						
2. 2010	XXX	0	0	46	8							
3. 2011	XXX	0	35	10								

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX											
2. 2010	XXX											
3. 2011	XXX											

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	000	XXX	XXX	XXX	XXX						
2. 2010	XXX											
3. 2011	XXX											

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	000										XXX	XXX
2. 2002											XXX	XXX
3. 2003	XXX										XXX	XXX
4. 2004	XXX	XXX	XXX								XXX	XXX
5. 2005	XXX	XXX	XXX								XXX	XXX
6. 2006	XXX	XXX	XXX	XXX							XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2009	XXX				XXX	XXX						
10. 2010	XXX			XXX	XXX							
11. 2011	XXX		XXX	XXX								

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 4G - Special Liability

N O N E

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 4M - International

N O N E

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	114	.12	2	1	6	1	0	.0	0	0
2. 2002	546	609	616	618	618	618	618	.618	.618	.618
3. 2003	XXX	431	505	506	507	507	.507	.507	.507	.507
4. 2004	XXX	XXX	252	317	318	318	318	.318	.318	.318
5. 2005	XXX	XXX	XXX	175	205	208	209	.209	.209	.209
6. 2006	XXX	XXX	XXX	XXX	186	224	224	.224	.224	.224
7. 2007	XXX	XXX	XXX	XXX	XXX	138	185	.185	.185	.185
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	540	.616	.617	.620
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.409	.487	.491
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.797	.916
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,753

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	31	.16	.8	8	3	.3	2	.1	1	.1
2. 2002	62	.16	5	3	3	3	1	.1	1	0
3. 2003	XXX	55	4	2	0	0	0	0	0	0
4. 2004	XXX	XXX	40	6	2	0	0	0	0	0
5. 2005	XXX	XXX	XXX	21	2	1	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	.33	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	27	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.30	.1	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.52	4	4
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	8
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	67	7	.1	1	2	1	0	.0	0	0
2. 2002	745	794	802	803	803	803	803	.803	.803	.803
3. 2003	XXX	589	639	640	640	640	640	.640	.640	.640
4. 2004	XXX	XXX	374	421	421	422	422	.422	.422	.422
5. 2005	XXX	XXX	XXX	241	264	266	267	.267	.267	.267
6. 2006	XXX	XXX	XXX	XXX	272	293	293	.293	.293	.293
7. 2007	XXX	XXX	XXX	XXX	XXX	.195	224	.225	.225	.225
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.693	.759	.760	.765
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.562	.641	.646
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,103	.1,187
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,264

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	248	.69	.24	.17	2	.2	0	.0	0	0
2. 2002	377	467	508	522	524	526	526	526	527	527
3. 2003	XXX	294	362	384	391	392	392	392	393	393
4. 2004	XXX	XXX	203	275	296	301	301	301	302	302
5. 2005	XXX	XXX	XXX	118	151	154	157	157	158	158
6. 2006	XXX	XXX	XXX	XXX	113	138	148	148	148	148
7. 2007	XXX	XXX	XXX	XXX	XXX	81	102	111	112	112
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	43	53	54	.55
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	34	.40
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	.17
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	127	.50	.26	7	1	0	0	.0	0	0
2. 2002	128	.56	.24	7	2	1	0	.1	0	0
3. 2003	XXX	96	.35	11	2	1	0	0	0	0
4. 2004	XXX	XXX	.97	31	7	.2	0	.1	0	0
5. 2005	XXX	XXX	XXX	44	5	.3	1	.1	0	0
6. 2006	XXX	XXX	XXX	XXX	.36	10	0	.0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	28	9	.2	1	.1
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.14	.4	1	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	5	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	148	.33	11	.2	.17	2	0	.0	0	0
2. 2002	600	665	681	685	685	686	686	687	.687	.687
3. 2003	XXX	460	497	.503	505	505	505	.505	506	506
4. 2004	XXX	XXX	394	.421	428	429	429	.430	430	.430
5. 2005	XXX	XXX	XXX	.227	245	246	.247	.247	.247	.247
6. 2006	XXX	XXX	XXX	XXX	201	217	.218	.218	.218	.218
7. 2007	XXX	XXX	XXX	XXX	XXX	.128	141	.144	.146	.146
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.66	.71	.71	.71
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.41	.48	.51
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.18	.19
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	178	.46	.26	.4	3	.2	0	.0	0	0
2. 2002	129	166	180	182	182	.184	184	.184	185	185
3. 2003	XXX	.76	.98	105	106	.107	108	.108	108	108
4. 2004	XXX	XXX	.51	62	.64	.67	.67	.67	67	.67
5. 2005	XXX	XXX	XXX	19	21	21	23	.23	23	23
6. 2006	XXX	XXX	XXX	XXX	19	22	23	.23	23	23
7. 2007	XXX	XXX	XXX	XXX	XXX	.8	.10	.10	10	.10
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.1	.1	2	2
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.5	6	6
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	130	.73	.18	.11	4	.2	0	.1	1	2
2. 2002	49	21	7	3	2	1	1	.1	0	0
3. 2003	XXX	20	12	6	2	1	0	0	0	0
4. 2004	XXX	XXX	15	7	3	.0	0	0	0	0
5. 2005	XXX	XXX	XXX	7	3	.2	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	7	.7	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	.2	1	.1	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	.87	24	.2	.2	.30	1	.1	.1	0	.1
2. 2002	196	.226	232	232	232	233	.233	.233	233	233
3. 2003	XXX	111	128	129	129	129	129	.129	129	129
4. 2004	XXX	XXX	.80	.85	.85	.86	.87	.87	.87	.87
5. 2005	XXX	XXX	XXX	37	40	41	41	41	41	41
6. 2006	XXX	XXX	XXX	XXX	.31	34	34	.34	34	34
7. 2007	XXX	XXX	XXX	XXX	XXX	12	.19	.20	20	.20
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	2	.2	4	.4
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7	8	8
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	858	242	100	44	37	33	18	19	9	1
2. 2002	596	741	772	776	780	787	790	790	791	791
3. 2003	XXX	265	371	384	394	397	399	399	399	399
4. 2004	XXX	XXX	288	411	429	432	437	437	437	437
5. 2005	XXX	XXX	XXX	321	455	496	502	511	515	516
6. 2006	XXX	XXX	XXX	XXX	254	404	426	438	442	444
7. 2007	XXX	XXX	XXX	XXX	XXX	355	491	527	532	544
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	331	431	443	457
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	228	316	331
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	229	327
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	384	204	131	88	71	54	44	24	22	16
2. 2002	141	46	17	15	16	10	7	7	9	7
3. 2003	XXX	98	24	13	3	0	2	3	4	2
4. 2004	XXX	XXX	107	26	14	10	4	5	5	3
5. 2005	XXX	XXX	XXX	151	56	18	11	4	1	0
6. 2006	XXX	XXX	XXX	XXX	143	31	17	10	3	1
7. 2007	XXX	XXX	XXX	XXX	XXX	170	53	23	18	2
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	109	24	19	5
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	108	17	6
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100	37
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	546	119	52	19	52	20	11	5	9	(4)
2. 2002	967	1,051	1,061	1,064	1,071	1,074	1,075	1,075	1,078	1,076
3. 2003	XXX	421	481	485	487	487	491	492	493	491
4. 2004	XXX	XXX	479	547	555	558	560	561	561	559
5. 2005	XXX	XXX	XXX	676	803	813	817	822	824	824
6. 2006	XXX	XXX	XXX	XXX	580	653	672	679	679	679
7. 2007	XXX	XXX	XXX	XXX	XXX	636	706	720	721	721
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	596	653	662	664
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	542	580	585
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	503	579
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	476

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	156	.55	15	7	6	.6	3	.1	3	0
2. 2002	221	.265	275	277	279	279	280	280	280	280
3. 2003	XXX	.91	135	145	146	146	148	148	148	148
4. 2004	XXX	XXX	64	79	81	81	81	82	83	83
5. 2005	XXX	XXX	XXX	55	70	70	70	75	75	75
6. 2006	XXX	XXX	XXX	XXX	123	139	139	139	140	141
7. 2007	XXX	XXX	XXX	XXX	XXX	35	46	46	48	48
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	26	37	39	39
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	12	12
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	13
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	121	.64	.54	43	.41	7	8	10	1	3
2. 2002	83	.19	11	8	11	3	1	0	0	0
3. 2003	XXX	.54	18	4	4	2	0	0	0	0
4. 2004	XXX	XXX	.25	7	2	2	3	.1	1	0
5. 2005	XXX	XXX	XXX	23	6	.5	5	0	0	0
6. 2006	XXX	XXX	XXX	XXX	12	3	2	2	3	1
7. 2007	XXX	XXX	XXX	XXX	XXX	12	0	.5	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	7	2	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	1
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	125	.43	.47	13	.30	10	7	.4	1	2
2. 2002	386	.414	426	.429	436	436	436	.437	.437	.437
3. 2003	XXX	188	213	221	223	224	224	224	225	225
4. 2004	XXX	XXX	113	127	129	129	130	130	131	131
5. 2005	XXX	XXX	XXX	116	128	131	132	132	132	132
6. 2006	XXX	XXX	XXX	XXX	204	217	218	218	220	220
7. 2007	XXX	XXX	XXX	XXX	XXX	71	81	.86	.86	.86
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	47	.59	.59	.59
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	.4	1	0	0	1	0	0	0	0	0
2. 2002	19	21	21	22	28	28	28	28	28	28
3. 2003	XXX	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	6	9	.1	1	0	0	0	0	0	0
2. 2002	2	3	7	6	0	0	0	0	0	0
3. 2003	XXX	1	.1	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	2	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	.6	9	0	.3	(1)	0	0	0	0	0
2. 2002	22	25	29	29	29	29	29	29	29	29
3. 2003	XXX	1	3	3	3	3	3	3	3	3
4. 2004	XXX	XXX	.1	1	2	2	2	2	2	2
5. 2005	XXX	XXX	XXX	4	6	6	6	6	6	6
6. 2006	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2007	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	15	0	0	0	0	0	0	0	0	0	0
2. 2002.....	2,878	2,878	2,878	2,878	2,878	2,878	2,878	2,878	2,878	2,878	0
3. 2003.....	XXX	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	0
4. 2004.....	XXX	XXX	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	0
5. 2005.....	XXX	XXX	XXX	991	991	991	991	991	991	991	0
6. 2006.....	XXX	XXX	XXX	XXX	620	620	620	620	620	620	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	336	336	336	336	336	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	235	235	235	235	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	220	220	220	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	135	135	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38
13. Earned Premiums (Sch P-Pt. 1)	2,895	1,631	1,290	991	620	336	235	220	135	38	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	15	0	0	0	0	0	0	0	0	0	0
2. 2002.....	2,878	2,878	2,878	2,878	2,878	2,878	2,878	2,878	2,878	2,878	0
3. 2003.....	XXX	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	0
4. 2004.....	XXX	XXX	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	0
5. 2005.....	XXX	XXX	XXX	991	991	991	991	991	991	991	0
6. 2006.....	XXX	XXX	XXX	XXX	620	620	620	620	620	620	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	336	336	336	336	336	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	235	235	235	235	235	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	220	220	220	220	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	135	135	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38
13. Earned Premiums (Sch P-Pt. 1)	2,895	1,631	1,290	991	620	336	235	220	135	38	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	(151)	(214)	(92)	(8)	(5)	0	0	0	0	0	0
2. 2002.....	6,297	6,387	6,267	6,262	6,198	6,198	6,198	6,198	6,198	6,198	0
3. 2003.....	XXX	3,800	3,890	3,881	3,746	3,746	3,746	3,746	3,746	3,746	0
4. 2004.....	XXX	XXX	4,973	5,115	5,041	5,027	5,027	5,027	5,027	5,027	0
5. 2005.....	XXX	XXX	XXX	7,696	7,889	7,888	7,888	7,888	7,888	7,888	0
6. 2006.....	XXX	XXX	XXX	XXX	7,134	7,247	7,253	7,253	7,253	7,253	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	6,422	6,653	6,654	6,646	6,646	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	6,010	6,012	5,996	5,996	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,163	5,079	5,076	(3)
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,640	4,647	7
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,124
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,128
13. Earned Premiums (Sch P-Pt. 1)	6,146	3,677	4,850	7,817	7,050	6,520	6,247	5,165	4,533	5,128	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	(151)	(214)	(92)	(8)	(5)	0	0	0	0	0	0
2. 2002.....	6,297	6,387	6,267	6,262	6,198	6,198	6,198	6,198	6,198	6,198	0
3. 2003.....	XXX	3,800	3,890	3,881	3,746	3,746	3,746	3,746	3,746	3,746	0
4. 2004.....	XXX	XXX	4,973	5,115	5,041	5,027	5,027	5,027	5,027	5,027	0
5. 2005.....	XXX	XXX	XXX	7,696	7,889	7,888	7,888	7,888	7,888	7,888	0
6. 2006.....	XXX	XXX	XXX	XXX	7,134	7,247	7,253	7,253	7,253	7,253	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	6,422	6,653	6,654	6,646	6,646	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	6,010	6,012	5,996	5,996	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,163	5,079	5,076	(3)
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,640	4,647	7
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,124
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,128
13. Earned Premiums (Sch P-Pt. 1)	6,146	3,677	4,850	7,817	7,050	6,520	6,247	5,165	4,533	5,128	XXX

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	104	(28)	0	(2)	0	0	0	0	0	0	0
2. 2002.....	5,130	5,081	5,054	5,054	5,054	5,054	5,054	5,054	5,054	5,054	0
3. 2003.....	XXX	3,626	3,578	3,578	3,577	3,576	3,576	3,576	3,576	3,576	0
4. 2004.....	XXX	XXX	3,283	3,294	3,298	3,298	3,298	3,298	3,298	3,298	0
5. 2005.....	XXX	XXX	XXX	2,795	2,861	2,842	2,842	2,842	2,842	2,842	0
6. 2006.....	XXX	XXX	XXX	XXX	2,147	2,180	2,164	2,164	2,164	2,164	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	1,361	1,340	1,339	1,339	1,339	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	792	791	791	791	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	448	449	448	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	543	541	(1)
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	664	664
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	662
13. Earned Premiums (Sch P-Pt. 1)	5,233	3,550	3,207	2,805	2,217	1,375	755	446	543	662	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	104	(28)	0	(2)	0	0	0	0	0	0	0
2. 2002.....	5,130	5,081	5,054	5,054	5,054	5,054	5,054	5,054	5,054	5,054	0
3. 2003.....	XXX	3,626	3,578	3,578	3,577	3,576	3,576	3,576	3,576	3,576	0
4. 2004.....	XXX	XXX	3,283	3,294	3,298	3,298	3,298	3,298	3,298	3,298	0
5. 2005.....	XXX	XXX	XXX	2,795	2,861	2,842	2,842	2,842	2,842	2,842	0
6. 2006.....	XXX	XXX	XXX	XXX	2,147	2,180	2,164	2,164	2,164	2,164	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	1,361	1,340	1,339	1,339	1,339	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	792	791	791	791	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	448	449	448	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	543	541	(1)
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	664	664
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	662
13. Earned Premiums (Sch P-Pt. 1)	5,233	3,550	3,207	2,805	2,217	1,375	755	446	543	662	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	4	0	(2)	0	0	0	0	0	0	0	0
2. 2002.....	1,328	1,367	1,368	1,368	1,368	1,368	1,368	1,368	1,368	1,368	0
3. 2003.....	XXX	1,071	1,110	1,109	1,109	1,109	1,109	1,109	1,109	1,109	0
4. 2004.....	XXX	XXX	988	989	988	989	989	989	989	989	0
5. 2005.....	XXX	XXX	XXX	893	898	898	898	898	898	898	0
6. 2006.....	XXX	XXX	XXX	XXX	630	620	620	620	620	620	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	381	379	379	379	379	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	268	268	268	268	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	245	245	245	245	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	275	275	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444	444
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444
13. Earned Premiums (Sch P-Pt. 1)	1,333	1,109	1,026	894	634	371	267	245	275	444	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	4	0	(2)	0	0	0	0	0	0	0	0
2. 2002.....	1,328	1,367	1,368	1,368	1,368	1,368	1,368	1,368	1,368	1,368	0
3. 2003.....	XXX	1,071	1,110	1,109	1,109	1,109	1,109	1,109	1,109	1,109	0
4. 2004.....	XXX	XXX	988	989	988	989	989	989	989	989	0
5. 2005.....	XXX	XXX	XXX	893	898	898	898	898	898	898	0
6. 2006.....	XXX	XXX	XXX	XXX	630	620	620	620	620	620	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	381	379	379	379	379	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	268	268	268	268	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	245	245	245	245	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	275	275	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444	444
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444
13. Earned Premiums (Sch P-Pt. 1)	1,333	1,109	1,026	894	634	371	267	245	275	444	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2002.....	0	0	0	0	0	0	0	0	0	0	0
3. 2003.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2004.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2005.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2006.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	2	1	1	1	1	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	2	3	2	1	(1)	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2002.....	0	0	0	0	0	0	0	0	0	0	0
3. 2003.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2004.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2005.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2006.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2007.....	XXX	XXX	XXX	XXX	XXX	2	1	1	1	1	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	2	3	2	1	(1)	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....											
2. 2002.....											
3. 2003.....	XXX										
4. 2004.....	XXX	XXX									
5. 2005.....	XXX	XXX	XXX								
6. 2006.....	XXX	XXX	XXX	XXX							
7. 2007.....	XXX	XXX	XXX	XXX	XX						
8. 2008.....	XXX	XXX	XXX	XXX	XX	XX					
9. 2009.....	XXX	XXX	XXX	XXX	XX	XX	XXX				
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior.....											
2. 2002.....											
3. 2003.....	XXX										
4. 2004.....	XXX	XXX									
5. 2005.....	XXX	XXX	XXX								
6. 2006.....	XXX	XXX	XXX	XXX							
7. 2007.....	XXX	XXX	XXX	XXX	XX						
8. 2008.....	XXX	XXX	XXX	XXX	XX	XX					
9. 2009.....	XXX	XXX	XXX	XXX	XX	XX	XXX				
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No []
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ 0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior	0	0
1.602 2002	0	0
1.603 2003	0	0
1.604 2004	0	0
1.605 2005	0	0
1.606 2006	0	0
1.607 2007	0	0
1.608 2008	0	0
1.609 2009	0	0
1.610 2010	0	0
1.611 2011.....	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No []

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars) 5.1 Fidelity 0
 5.2 Surety 0

6. Claim count information is reported per claim or per claimant (Indicate which). per claimant.....
 If not the same in all years, explain in Interrogatory 7.

- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No []

- 7.2 (An extended statement may be attached.)
 Starting in 2010, a portion of Adjusting and Other expense payments, representing costs not associated with the settlement of claim reserves, were allocated to the current accident year.
 The remainder of Adjusting and Other expenses were allocated to the years in which the losses were incurred based on claim counts.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	*
	The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						440 Tessera Limited	UK	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Aberdeen Underwriting Advisers Limited	UK	NIA	ALIT Insurance Holdings Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						AIX Group Trust	DE	NIA	Nova American Group, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-2875170				AIX Holdings, Inc.	DE	NIA	The Hanover Insurance Company	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-1304098				AIX Insurance Services of California, Inc.	CA	NIA	AIX, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	JA	Nova Casualty Company	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Insurance Holdings Limited	UK	NIA	Chaucer Holdings PLC	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 1) Limited	UK	NIA	ALIT Underwriting Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 2) Limited	UK	NIA	ALIT Underwriting Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 3) Limited	UK	NIA	ALIT Underwriting Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 4) Limited	UK	NIA	ALIT Underwriting Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 5) Limited	UK	NIA	ALIT Underwriting Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Underwriting Limited	UK	NIA	ALIT Insurance Holdings Limited	Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	JA	The Hanover Insurance Company	Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	JA	The Hanover Insurance Company	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	JA	The Hanover Insurance Company	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		36-3839673				Benchmark Professional Insurance Services, Inc.	IL	NIA	The Hanover Insurance Group, Inc.	Ownership,	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		31-1810317				Campania Insurance Agency, Inc.	VA	NIA	Campiana Holding Company, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		54-1618745				Campania Management Company, Inc.	VA	NIA	Campiana Holding Company, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		93-1335807				Campania Shared Services Co., Inc.	VA	NIA	Campiana Holding Company, Inc.	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		12260	52-1827116			Campmed Casualty & Indemnity Co. Inc.	NH	JA	The Hanover Insurance Company	Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						CH 1997 Limited	UK	NIA	Hayward Brick Stuchbery Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
	The Hanover Insurance Group						Chaucer Consortium Underwriting Limited	UK	NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 2) Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 3) Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Dedicated Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Freeholds Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer GmbH	GM	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	90.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Holdings PLC	UK	NIA	440 Tessera Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Insurance Services Limited	UK	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Latin America, S.A.	AG	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Oslo A.S.	NO	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Singapore PTE Limited	SG	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicates Limited	UK	NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicate Services Limited	UK	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Underwriting A/S	DK	NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	JL	JA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	JN	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		04-3166066				Citizens Management Inc.	DE	NIA	Citizens Insurance Company of America	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	41602	75-1827351				Hanover Lloyd's Insurance Co.	TX	JA	Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact, Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verian Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	The Hanover Insurance Group	74-2556029				Hanover Texas Insurance Management Company, Inc.	TX	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Hayward Brick Stuchberry Holdings Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group	98-0040632				Health Facilities Insurance Corporation Ltd.	BM	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Insurance4Cargo Services Limited	UK	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	22306	04-2217600			Massachusetts Bay Insurance Company	NH	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					NOVA Alternative Risk, LLC	NY	NIA	Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		16-1066198			NOVA American Group, Inc.	NY	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	42552	16-1140177			NOVA Casualty Company	NY	JA	Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		06-1276047			NOVA Insurance Group, Inc.	DE	NIA	Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		27-3626424			One Mercantile Place, L.L.C.	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		04-2854021			Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		22-3015617			Professional Underwriters Agency, Inc.	FL	NIA	Nova Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		38-3324632			Professionals Direct Finance Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	25585	38-2755799			Professionals Direct Insurance Company	MI	JA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		38-3383822			Professionals Direct Insurance Services, Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		38-3324634			Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	36064	04-3063898			The Hanover American Insurance Co.	NH	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	22292	13-5129825			The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group		04-3263626			The Hanover Insurance Group, Inc.	DE	UIP		Ownership, Board, Management	0.000			
	The Hanover Insurance Group		13147	74-3242673		The Hanover National Insurance Company	NH	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		11705	86-1070355		The Hanover New Jersey Insurance Company	NH	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		04-2448927			VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	10815	52-0903682			Verlan Fire Insurance Company	NH	JA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		52-2044133			Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		

952

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

Asterisk	Explanation

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	0	.0	0	0	.0		.0	0	134,381,958
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	0	.0	0	0	(44,435,288)		0	(44,435,288)	223,852,014
04-3263626	04-3263626	The Hanover Insurance Group, Inc.	.99,000,000	0	(.97,834,476)	0	(32,196,100)	0		0	(31,030,576)	0
31534	38-0421730	Citizens Insurance Co. of America	(69,000,000)	0	19,998,550	0	165,701,666	(60,403,316)		0	56,296,900	113,309,949
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	.0	0	0	0		0	0	31,358,117
10176	38-3167100	Citizens Insurance Co. of Ohio	0	0	.0	0	0	0		0	0	22,534,821
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	2,200,000	.0	0	0	0		0	2,200,000	393,950,454
36064	04-3063898	Hanover American Insurance Co.	0	0	.0	0	0	0		0	0	172,411,475
22292	13-5129825	Hanover Insurance Company	(29,750,000)	(17,050,000)	77,835,926	0	(133,505,566)	174,655,209		0	72,185,569	(2,262,013,731)
11705	86-1070355	Hanover New Jersey Insurance Company	0	0	.0	0	0	0		0	0	14,187,164
74-2556029	74-2556029	Hanover Texas Insurance Management Co.	0	0	.0	0	0	0		0	0	36,362,285
22306	04-2217600	Massachusetts Bay Insurance Company	0	2,000,000	.0	0	0	(32,357,433)		0	(30,357,433)	611,811,941
04-3194493	04-3194493	Allmerica Plus Insurance Agency	(250,000)	0	.0	0	0	0		0	(250,000)	0
25585	38-2755799	Professionals Direct Insurance Company	0	0	.0	0	0	0		0	0	70,571,744
38-3324634	38-3324634	Professionals Direct Inc.	0	3,100,000	.0	0	0	0		0	3,100,000	0
10815	52-0903682	Verlan Fire Insurance Co.	0	0	.0	0	0	0		0	0	22,521,364
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	0	0	.0	0	0	0		0	0	40,514,567
98-0040632	98-0040632	Health Facilities Insurance Corporation Ltd.	0	0	(3,200,000)	0	0	0		0	(3,200,000)	0
16-1066198	16-1066198	NOVA American Group, Inc.	0	8,950,000	.0	0	0	0		0	8,950,000	0
42552	16-1140177	NOVA Casualty Co.	0	4,000,000	.0	0	0	(37,459,172)		0	(33,459,172)	321,237,500
12833	20-5233538	AIX Specialty Insurance Co.	0	0	.0	0	0	0		0	0	53,008,378
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING

- | | Responses |
|---|-----------|
| 1. Will an actuarial opinion be filed by March 1? | YES |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | YES |

APRIL FILING

- | | |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. Will Management's Discussion and Analysis be filed by April 1? | YES |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? | YES |

MAY FILING

- | | |
|--|-------------|
| 8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? | YES |
| | JUNE FILING |
| 9. Will an audited financial report be filed by June 1? | YES |
| 10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |

AUGUST FILING

- | | |
|--|-----|
| 11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | YES |
|--|-----|

The following supplemental reports are required to be filed as part of your annual 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 supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
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| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |

APRIL FILING

- | | |
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| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |
| 31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |

AUGUST FILING

- | | |
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| 33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |
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Explanations:

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Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Financial Guaranty Insurance Exhibit [Document Identifier 240]

14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

15. Supplement A to Schedule T [Document Identifier 455]

16. Trusteed Surplus Statement [Document Identifier 490]

17. Premiums Attributed to Protected Cells [Document Identifier 385]

18. Reinsurance Summary Supplemental Filing [Document Identifier 401]

19. Medicare Part D Coverage Supplement [Document Identifier 365]

21. Reinsurance Attestation Supplement [Document Identifier 399]

22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO

23. Bail Bond Supplement [Document Identifier 500]



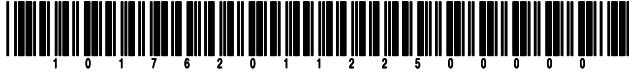
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



27. Relief from the Requirements for Audit Committees [Document Identifier 226]



28. Credit Insurance Experience Exhibit [Document Identifier 230]



29. Long-Term Care Experience Reporting Forms [Document Identifier 306]



30. Accident and Health Policy Experience Exhibit [Document Identifier 210]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

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ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	98
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	E12
Schedule DB - Part C - Section 2	E13
Schedule DB - Part D	E22
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI15
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	23
Schedule F - Part 5	24
Schedule F - Part 6	25
Schedule F - Part 7	26
Schedule F - Part 8	27

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	28
Schedule H - Part 2, Part 3 and 4	29
Schedule H - Part 5 - Health Claims	30
Schedule P - Part 1 - Summary	31
Schedule P - Part 1A - Homeowners/Farmowners	33
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	34
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	35
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	36
Schedule P - Part 1E - Commercial Multiple Peril	37
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	38
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	39
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	40
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	41
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	42
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	43
Schedule P - Part 1J - Auto Physical Damage	44
Schedule P - Part 1K - Fidelity/Surety	45
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	46
Schedule P - Part 1M - International	47
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	48
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	49
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	50
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	51
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	52
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	53
Schedule P - Part 1T - Warranty	54
Schedule P - Part 2, Part 3 and Part 4 - Summary	32
Schedule P - Part 2A - Homeowners/Farmowners	55
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	55
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	55
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	55
Schedule P - Part 2E - Commercial Multiple Peril	55
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	56
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	56
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	56
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	56
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	56
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	57
Schedule P - Part 2J - Auto Physical Damage	57
Schedule P - Part 2K - Fidelity, Surety	57
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	57
Schedule P - Part 2M - International	57
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	58
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	58
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	58
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	59
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	59
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	59
Schedule P - Part 2T - Warranty	59
Schedule P - Part 3A - Homeowners/Farmowners	60
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	60
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	60
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	60
Schedule P - Part 3E - Commercial Multiple Peril	60
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	61
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	61
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	61
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	61
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	61
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	62
Schedule P - Part 3J - Auto Physical Damage	62
Schedule P - Part 3K - Fidelity/Surety	62
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	62
Schedule P - Part 3M - International	62
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	63
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	63
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	63
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	64
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	64
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	64
Schedule P - Part 3T - Warranty	64

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	65
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	65
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	65
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	65
Schedule P - Part 4E - Commercial Multiple Peril	65
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	66
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	66
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	66
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	66
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	66
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	67
Schedule P - Part 4J - Auto Physical Damage	67
Schedule P - Part 4K - Fidelity/Surety	67
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	67
Schedule P - Part 4M - International	67
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	68
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	68
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	68
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	69
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	69
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	69
Schedule P - Part 4T - Warranty	69
Schedule P - Part 5A - Homeowners/Farmowners	70
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	71
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	72
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	73
Schedule P - Part 5E - Commercial Multiple Peril	74
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	76
Schedule P - Part 5F - Medical Professional Liability - Occurrence	75
Schedule P - Part 5H - Other Liability - Claims-Made	78
Schedule P - Part 5H - Other Liability - Occurrence	77
Schedule P - Part 5R - Products Liability - Claims-Made	80
Schedule P - Part 5R - Products Liability - Occurrence	79
Schedule P - Part 5T - Warranty	81
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	82
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	82
Schedule P - Part 6E - Commercial Multiple Peril	83
Schedule P - Part 6H - Other Liability - Claims-Made	84
Schedule P - Part 6H - Other Liability - Occurrence	83
Schedule P - Part 6M - International	84
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	85
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	85
Schedule P - Part 6R - Products Liability - Claims-Made	86
Schedule P - Part 6R - Products Liability - Occurrence	86
Schedule P - Part 7A - Primary Loss Sensitive Contracts	87
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	89
Schedule P Interrogatories	91
Schedule T - Exhibit of Premiums Written	92
Schedule T - Part 2 - Interstate Compact	93
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	94
Schedule Y - Part 1A - Detail of Insurance Holding Company System	95
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	96
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	97
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11