



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 0088 NAIC Company Code 10176 Employer's ID Number 38-3167100
(Current) (Prior)
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH
Country of Domicile United States of America
Incorporated/Organized 11/17/1994 Commenced Business 02/13/1995
Statutory Home Office 1300 East 9th Street, Suite 1010 Cleveland, OH 44114-1506
(Street and Number) (City or Town, State and Zip Code)
Main Administrative Office 1300 East 9th Street, Suite 1010
(Street and Number)
Cleveland, OH 44114-1506 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
(Street and Number)
Howell, MI 48843-2151 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

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

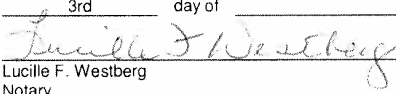
DIRECTORS OR TRUSTEES

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

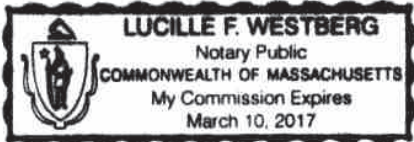
State of Massachusetts SS:
County of Worcester

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
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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? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached





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		Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	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	(2)	.0	.0	(2)	.0	.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.												
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 \$11,270
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



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 Ohio During the Year 2011 NAIC Company Code 10176

Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken			3	4	5	6	7	8	9	10	11	12
Line of Business	1	2	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	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	7,500	(11,754)	7,300	6,938	6,938	.0	.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	61	7
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

Direct Business in the state of

Grand Total

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		Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	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	(161,844)	196,425	12,483	(97,818)	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	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	88,727
17.1 Other Liability - occurrence	504,494	443,623	.0	248,408	.0	5,994	157,029	.0	(2,566)	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	61	7
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)	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	362,605
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 \$ 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)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 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 Known Case Losses and LAE								
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-9992114	.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
9999999 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	
Reinsured	100%
Not Reinsured	0%

1 Federal ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
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	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17			
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
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	2	3
	Name of Reinsurer	Commission Rate	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	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	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

NONE

Schedule F - Part 5

NONE

Schedule F - Part 5 - Bank Footnote

NONE

Schedule F - Part 6

NONE

Schedule F - Part 7

NONE

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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.....	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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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.....	8	8	1	1	0	0	0	0	1	1	0	0	1
8. 2008.....	0	0	4	4	0	0	1	1	0	0	0	0	0
9. 2009.....	0	0	6	6	0	0	2	2	0	0	0	0	0
10. 2010.....	15	15	10	10	0	0	4	4	1	1	0	0	1
11. 2011.....	114	114	24	24	0	0	3	3	3	3	0	0	3
12. Totals	137	137	45	45	0	0	11	11	5	5	0	0	5

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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.....	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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	25	25	5	5	0	0	1	1	2	2	0	0	2
2. 2002.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2003.....	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2004.....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2005.....	0	0	5	5	0	0	0	0	0	0	0	0	0
6. 2006.....	0	0	1	1	0	0	0	0	0	0	0	0	0
7. 2007.....	0	0	2	2	0	0	0	0	0	0	0	0	0
8. 2008.....	0	0	3	3	0	0	1	1	0	0	0	0	0
9. 2009.....	0	0	3	3	0	0	2	2	0	0	0	0	0
10. 2010.....	0	0	5	5	0	0	2	2	0	0	0	0	0
11. 2011.....	0	0	10	10	0	0	2	2	0	0	0	0	0
12. Totals	25	25	36	36	0	0	10	10	2	2	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
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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	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.....	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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	13	13	14	14	0	0	15	15	2	2	0	0	3
2. 2002.....	0	0	4	4	0	0	4	4	0	0	0	0	0
3. 2003.....	0	0	4	4	0	0	4	4	0	0	0	0	0
4. 2004.....	0	0	1	1	0	0	2	2	0	0	0	0	0
5. 2005.....	(8)	(8)	2	2	0	0	4	4	0	0	0	0	0
6. 2006.....	66	66	1	1	0	0	4	4	1	1	0	0	1
7. 2007.....	(8)	(8)	1	1	0	0	6	6	0	0	0	0	0
8. 2008.....	0	0	6	6	0	0	10	10	0	0	0	0	0
9. 2009.....	(68)	(68)	11	11	0	0	17	17	0	0	0	0	0
10. 2010.....	82	82	19	19	0	0	20	20	1	1	0	0	1
11. 2011.....	5	5	67	67	0	0	24	24	1	1	0	0	1
12. Totals	82	82	130	130	0	0	110	110	4	4	0	0	6

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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
	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)	Number of Claims Reported Direct and Assumed
				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.....	93	93	0	0	0	0	0	0	0	0	0	XXX
3. 2003.....	34	34	0	1	1	0	0	2	2	0	0	XXX
4. 2004.....	27	27	0	0	0	0	0	0	0	0	0	XXX
5. 2005.....	34	34	0	0	0	0	0	0	0	0	0	XXX
6. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2008.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2009.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2010.....	0	0	0	0	0	0	0	0	0	0	0	XXX
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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.....	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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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
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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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 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		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	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 11 - 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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	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
	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)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	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.....	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

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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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	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.....	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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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

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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	2	3	4	5	6	7	8	9	10		
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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
(EXCLUDING 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

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

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	XXX	XXX							
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			

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

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

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

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	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
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	XXX	XXX	XXX	XXX				XXX	XXX
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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

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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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

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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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

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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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

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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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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

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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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	XXX	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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	XXX	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

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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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	XXX	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	XXX	(1)	(1)
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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	XXX	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	XXX	(1)	(1)
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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	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	2	3	4	5	6	7	8	9	10	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	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	XXX	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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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 [X]
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 [X] 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 [X] 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 [X]

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 Fidelity0

5.2 Surety0
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 [X]
- 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

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	Domiciliary 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		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	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						AIX Group Trust	DE	NIA	Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-2875170				AIX Holdings, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, 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.	Ownership, 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	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Insurance Holdings Limited	UK	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 1) Limited	UK	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 2) Limited	UK	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 3) Limited	UK	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 4) Limited	UK	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 5) Limited	UK	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Underwriting Limited	UK	NIA	ALIT Insurance Holdings Limited	Ownership, 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	Ownership, 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	Ownership, 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	Ownership, 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, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, 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.	Ownership, 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.	Ownership, 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.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	JA	The Hanover Insurance Company	Ownership, 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	Domiciliary 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						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	Ch 1997 Limited	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	IL	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	IN	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	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan 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	Domiciliary 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 Stuchbery 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			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		
0088	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.	
0088	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.	
												0.000		

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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	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	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	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	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	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	Health Facilities Insurance Corporation	0	0	0	0	0	0		0	0	0
		Ltd.	0	(3,200,000)	0	0	0	0		0	(3,200,000)	0
	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.

		Responses
MARCH FILING		
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		
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		
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		
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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Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 1 7 6 2 0 1 1 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 1 7 6 2 0 1 1 2 4 0 0 0 0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 0 1 7 6 2 0 1 1 3 6 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 0 1 7 6 2 0 1 1 4 5 5 0 0 0 0 0
16.	Trusteed Surplus Statement [Document Identifier 490]	 1 0 1 7 6 2 0 1 1 4 8 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 1 7 6 2 0 1 1 3 8 5 0 0 0 0 0
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 1 7 6 2 0 1 1 4 0 1 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 1 7 6 2 0 1 1 3 6 5 0 0 0 0 0
21.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 1 7 6 2 0 1 1 3 9 9 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 1 7 6 2 0 1 1 4 0 0 0 0 0 0 0

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

23.	Bail Bond Supplement [Document Identifier 500]	 1 0 1 7 6 2 0 1 1 5 0 0 0 0 0 0 0
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 0 1 7 6 2 0 1 1 5 0 5 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 1 7 6 2 0 1 1 2 2 4 0 0 0 0 0
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 1 7 6 2 0 1 1 2 2 5 0 0 0 0 0
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 1 7 6 2 0 1 1 2 2 6 0 0 0 0 0
28.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 1 7 6 2 0 1 1 2 3 0 0 0 0 0 0
29.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 1 7 6 2 0 1 1 3 0 6 0 0 0 0 0
30.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 0 1 7 6 2 0 1 1 2 1 0 0 0 0 0 0
31.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 0 1 7 6 2 0 1 1 2 1 6 0 0 0 0 0
32.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 0 1 7 6 2 0 1 1 2 1 7 0 0 0 0 0

NONE

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