



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

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

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH
Country of Domicile United States of America

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

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

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

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

Primary Location of Books and Records 645 W. Grand River Avenue Howell, MI, US 48843-2151
(Street and Number) (City or Town, State, Country and Zip Code)
517-546-2160 (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 Andrew Christopher Furman #
Secretary Charles Frederick Cronin

OTHER

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

DIRECTORS OR TRUSTEES

Maribeth Nash Bearfield # Frederick Henry Eppinger David Bruce Greenfield
Janet Thomas Heidenthal # J. Kendall Huber Steven Edward Morris
John Conner Roche Gregory Davison Tranter Marita Zuraitis

State of Massachusetts SS:
County of Worcester

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

Signature of Marita Zuraitis
Marita Zuraitis
President

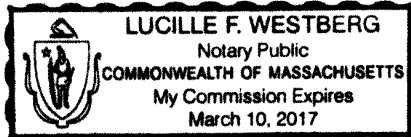
Signature of Charles Frederick Cronin
Charles Frederick Cronin
Secretary

Signature of Andrew Christopher Furman
Andrew Christopher Furman
Vice President & Treasurer

Subscribed and sworn to before me this 4th day of February, 2013

- 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

Signature of Lucille F. Westberg
Lucille F. Westberg
Notary
March 10, 2017





ANNUAL STATEMENT FOR THE YEAR 2012 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 2012

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.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	4,837,592	4,771,033	.0	1,550,001	2,061,582	3,044,472	8,718,488	153,685	169,701	1,161,889	415,802	91,835
17.1 Other Liability - occurrence .....	.0	.0	.0	.0	.0	35	.0	.0	.0	.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)	4,837,592	4,771,033	0	1,550,001	2,061,582	3,044,506	8,718,488	153,685	169,701	1,161,889	415,802	91,835
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 \$ 23,646

(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

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ANNUAL STATEMENT FOR THE YEAR 2012 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 2012

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	157,676	151,132	.0	53,484	6,561	(7,196)	37,033	.0	2,789	3,612	26,019	3,568
2.1 Allied lines	46,070	40,137	.0	16,872	.0	(21)	791	.0	174	221	7,609	1,034
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	14,782,262	13,749,064	.0	7,648,010	13,538,130	14,747,289	3,179,948	185,620	190,327	99,835	2,300,369	331,894
5.1 Commercial multiple peril (non-liability portion)	542,341	497,132	.0	236,797	193,937	180,708	1,928	1,570	3,425	11,774	90,688	12,099
5.2 Commercial multiple peril (liability portion)	368,587	320,962	.0	141,751	32,500	98,855	262,780	24,183	32,340	108,103	60,896	8,173
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	366,121	347,957	.0	191,188	249,802	250,251	2,782	.0	137	380	57,690	8,247
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	73,689	67,964	.0	37,840	.0	.0	.0	.0	.0	.0	11,402	1,662
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	1,350	(3,288)	2,662	5,625	5,625	.0	.0	.0
17.1 Other Liability - occurrence	413,947	470,263	.0	192,091	1,601	86,025	241,488	21	35,344	63,380	64,880	9,479
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	169,766	175,738	.0	37,103	229,726	138,993	90,761	5,158	813	6,239	22,351	3,884
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	64,819	66,608	.0	19,881	24,411	(5,615)	30,885	378	(3,491)	6,332	10,726	1,442
21.1 Private passenger auto physical damage	119,834	121,876	.0	25,517	53,516	58,685	3,910	.0	(617)	374	15,878	2,735
21.2 Commercial auto physical damage	18,861	18,345	.0	7,822	8,293	9,051	1,500	.0	(30)	80	3,121	427
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	64	9
27. Boiler and machinery	766	277	.0	489	.0	.0	.0	.0	.0	.0	127	17
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)	17,125,123	16,027,840	0	8,609,112	14,339,826	15,553,736	3,856,467	222,554	266,833	300,330	2,671,819	384,670
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 \$ 67,869

(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

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ANNUAL STATEMENT FOR THE YEAR 2012 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 2012

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	157,676	151,132	.0	53,484	6,561	(7,196)	37,033	.0	2,789	3,612	26,019	3,568
2.1 Allied lines	46,070	40,137	.0	16,872	.0	(21)	791	.0	174	221	7,609	1,034
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	14,782,262	13,749,064	.0	7,648,010	13,538,130	14,747,289	3,179,948	185,620	190,327	99,835	2,300,369	331,894
5.1 Commercial multiple peril (non-liability portion)	542,341	497,132	.0	236,797	193,937	180,708	1,928	1,570	3,425	11,774	90,688	12,099
5.2 Commercial multiple peril (liability portion)	368,587	320,962	.0	141,751	32,500	98,855	262,780	24,183	32,340	108,103	60,896	8,173
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	366,121	347,957	.0	191,188	249,802	250,251	2,782	.0	137	380	57,690	8,247
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	73,689	67,964	.0	37,840	.0	.0	.0	.0	.0	.0	11,402	1,662
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	4,837,592	4,771,033	.0	1,550,001	2,062,932	3,041,183	8,721,150	159,310	175,326	1,161,889	415,802	91,835
17.1 Other Liability - occurrence	413,947	470,263	.0	192,091	1,601	86,060	241,488	21	35,344	63,380	64,880	9,479
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	169,766	175,738	.0	37,103	229,726	138,993	90,761	5,158	813	6,239	22,351	3,884
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	64,819	66,608	.0	19,881	24,411	(5,615)	30,885	378	(3,491)	6,332	10,726	1,442
21.1 Private passenger auto physical damage	119,834	121,876	.0	25,517	53,516	58,685	3,910	.0	(617)	374	15,878	2,735
21.2 Commercial auto physical damage	18,861	18,345	.0	7,822	8,293	9,051	1,500	.0	(30)	80	3,121	427
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	64	9
27. Boiler and machinery	766	277	.0	489	.0	.0	.0	.0	.0	.0	127	17
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)	21,962,715	20,798,873	0	10,159,113	16,401,408	18,598,242	12,574,956	376,239	436,534	1,462,219	3,087,621	476,505
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 \$ 91,515

(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

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ANNUAL STATEMENT FOR THE YEAR 2012 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	263	0	549	549	0	0	79	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				263	0	549	549	0	0	79	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				263	0	549	549	0	0	79	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				263	0	549	549	0	0	79	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

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 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis-sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		22,226	0	0	6,450	0	7,274	1,934	10,238	0	25,896	0	0	25,896	0
0299999		Total Authorized - Affiliates - U.S. Non-Pool			22,226	0	0	6,450	0	7,274	1,934	10,238	0	25,896	0	0	25,896	0
0499999		Total Authorized - Affiliates			22,226	0	0	6,450	0	7,274	1,934	10,238	0	25,896	0	0	25,896	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			22,226	0	0	6,450	0	7,274	1,934	10,238	0	25,896	0	0	25,896	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
2299999		Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0
2399998		Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
2399999		Total Certified - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0
2699998		Total Certified - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
2699999		Total Certified - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0
2799999		Total Certified			0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999		Total Authorized, Unauthorized and Certified			22,226	0	0	6,450	0	7,274	1,934	10,238	0	25,896	0	0	25,896	0
2999999		Total Protected Cells			0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999		Totals			22,226	0	0	6,450	0	7,274	1,934	10,238	0	25,896	0	0	25,896	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	25,896,000	22,226,000	Yes [X] No []
2.	0	0	Yes [] No []
3.	0	0	Yes [] No []
4.	0	0	Yes [] No []
5.	0	0	Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 9

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)	14,152,726	0	14,152,726
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	170,321	0	170,321
6. Net amount recoverable from reinsurers	0	25,896,000	25,896,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	14,323,047	25,896,000	40,219,047
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	15,658,000	15,658,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	12,098	0	12,098
11. Unearned premiums (Line 9)	0	10,238,000	10,238,000
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	1,757	0	1,757
19. Total liabilities excluding protected cell business (Line 26)	13,855	25,896,000	25,909,855
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	14,309,192	XXX	14,309,192
22. Totals (Line 38)	14,323,047	25,896,000	40,219,047

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 insurance business to The Citizens Insurance Company, 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 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2003.....	2,270	2,270	0	2,309	2,309	14	14	196	196	0	0	640
3. 2004.....	2,180	2,180	0	1,244	1,244	1	1	159	159	0	0	422
4. 2005.....	1,955	1,955	0	1,169	1,169	24	24	121	121	0	0	267
5. 2006.....	1,659	1,659	0	839	839	10	10	147	147	0	0	293
6. 2007.....	1,574	1,574	0	689	689	5	5	107	107	0	0	225
7. 2008.....	2,103	2,103	0	2,596	2,596	21	21	331	331	0	0	765
8. 2009.....	3,501	3,501	0	3,164	3,164	135	135	256	256	0	0	646
9. 2010.....	6,724	6,724	0	6,205	6,205	83	83	580	580	0	0	1,196
10. 2011.....	10,473	10,473	0	12,464	12,464	80	80	1,120	1,120	0	0	2,522
11. 2012.....	13,749	13,749	0	10,723	10,723	74	74	1,147	1,147	0	0	2,667
12. Totals	XXX	XXX	XXX	41,403	41,403	446	446	4,165	4,165	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	38	38	0	0	0	0	1	1	1	1	0	0	1
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	0	0	1	1	0	0	1	1	0	0	0	0	0
4. 2005.....	0	0	2	2	0	0	1	1	0	0	0	0	0
5. 2006.....	0	0	5	5	0	0	2	2	0	0	0	0	0
6. 2007.....	0	0	(4)	(4)	0	0	3	3	0	0	0	0	0
7. 2008.....	0	0	(2)	(2)	0	0	5	5	0	0	0	0	0
8. 2009.....	25	25	(3)	(3)	0	0	8	8	3	3	0	0	3
9. 2010.....	50	50	(4)	(4)	0	0	15	15	5	5	0	0	5
10. 2011.....	167	167	(158)	(158)	0	0	26	26	4	4	0	0	4
11. 2012.....	1,565	1,565	1,496	1,496	0	0	39	39	105	105	0	0	101
12. Totals	1,846	1,846	1,334	1,334	0	0	100	100	118	118	0	0	114

	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. 2003.....	2,518	2,518	0	110.9	110.9	0.0	0	0	0.0	0	0
3. 2004.....	1,406	1,406	0	64.5	64.5	0.0	0	0	0.0	0	0
4. 2005.....	1,318	1,318	0	67.4	67.4	0.0	0	0	0.0	0	0
5. 2006.....	1,003	1,003	0	60.5	60.5	0.0	0	0	0.0	0	0
6. 2007.....	800	800	0	50.8	50.8	0.0	0	0	0.0	0	0
7. 2008.....	2,952	2,952	0	140.4	140.4	0.0	0	0	0.0	0	0
8. 2009.....	3,588	3,588	0	102.5	102.5	0.0	0	0	0.0	0	0
9. 2010.....	6,935	6,935	0	103.1	103.1	0.0	0	0	0.0	0	0
10. 2011.....	13,704	13,704	0	130.9	130.9	0.0	0	0	0.0	0	0
11. 2012.....	15,149	15,149	0	110.2	110.2	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2003.....	2,964	2,964	0	1,650	1,650	110	110	190	190	0	0	506
3. 2004.....	2,362	2,362	0	1,584	1,584	90	90	192	192	0	0	430
4. 2005.....	1,932	1,932	0	1,519	1,519	49	49	123	123	0	0	247
5. 2006.....	1,555	1,555	0	1,218	1,218	19	19	125	125	0	0	218
6. 2007.....	1,088	1,088	0	296	296	31	31	111	111	0	0	146
7. 2008.....	750	750	0	138	138	0	0	58	58	0	0	71
8. 2009.....	457	457	0	177	177	7	7	32	32	0	0	51
9. 2010.....	327	327	0	25	25	0	0	18	18	0	0	19
10. 2011.....	217	217	0	205	205	0	0	17	17	0	0	23
11. 2012.....	176	176	0	64	64	0	0	16	16	0	0	27
12. Totals	XXX	XXX	XXX	6,876	6,876	306	306	884	884	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007.....	8	8	0	0	0	0	0	0	1	1	0	0	1
7. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2009.....	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2010.....	25	25	4	4	0	0	1	1	1	1	0	0	1
10. 2011.....	0	0	7	7	0	0	2	2	0	0	0	0	0
11. 2012.....	27	27	19	19	0	0	2	2	4	4	0	0	4
12. Totals	60	60	31	31	0	0	6	6	5	5	0	0	6

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2003.....	1,950	1,950	0	65.8	65.8	0.0	0	0	0.0	0	0
3. 2004.....	1,866	1,866	0	79.0	79.0	0.0	0	0	0.0	0	0
4. 2005.....	1,692	1,692	0	87.6	87.6	0.0	0	0	0.0	0	0
5. 2006.....	1,362	1,362	0	87.6	87.6	0.0	0	0	0.0	0	0
6. 2007.....	446	446	0	41.0	41.0	0.0	0	0	0.0	0	0
7. 2008.....	196	196	0	26.1	26.1	0.0	0	0	0.0	0	0
8. 2009.....	219	219	0	48.0	48.0	0.0	0	0	0.0	0	0
9. 2010.....	75	75	0	23.0	23.0	0.0	0	0	0.0	0	0
10. 2011.....	230	230	0	106.2	106.2	0.0	0	0	0.0	0	0
11. 2012.....	132	132	0	75.0	75.0	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	19	19	0	0	(1)	(1)	0	0	XXX
2. 2003	1,631	1,631	0	2,314	2,314	93	93	83	83	0	0	129
3. 2004	1,290	1,290	0	721	721	33	33	79	79	0	0	87
4. 2005	991	991	0	309	309	23	23	39	39	0	0	41
5. 2006	620	620	0	49	49	13	13	42	42	0	0	34
6. 2007	336	336	0	25	25	11	11	27	27	0	0	20
7. 2008	235	235	0	4	4	2	2	4	4	0	0	4
8. 2009	220	220	0	11	11	0	0	10	10	0	0	8
9. 2010	135	135	0	7	7	0	0	9	9	0	0	4
10. 2011	38	38	0	17	17	0	0	10	10	0	0	6
11. 2012	67	67	0	6	6	0	0	4	4	0	0	3
12. Totals	XXX	XXX	XXX	3,480	3,480	175	175	307	307	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	3	3	0	0	0	0	0	0	0	0	0
2. 2003	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2004	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2005	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007	0	0	1	1	0	0	0	0	0	0	0	0	0
7. 2008	0	0	(1)	(1)	0	0	1	1	0	0	0	0	0
8. 2009	0	0	3	3	0	0	1	1	0	0	0	0	0
9. 2010	0	0	4	4	0	0	1	1	0	0	0	0	0
10. 2011	0	0	6	6	0	0	1	1	0	0	0	0	0
11. 2012	5	5	8	8	0	0	1	1	1	1	0	0	1
12. Totals	5	5	26	26	0	0	6	6	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2003	2,491	2,491	0	152.7	152.7	0.0	0	0	0.0	0	0
3. 2004	834	834	0	64.6	64.6	0.0	0	0	0.0	0	0
4. 2005	372	372	0	37.5	37.5	0.0	0	0	0.0	0	0
5. 2006	104	104	0	16.8	16.8	0.0	0	0	0.0	0	0
6. 2007	64	64	0	18.9	18.9	0.0	0	0	0.0	0	0
7. 2008	10	10	0	4.5	4.5	0.0	0	0	0.0	0	0
8. 2009	25	25	0	11.3	11.3	0.0	0	0	0.0	0	0
9. 2010	21	21	0	15.6	15.6	0.0	0	0	0.0	0	0
10. 2011	34	34	0	89.1	89.1	0.0	0	0	0.0	0	0
11. 2012	25	25	0	37.9	37.9	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 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	203	203	21	21	0	0	0	0	XXX
2. 2003.....	3,677	3,677	0	1,539	1,539	78	78	334	334	0	0	491
3. 2004.....	4,850	4,850	0	2,474	2,474	59	59	429	429	0	0	559
4. 2005.....	7,817	7,817	0	3,323	3,323	164	164	654	654	0	0	824
5. 2006.....	7,050	7,050	0	3,029	3,029	103	103	606	606	0	0	681
6. 2007.....	6,520	6,520	0	3,280	3,280	181	181	778	778	0	0	726
7. 2008.....	6,247	6,247	0	2,858	2,858	126	126	896	896	0	0	667
8. 2009.....	5,165	5,165	0	1,591	1,591	75	75	586	586	0	0	589
9. 2010.....	4,533	4,533	0	2,032	2,032	95	95	879	879	0	0	584
10. 2011.....	5,128	5,128	0	1,333	1,333	61	61	927	927	0	0	534
11. 2012.....	5,042	5,042	0	668	668	15	15	321	321	0	0	407
12. Totals	XXX	XXX	XXX	22,329	22,329	979	979	6,411	6,411	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	894	894	2,818	2,818	0	0	236	236	32	32	0	0	16
2. 2003.....	115	115	319	319	0	0	44	44	4	4	0	0	2
3. 2004.....	52	52	296	296	0	0	49	49	2	2	0	0	1
4. 2005.....	70	70	287	287	0	0	50	50	0	0	0	0	0
5. 2006.....	137	137	150	150	0	0	37	37	6	6	0	0	3
6. 2007.....	110	110	145	145	0	0	37	37	4	4	0	0	2
7. 2008.....	275	275	149	149	0	0	49	49	8	8	0	0	4
8. 2009.....	296	296	181	181	0	0	41	41	10	10	0	0	5
9. 2010.....	560	560	213	213	0	0	104	104	34	34	0	0	17
10. 2011.....	572	572	339	339	0	0	147	147	32	32	0	0	16
11. 2012.....	1,315	1,315	577	577	0	0	369	369	174	174	0	0	87
12. Totals	4,396	4,396	5,474	5,474	0	0	1,162	1,162	305	305	0	0	153

	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. 2003.....	2,433	2,433	0	66.2	66.2	0.0	0	0	0.0	0	0
3. 2004.....	3,361	3,361	0	69.3	69.3	0.0	0	0	0.0	0	0
4. 2005.....	4,549	4,549	0	58.2	58.2	0.0	0	0	0.0	0	0
5. 2006.....	4,067	4,067	0	57.7	57.7	0.0	0	0	0.0	0	0
6. 2007.....	4,535	4,535	0	69.6	69.6	0.0	0	0	0.0	0	0
7. 2008.....	4,361	4,361	0	69.8	69.8	0.0	0	0	0.0	0	0
8. 2009.....	2,780	2,780	0	53.8	53.8	0.0	0	0	0.0	0	0
9. 2010.....	3,918	3,918	0	86.4	86.4	0.0	0	0	0.0	0	0
10. 2011.....	3,411	3,411	0	66.5	66.5	0.0	0	0	0.0	0	0
11. 2012.....	3,438	3,438	0	68.2	68.2	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	(1)	(1)	0	0	XXX
2. 2003.....	3,550	3,550	0	2,288	2,288	109	109	182	182	0	0	225
3. 2004.....	3,207	3,207	0	2,542	2,542	64	64	138	138	0	0	131
4. 2005.....	2,805	2,805	0	1,930	1,930	17	17	160	160	0	0	132
5. 2006.....	2,217	2,217	0	891	891	167	167	258	258	0	0	219
6. 2007.....	1,375	1,375	0	370	370	31	31	76	76	0	0	86
7. 2008.....	755	755	0	641	641	16	16	62	62	0	0	59
8. 2009.....	446	446	0	36	36	(5)	(5)	14	14	0	0	14
9. 2010.....	543	543	0	59	59	21	21	22	22	0	0	23
10. 2011.....	662	662	0	150	150	2	2	19	19	0	0	28
11. 2012.....	818	818	0	183	183	0	0	33	33	0	0	32
12. Totals	XXX	XXX	XXX	9,089	9,089	421	421	963	963	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	13	13	14	14	0	0	15	15	3	3	0	0	2
2. 2003.....	0	0	5	5	0	0	4	4	0	0	0	0	0
3. 2004.....	0	0	2	2	0	0	3	3	0	0	0	0	0
4. 2005.....	(8)	(8)	1	1	0	0	3	3	0	0	0	0	0
5. 2006.....	16	16	3	3	0	0	4	4	0	0	0	0	0
6. 2007.....	(8)	(8)	1	1	0	0	5	5	0	0	0	0	0
7. 2008.....	0	0	4	4	0	0	9	9	0	0	0	0	0
8. 2009.....	(68)	(68)	7	7	0	0	15	15	0	0	0	0	0
9. 2010.....	133	133	14	14	0	0	18	18	1	1	0	0	1
10. 2011.....	0	0	20	20	0	0	19	19	0	0	0	0	0
11. 2012.....	51	51	68	68	0	0	25	25	7	7	0	0	5
12. Totals	128	128	136	136	0	0	120	120	11	11	0	0	8

	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. 2003.....	2,587	2,587	0	72.9	72.9	0.0	0	0	0.0	0	0
3. 2004.....	2,748	2,748	0	85.7	85.7	0.0	0	0	0.0	0	0
4. 2005.....	2,103	2,103	0	75.0	75.0	0.0	0	0	0.0	0	0
5. 2006.....	1,339	1,339	0	60.4	60.4	0.0	0	0	0.0	0	0
6. 2007.....	476	476	0	34.6	34.6	0.0	0	0	0.0	0	0
7. 2008.....	731	731	0	96.8	96.8	0.0	0	0	0.0	0	0
8. 2009.....	(2)	(2)	0	(0.4)	(0.4)	0.0	0	0	0.0	0	0
9. 2010.....	267	267	0	49.2	49.2	0.0	0	0	0.0	0	0
10. 2011.....	210	210	0	31.7	31.7	0.0	0	0	0.0	0	0
11. 2012.....	366	366	0	44.8	44.8	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	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. 2003	34	34	0	1	1	0	0	2	2	0	0	XXX
3. 2004	27	27	0	0	0	0	0	0	0	0	0	XXX
4. 2005	34	34	0	0	0	0	0	0	0	0	0	XXX
5. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	1	1	0	0	2	2	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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. 2003	3	3	0	8.8	8.8	0.0	0	0	0.0	0	0
3. 2004	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2005	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2012	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2003	1,109	1,109	0	0	0	0	0	5	5	0	0	3
3. 2004	1,026	1,026	0	0	0	0	0	7	7	0	0	2
4. 2005	894	894	0	38	38	0	0	30	30	0	0	6
5. 2006	634	634	0	0	0	0	0	16	16	0	0	3
6. 2007	371	371	0	3	3	0	0	26	26	0	0	2
7. 2008	267	267	0	0	0	0	0	0	0	0	0	0
8. 2009	245	245	0	0	0	0	0	0	0	0	0	0
9. 2010	275	275	0	0	0	0	0	0	0	0	0	0
10. 2011	444	444	0	0	0	0	0	16	16	0	0	4
11. 2012	470	470	0	2	2	0	0	17	17	0	0	10
12. Totals	XXX	XXX	XXX	42	42	0	0	116	116	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	12	12	0	0	11	11	0	0	0	0	0
2. 2003	0	0	2	2	0	0	1	1	0	0	0	0	0
3. 2004	0	0	4	4	0	0	1	1	0	0	0	0	0
4. 2005	0	0	4	4	0	0	1	1	0	0	0	0	0
5. 2006	0	0	9	9	0	0	5	5	0	0	0	0	0
6. 2007	0	0	13	13	0	0	3	3	0	0	0	0	0
7. 2008	0	0	11	11	0	0	4	4	0	0	0	0	0
8. 2009	0	0	21	21	0	0	4	4	0	0	0	0	0
9. 2010	0	0	33	33	0	0	6	6	0	0	0	0	0
10. 2011	0	0	36	36	0	0	12	12	0	0	0	0	0
11. 2012	9	9	87	87	0	0	16	16	31	31	0	0	3
12. Totals	9	9	232	232	0	0	63	63	31	31	0	0	3

	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
2. 2003	8	8	0	0.7	0.7	0.0	0	0	0.0	0	0
3. 2004	12	12	0	1.2	1.2	0.0	0	0	0.0	0	0
4. 2005	73	73	0	8.2	8.2	0.0	0	0	0.0	0	0
5. 2006	30	30	0	4.7	4.7	0.0	0	0	0.0	0	0
6. 2007	45	45	0	12.2	12.2	0.0	0	0	0.0	0	0
7. 2008	14	14	0	5.4	5.4	0.0	0	0	0.0	0	0
8. 2009	25	25	0	10.3	10.3	0.0	0	0	0.0	0	0
9. 2010	39	39	0	14.0	14.0	0.0	0	0	0.0	0	0
10. 2011	63	63	0	14.3	14.3	0.0	0	0	0.0	0	0
11. 2012	162	162	0	34.4	34.4	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2003.....												
3. 2004.....												
4. 2005.....												
5. 2006.....												
6. 2007.....												
7. 2008.....												
8. 2009.....												
9. 2010.....												
10. 2011.....												
11. 2012.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2003.....													
3. 2004.....													
4. 2005.....													
5. 2006.....													
6. 2007.....													
7. 2008.....													
8. 2009.....													
9. 2010.....													
10. 2011.....													
11. 2012.....													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2003.....											
3. 2004.....											
4. 2005.....											
5. 2006.....											
6. 2007.....											
7. 2008.....											
8. 2009.....											
9. 2010.....											
10. 2011.....											
11. 2012.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	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. 2011	459	459	0	277	277	3	3	23	23	0	0	XXX
3. 2012	608	608	0	232	232	0	0	13	13	0	0	XXX
4. Totals	XXX	XXX	XXX	509	509	3	3	36	36	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	2	2	0	0	0	0	0
2. 2011	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2012	3	3	37	37	0	0	2	2	0	0	0	0	1
4. Totals	3	3	38	38	0	0	4	4	0	0	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. 2011	306	306	0	66.6	66.6	0.0	0	0	0.0	0	0
3. 2012	287	287	0	47.2	47.2	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2011.....	164	164	0	51	51	0	0	17	17	0	0	48
3. 2012.....	140	140	0	56	56	0	0	14	14	0	0	38
4. Totals	XXX	XXX	XXX	107	107	0	0	31	31	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012.....	3	3	3	3	0	0	0	0	1	1	0	0	1
4. Totals	3	3	3	3	0	0	0	0	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2011.....	68	68	0	41.7	41.7	0.0	0	0	0.0	0	0
3. 2012.....	77	77	0	54.6	54.6	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 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1K - FIDELITY/SURETY
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2011.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2012.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2012.....	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 2012 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007.....	2	2	0	0	0	0	0	0	0	0	0	0
7. 2008.....	3	3	0	0	0	0	0	0	0	0	0	0
8. 2009.....	2	2	0	0	0	0	0	0	0	0	0	0
9. 2010.....	1	1	0	0	0	0	0	0	0	0	0	0
10. 2011.....	(1)	(1)	0	0	0	0	0	0	0	0	0	0
11. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and 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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2012.....	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

NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2T - Warranty

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012			
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	19	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	507	133
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	318	104
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	209	58
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	224	69
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	185	40
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	620	145
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	491	152
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	924	267
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	1,990	528
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	1,991	575

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

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	105	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	393	113
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	302	128
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	158	89
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	148	70
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	112	33
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	55	16
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	40	11
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	17	1
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	20	3
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	19	4

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

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	54	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	108	21
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	67	20
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	18
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	23	11
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	10	10
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	2	2
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	6	2
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	4	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	5	1
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	2	0

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

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	315	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	399	90
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	437	121
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	516	308
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	444	234
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	549	175
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	460	203
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	332	252
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	348	219
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	296	222
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	200	120

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	56	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	148	77
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	83	48
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	75	57
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	141	78
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	48	38
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	39	20
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	12	2
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	13	9
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	15	13
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	19	8

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012			
1. Prior	.000												
2. 2003													
3. 2004	XXX												
4. 2005	XXX	XXX											
5. 2006	XXX	XXX	XXX										
6. 2007	XXX	XXX	XXX	XXX									
7. 2008	XXX	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000												
2. 2003													
3. 2004	XXX												
4. 2005	XXX	XXX											
5. 2006	XXX	XXX	XXX										
6. 2007	XXX	XXX	XXX	XXX									
7. 2008	XXX	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000											XXX	XXX
2. 2003												XXX	XXX
3. 2004	XXX											XXX	XXX
4. 2005	XXX	XXX										XXX	XXX
5. 2006	XXX	XXX	XXX									XXX	XXX
6. 2007	XXX	XXX	XXX	XXX								XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	8	0
2. 2003	0	0	0	0	0	0	0	0	0	0	0	0	3
3. 2004	XXX	0	0	0	0	0	0	0	0	0	0	0	2
4. 2005	XXX	XXX	0	0	0	0	0	0	0	0	0	2	4
5. 2006	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	3
6. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	1	1
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	4
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	5

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

1. Prior	.000												
2. 2003													
3. 2004	XXX												
4. 2005	XXX	XXX											
5. 2006	XXX	XXX	XXX										
6. 2007	XXX	XXX	XXX	XXX									
7. 2008	XXX	XXX	XXX	XXX	XXX								
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	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	XXX	XXX	.000	.0	.0	.0	.0
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.37	.11
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	.33	.04

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	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	XXX	XXX	.000	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2003											XXX	XXX
3. 2004	XXX										XXX	XXX
4. 2005	XXX	XXX									XXX	XXX
5. 2006	XXX	XXX	XXX								XXX	XXX
6. 2007	XXX	XXX	XXX	XXX							XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2012	XXX	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

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	75	9	3	6	1	0	0	0	0	0
2. 2003	431	505	506	507	507	507	507	507	507	507
3. 2004	XXX	252	317	318	318	318	318	318	318	318
4. 2005	XXX	XXX	175	205	208	209	209	209	209	209
5. 2006	XXX	XXX	XXX	186	224	224	224	224	224	224
6. 2007	XXX	XXX	XXX	XXX	138	185	185	185	185	185
7. 2008	XXX	XXX	XXX	XXX	XXX	540	616	617	620	620
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	409	487	491	491
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	797	916	924
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,753	1,990
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,991

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	32	13	11	6	6	3	2	2	1	1
2. 2003	55	4	2	0	0	0	0	0	0	0
3. 2004	XXX	40	6	2	0	0	0	0	0	0
4. 2005	XXX	XXX	21	2	1	0	0	0	0	0
5. 2006	XXX	XXX	XXX	33	0	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	27	0	0	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	30	1	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	52	4	4	3
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	8	5
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72	4
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	56	9	2	2	1	0	0	0	0	0
2. 2003	589	639	640	640	640	640	640	640	640	640
3. 2004	XXX	374	421	421	422	422	422	422	422	422
4. 2005	XXX	XXX	241	264	266	267	267	267	267	267
5. 2006	XXX	XXX	XXX	272	293	293	293	293	293	293
6. 2007	XXX	XXX	XXX	XXX	195	224	225	225	225	225
7. 2008	XXX	XXX	XXX	XXX	XXX	693	759	760	765	765
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	562	641	646	646
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,103	1,187	1,196
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,264	2,522
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,667

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	159	65	31	4	4	0	0	1	0	0
2. 2003	294	362	384	391	392	392	392	393	393	393
3. 2004	XXX	203	275	296	301	301	301	302	302	302
4. 2005	XXX	XXX	118	151	154	157	157	158	158	158
5. 2006	XXX	XXX	XXX	113	138	148	148	148	148	148
6. 2007	XXX	XXX	XXX	XXX	81	102	111	112	112	112
7. 2008	XXX	XXX	XXX	XXX	XXX	43	53	54	55	55
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	23	34	40	40
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	17	17
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	20
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	106	50	14	3	1	0	1	0	0	0
2. 2003	96	35	11	2	1	0	0	0	0	0
3. 2004	XXX	97	31	7	2	0	1	0	0	0
4. 2005	XXX	XXX	44	5	3	1	1	0	0	0
5. 2006	XXX	XXX	XXX	36	10	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	28	9	2	1	1	1
7. 2008	XXX	XXX	XXX	XXX	XXX	14	4	1	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	10	5	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	98	27	6	17	3	0	1	0	0	0
2. 2003	460	497	503	505	505	505	505	506	506	506
3. 2004	XXX	394	421	428	429	429	430	430	430	430
4. 2005	XXX	XXX	227	245	246	247	247	247	247	247
5. 2006	XXX	XXX	XXX	201	217	218	218	218	218	218
6. 2007	XXX	XXX	XXX	XXX	128	141	144	146	146	146
7. 2008	XXX	XXX	XXX	XXX	XXX	66	71	71	71	71
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	41	48	51	51
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	19	19
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	83	40	6	3	4	0	0	1	0	0
2. 2003	76	98	105	106	107	108	108	108	108	108
3. 2004	XXX	51	62	64	67	67	67	67	67	67
4. 2005	XXX	XXX	19	21	21	23	23	23	23	23
5. 2006	XXX	XXX	XXX	19	22	23	23	23	23	23
6. 2007	XXX	XXX	XXX	XXX	8	10	10	10	10	10
7. 2008	XXX	XXX	XXX	XXX	XXX	1	1	2	2	2
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	5	6	6	6
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	94	25	14	6	3	1	2	1	2	0
2. 2003	20	12	6	2	1	0	0	0	0	0
3. 2004	XXX	15	7	3	0	0	0	0	0	0
4. 2005	XXX	XXX	7	3	2	0	0	0	0	0
5. 2006	XXX	XXX	XXX	7	7	0	0	0	0	0
6. 2007	XXX	XXX	XXX	XXX	2	1	1	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012	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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	54	8	2	30	2	1	1	0	1	(2)
2. 2003	111	128	129	129	129	129	129	129	129	129
3. 2004	XXX	80	85	85	86	87	87	87	87	87
4. 2005	XXX	XXX	37	40	41	41	41	41	41	41
5. 2006	XXX	XXX	XXX	31	34	34	34	34	34	34
6. 2007	XXX	XXX	XXX	XXX	12	19	20	20	20	20
7. 2008	XXX	XXX	XXX	XXX	XXX	2	2	4	4	4
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	7	8	8	8
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	387	131	48	41	40	21	19	10	1	4
2. 2003	265	371	384	394	397	399	399	399	399	399
3. 2004	XXX	288	411	429	432	437	437	437	437	437
4. 2005	XXX	XXX	321	455	496	502	511	515	516	516
5. 2006	XXX	XXX	XXX	254	404	426	438	442	444	444
6. 2007	XXX	XXX	XXX	XXX	355	491	527	532	544	549
7. 2008	XXX	XXX	XXX	XXX	XXX	331	431	443	457	460
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	228	316	331	332
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	229	327	348
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204	296
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	250	148	103	87	64	51	31	31	23	16
2. 2003	98	24	13	3	0	2	3	4	2	2
3. 2004	XXX	107	26	14	10	4	5	5	3	1
4. 2005	XXX	XXX	151	56	18	11	4	1	0	0
5. 2006	XXX	XXX	XXX	143	31	17	10	3	1	3
6. 2007	XXX	XXX	XXX	XXX	170	53	23	18	2	2
7. 2008	XXX	XXX	XXX	XXX	XXX	109	24	19	5	4
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	108	17	6	5
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	100	37	17
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91	16
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	203	62	22	59	23	12	5	12	(6)	(3)
2. 2003	421	481	485	487	487	491	492	493	491	491
3. 2004	XXX	479	547	555	558	560	561	561	559	559
4. 2005	XXX	XXX	676	803	813	817	822	824	824	824
5. 2006	XXX	XXX	XXX	580	653	672	679	679	679	681
6. 2007	XXX	XXX	XXX	XXX	636	706	720	721	721	726
7. 2008	XXX	XXX	XXX	XXX	XXX	596	653	662	664	667
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	542	580	585	589
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	503	579	584
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	476	534
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	407

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	99	25	9	8	6	4	1	3	0	0
2. 2003	91	135	145	146	146	148	148	148	148	148
3. 2004	XXX	64	79	81	81	81	82	83	83	83
4. 2005	XXX	XXX	55	70	70	70	75	75	75	75
5. 2006	XXX	XXX	XXX	123	139	139	139	140	141	141
6. 2007	XXX	XXX	XXX	XXX	35	46	46	48	48	48
7. 2008	XXX	XXX	XXX	XXX	XXX	26	37	39	39	39
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	11	12	12	12
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	13	13
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	15
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	83	65	51	52	10	9	10	1	3	2
2. 2003	54	18	4	4	2	0	0	0	0	0
3. 2004	XXX	25	7	2	2	3	1	1	0	0
4. 2005	XXX	XXX	23	6	5	5	0	0	0	0
5. 2006	XXX	XXX	XXX	12	3	2	2	3	1	0
6. 2007	XXX	XXX	XXX	XXX	12	0	5	0	0	0
7. 2008	XXX	XXX	XXX	XXX	XXX	7	2	0	0	0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	2	0	0	0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	1	1
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior	71	59	16	37	10	7	5	1	2	(1)
2. 2003	188	213	221	223	224	224	224	225	225	225
3. 2004	XXX	113	127	129	129	130	130	131	131	131
4. 2005	XXX	XXX	116	128	131	132	132	132	132	132
5. 2006	XXX	XXX	XXX	204	217	218	218	220	220	219
6. 2007	XXX	XXX	XXX	XXX	71	81	86	86	86	86
7. 2008	XXX	XXX	XXX	XXX	XXX	47	59	59	59	59
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14	14
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23	23
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	28
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32

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 2012 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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....	3	0	1	7	0	0	0	0	0	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	2	2	2	2	2	2	2	2
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	0	1	1	1	1	1
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....	12	8	7	0	0	0	0	0	0	0
2. 2003.....	1	1	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	2	0	0	0	0	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior.....	12	4	3	(1)	0	0	0	0	0	0
2. 2003.....	1	3	3	3	3	3	3	3	3	3
3. 2004.....	XXX	1	1	2	2	2	2	2	2	2
4. 2005.....	XXX	XXX	4	6	6	6	6	6	6	6
5. 2006.....	XXX	XXX	XXX	3	3	3	3	3	3	3
6. 2007.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2008.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2003.....	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	0
3. 2004.....	XXX	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	0
4. 2005.....	XXX	XXX	991	991	991	991	991	991	991	991	0
5. 2006.....	XXX	XXX	XXX	620	620	620	620	620	620	620	0
6. 2007.....	XXX	XXX	XXX	XXX	336	336	336	336	336	336	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	235	235	235	235	235	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	220	220	220	220	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	135	135	135	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	67
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67
13. Earned Premiums (Sch P-Pt. 1)	1,631	1,290	991	620	336	235	220	135	38	67	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2003.....	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	1,631	0
3. 2004.....	XXX	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	0
4. 2005.....	XXX	XXX	991	991	991	991	991	991	991	991	0
5. 2006.....	XXX	XXX	XXX	620	620	620	620	620	620	620	0
6. 2007.....	XXX	XXX	XXX	XXX	336	336	336	336	336	336	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	235	235	235	235	235	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	220	220	220	220	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	135	135	135	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	67
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67
13. Earned Premiums (Sch P-Pt. 1)	1,631	1,290	991	620	336	235	220	135	38	67	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	(124)	(212)	(13)	(69)	0	0	0	0	0	0	0
2. 2003.....	3,800	3,890	3,881	3,746	3,746	3,746	3,746	3,746	3,746	3,746	0
3. 2004.....	XXX	4,973	5,115	5,041	5,027	5,027	5,027	5,027	5,027	5,027	0
4. 2005.....	XXX	XXX	7,696	7,889	7,888	7,888	7,888	7,888	7,888	7,888	0
5. 2006.....	XXX	XXX	XXX	7,134	7,247	7,253	7,253	7,253	7,253	7,253	0
6. 2007.....	XXX	XXX	XXX	XXX	6,422	6,653	6,654	6,646	6,646	6,646	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	6,010	6,012	5,996	5,996	5,996	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	5,163	5,079	5,076	5,076	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,640	4,647	4,648	1
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,210	86
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	4,955
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,042
13. Earned Premiums (Sch P-Pt. 1)	3,677	4,850	7,817	7,050	6,520	6,247	5,165	4,533	5,128	5,042	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	(124)	(212)	(13)	(69)	0	0	0	0	0	0	0
2. 2003.....	3,800	3,890	3,881	3,746	3,746	3,746	3,746	3,746	3,746	3,746	0
3. 2004.....	XXX	4,973	5,115	5,041	5,027	5,027	5,027	5,027	5,027	5,027	0
4. 2005.....	XXX	XXX	7,696	7,889	7,888	7,888	7,888	7,888	7,888	7,888	0
5. 2006.....	XXX	XXX	XXX	7,134	7,247	7,253	7,253	7,253	7,253	7,253	0
6. 2007.....	XXX	XXX	XXX	XXX	6,422	6,653	6,654	6,646	6,646	6,646	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	6,010	6,012	5,996	5,996	5,996	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	5,163	5,079	5,076	5,076	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,640	4,647	4,648	1
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,210	86
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	4,955
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,042
13. Earned Premiums (Sch P-Pt. 1)	3,677	4,850	7,817	7,050	6,520	6,247	5,165	4,533	5,128	5,042	XXX

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	(77)	(27)	(2)	0	0	0	0	0	0	0	0
2. 2003.....	3,626	3,578	3,578	3,577	3,576	3,576	3,576	3,576	3,576	3,576	0
3. 2004.....	XXX	3,283	3,294	3,298	3,298	3,298	3,298	3,298	3,298	3,298	0
4. 2005.....	XXX	XXX	2,795	2,861	2,842	2,842	2,842	2,842	2,842	2,842	0
5. 2006.....	XXX	XXX	XXX	2,147	2,180	2,164	2,164	2,164	2,164	2,164	0
6. 2007.....	XXX	XXX	XXX	XXX	1,361	1,340	1,339	1,339	1,339	1,339	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	792	791	791	791	791	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	448	449	448	448	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	543	541	541	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	664	665	1
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	817	817
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	818
13. Earned Premiums (Sch P-Pt. 1)	3,550	3,207	2,805	2,217	1,375	755	446	543	662	818	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	(77)	(27)	(2)	0	0	0	0	0	0	0	0
2. 2003.....	3,626	3,578	3,578	3,577	3,576	3,576	3,576	3,576	3,576	3,576	0
3. 2004.....	XXX	3,283	3,294	3,298	3,298	3,298	3,298	3,298	3,298	3,298	0
4. 2005.....	XXX	XXX	2,795	2,861	2,842	2,842	2,842	2,842	2,842	2,842	0
5. 2006.....	XXX	XXX	XXX	2,147	2,180	2,164	2,164	2,164	2,164	2,164	0
6. 2007.....	XXX	XXX	XXX	XXX	1,361	1,340	1,339	1,339	1,339	1,339	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	792	791	791	791	791	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	448	449	448	448	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	543	541	541	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	664	665	1
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	817	817
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	818
13. Earned Premiums (Sch P-Pt. 1)	3,550	3,207	2,805	2,217	1,375	755	446	543	662	818	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	39	(1)	0	0	0	0	0	0	0	0	0
2. 2003.....	1,071	1,110	1,109	1,109	1,109	1,109	1,109	1,109	1,109	1,109	0
3. 2004.....	XXX	988	989	988	989	989	989	989	989	989	0
4. 2005.....	XXX	XXX	893	898	898	898	898	898	898	898	0
5. 2006.....	XXX	XXX	XXX	630	620	620	620	620	620	620	0
6. 2007.....	XXX	XXX	XXX	XXX	381	379	379	379	379	379	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	268	268	268	268	268	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	245	245	245	245	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	275	275	275	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444	444	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	470
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470
13. Earned Premiums (Sch P-Pt. 1)	1,109	1,026	894	634	371	267	245	275	444	470	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	39	(1)	0	0	0	0	0	0	0	0	0
2. 2003.....	1,071	1,110	1,109	1,109	1,109	1,109	1,109	1,109	1,109	1,109	0
3. 2004.....	XXX	988	989	988	989	989	989	989	989	989	0
4. 2005.....	XXX	XXX	893	898	898	898	898	898	898	898	0
5. 2006.....	XXX	XXX	XXX	630	620	620	620	620	620	620	0
6. 2007.....	XXX	XXX	XXX	XXX	381	379	379	379	379	379	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	268	268	268	268	268	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	245	245	245	245	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	275	275	275	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444	444	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	470
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470
13. Earned Premiums (Sch P-Pt. 1)	1,109	1,026	894	634	371	267	245	275	444	470	XXX

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

N O N E

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

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	2	1	1	1	1	1	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	2	3	2	1	(1)	0	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2003.....	0	0	0	0	0	0	0	0	0	0	0
3. 2004.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2005.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2006.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2007.....	XXX	XXX	XXX	XXX	2	1	1	1	1	1	0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4	0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	0
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	2	3	2	1	(1)	0	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....											
2. 2003.....											
3. 2004.....	XXX										
4. 2005.....	XXX	XXX									
5. 2006.....	XXX	XXX	XXX								
6. 2007.....	XXX	XXX	XXX	XXX							
7. 2008.....	XXX	XXX	XXX	XXX	XXX						
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2012.....	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	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
1. Prior.....											
2. 2003.....											
3. 2004.....	XXX										
4. 2005.....	XXX	XXX									
5. 2006.....	XXX	XXX	XXX								
6. 2007.....	XXX	XXX	XXX	XXX							
7. 2008.....	XXX	XXX	XXX	XXX	XXX						
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

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

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

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

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

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

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

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

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

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

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

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts
N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [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 2003	0	0
1.603 2004	0	0
1.604 2005	0	0
1.605 2006	0	0
1.606 2007	0	0
1.607 2008	0	0
1.608 2009	0	0
1.609 2010	0	0
1.610 2011	0	0
1.611 2012	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

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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						Aberdeen Underwriting Advisers Limited		NIA	ALIT Insurance Holdings Limited	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						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	27-1304098				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-5233538				AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-3051651				ALIT Insurance Holdings Limited		NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 1) Limited		NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 2) Limited		NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 3) Limited		NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 4) Limited		NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 5) Limited		NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Underwriting Limited		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	IA	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	IA	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	NIA	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	Campania 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	Campania 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	Campania 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	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						CH 1997 Limited		NIA	Hayward Brick Stuchbery Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Consortium Underwriting Limited		NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital Limited		NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 2) Limited		NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 3) Limited		NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Dedicated Limited		NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Freeholds Limited		NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer GmbH		NIA	Chaucer Syndicates Limited	Ownership, Board, Management	90.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Holdings PLC		NIA	The Hanover Insurance International Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Insurance Services Limited		NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Latin America, S.A.		NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Oslo A.S.		NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Singapore PTE Limited		NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicates Limited		NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicate Services Limited		NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	31534	38-0421730				Chaucer Underwriting A/S		NIA	Ch 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-1652700				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-3626264				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		27-2400275				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						Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2012 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)	*
..0088	The Hanover Insurance Group	..41602	75-1827351				Hanover Lloyd's Insurance Co.	..TX	..IA	Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact	..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.	
	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		..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.		..IA	The Hanover Insurance Company	Ownership, Board, Management	..100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Insurance4Cargo Services Limited		..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	..IA	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	..IA	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	..IA	Professionals Direct, Inc.	Ownership, Board, Management	..100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Professionals Direct Insurance Services, Inc.	..MI	..NIA	Professionals Direct, Inc.	Ownership, Board, Management	..100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		38-3383822				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	..IA	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		
	The Hanover Insurance Group						The Hanover Insurance International Holdings Limited		..NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	..100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	..13147	74-3242673				The Hanover National Insurance Company	..NH	..IA	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	..IA	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	..IA	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		

NONE

Asterisk	Explanation

98.1

ANNUAL STATEMENT FOR THE YEAR 2012 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	129,333,166
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	3,400,000	0	0	0	0		0	3,400,000	300,870,773
	04-3263626	The Hanover Insurance Group, Inc.	0	1,000,000	0	0	0	0		0	1,000,000	0
31534	38-0421730	Citizens Insurance Co. of America	(67,124,242)	0	69,597,433	0	92,312,489	(57,565,673)		0	37,220,007	75,143,871
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	0	0	0	0		0	0	35,173,120
10176	38-3167100	Citizens Insurance Co. of Ohio	0	0	0	0	0	0		0	0	25,896,782
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	6,400,000	0	0	0	(54,084,301)		0	(47,684,301)	469,907,144
36064	04-3063898	Hanover American Insurance Co.	0	0	0	0	0	0		0	0	193,034,073
22292	13-5129825	Hanover Insurance Company	74,171,453	(17,170,368)	(69,597,433)	0	(92,312,489)	205,918,040		0	101,009,203	(2,564,018,225)
11705	86-1070355	Hanover New Jersey Insurance Company	0	0	0	0	0	0		0	0	6,706,244
	74-2556029	Hanover Texas Insurance Management Co.	0	0	0	0	0	0		0	0	42,937,333
22306	04-2217600	Massachusetts Bay Insurance Company	0	1,000,000	0	0	0	(94,268,066)		0	(93,268,066)	685,251,261
25585	38-2755799	Professionals Direct Insurance Company	0	0	0	0	0	0		0	0	43,049,599
10815	52-0903682	Verlan Fire Insurance Co.	0	0	0	0	0	0		0	0	33,489,616
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	0	0	0	0	0	0		0	0	39,543,524
	93-1335807	Campania Shared Services Company, Inc.	(313)	(3,316)	0	0	0	0		0	(3,629)	0
	54-1632456	Campania Holding Company, Inc.	313	3,316	0	0	0	0		0	3,629	0
	98-0040632	Health Facilities Insurance Corporation Ltd.	(161,430)	(1,022,632)	0	0	0	0		0	(1,184,062)	0
	04-3166066	Citizens Management Inc.	(2,875,758)	0	0	0	0	0		0	(2,875,758)	0
	27-2400275	Educators Insurance Agency, Inc.	0	(2,000,000)	0	0	0	0		0	(2,000,000)	0
	04-2854021	Opus Investment Management, Inc.	0	0	0	0	0	0		0	0	0
	27-1652700	CitySquare II Development Co. LLC	0	1,000,000	0	0	0	0		0	1,000,000	0
	22-3015617	Professional Underwriters Agency, Inc.	0	(500,000)	0	0	0	0		0	(500,000)	0
	06-1276047	NOVA Insurance Group, Inc.	0	(97,749)	0	0	0	0		0	(97,749)	0
	20-2875170	AIX Holdings, Inc.	(3,412,274)	0	0	0	0	0		0	(3,412,274)	0
	16-1066198	NOVA American Group, Inc.	(597,749)	7,990,749	0	0	0	0		0	7,393,000	0
		The Hanover Insurance International Holdings Limited	32,436,000	0	0	0	0	0		0	32,436,000	0
		Chaucer Holdings PLC	(32,436,000)	0	0	0	0	0		0	(32,436,000)	0
42552	16-1140177	NOVA Casualty Co.	0	0	0	0	0	0		0	0	409,572,434
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	74,109,285
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 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

Explanations:

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Bar Codes:	
12. SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 1 7 6 2 0 1 2 4 2 0 0 0 0 0 0
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 1 7 6 2 0 1 2 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 2 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 2 4 5 5 0 0 0 0 0
16. Trusteed Surplus Statement [Document Identifier 490]	 1 0 1 7 6 2 0 1 2 4 9 0 0 0 0 0 0
17. Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 1 7 6 2 0 1 2 3 8 5 0 0 0 0 0
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 1 7 6 2 0 1 2 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 2 3 6 5 0 0 0 0 0
21. Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 1 7 6 2 0 1 2 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 2 4 0 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23. Bail Bond Supplement [Document Identifier 500]



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



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



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



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



28. Credit Insurance Experience Exhibit [Document Identifier 230]



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



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



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



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



NONE

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