



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

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

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

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

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

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

Mail Address 808 North Highlander Way, Howell, MI, US 48843-1070
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 808 North Highlander Way
(Street and Number)
Howell, MI, US 48843-1070 517-546-2160
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Kathleen B. Edwards, 508-853-7200-8554476
(Name) (Area Code) (Telephone Number)
KEDWARDS@HANOVER.COM 508-855-6417
(E-mail Address) (FAX Number)

OFFICERS

President Frederick Henry Eppinger # Vice President & Treasurer Andrew Christopher Furman
Secretary Charles Frederick Cronin

OTHER

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

DIRECTORS OR TRUSTEES

<u>George Kusi Agyen #</u>	<u>Maribeth Nash Bearfield</u>	<u>Frederick Henry Eppinger</u>
<u>David Bruce Greenfield</u>	<u>Janet Thomas Heidenthal</u>	<u>J. Kendall Huber</u>
<u>Steven Edward Morris</u>	<u>John Conner Roche</u>	<u>Gregory Davison Tranter</u>
<u>Mark Joseph Welzenbach #</u>		

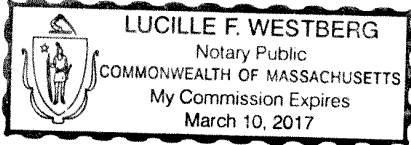
State of Massachusetts SS:
County of Worcester

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

Frederick Henry Eppinger President
Charles Frederick Cronin Secretary
Andrew Christopher Furman Vice President & Treasurer

Subscribed and sworn to before me this 5th day of February, 2014
Lucille F. Westberg
Lucille F. Westberg
Notary
March 10, 2017

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





ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2013 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. 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 plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	3,810,124	3,904,025	.0	1,456,100	1,526,184	(987,422)	6,204,882	124,681	(555,326)	481,883	343,258	20,243
17.1 Other Liability - occurrence .....	.0	.0	.0	.0	.0	.0	.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)	3,810,124	3,904,025	0	1,456,100	1,526,184	(987,422)	6,204,882	124,681	(555,326)	481,883	343,258	20,243
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 \$ 8,021
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2013

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	2,781	55,295	.0	970	.0	(261)	36,771	.0	(981)	2,631	433	113
2.1 Allied lines	1,357	17,685	.0	543	.0	905	1,696	.0	(37)	184	211	42
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	12,928,624	14,210,926	.0	6,365,708	10,209,877	10,040,452	3,010,523	131,205	374,443	343,073	1,990,787	219,492
5.1 Commercial multiple peril (non-liability portion)	585,358	545,836	.0	276,319	52,949	70,959	19,937	20	(1,736)	10,018	92,692	9,626
5.2 Commercial multiple peril (liability portion)	330,629	304,266	.0	168,115	16,550	133,202	379,431	23,549	47,990	132,544	52,865	5,500
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	293,220	340,227	.0	144,181	215,583	246,971	34,170	.0	(180)	200	45,878	4,996
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	60,146	68,720	.0	29,266	.0	.0	.0	.0	.0	.0	9,203	1,031
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 plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation .....	.0	.0	.0	.0	1,500	(1,162)	.0	1,024	1,024	.0	.0	.0
17.1 Other Liability - occurrence	291,348	348,680	.0	134,759	425,000	365,034	181,522	2,597	(33,556)	27,227	45,433	5,016
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	41	41	.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	116,382	129,894	.0	23,591	124,803	95,462	61,420	754	9,015	14,500	16,688	1,986
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	50,273	56,450	.0	13,705	6,919	(10,078)	13,888	.0	(1,234)	5,098	7,799	864
21.1 Private passenger auto physical damage	84,025	92,513	.0	17,029	12,598	9,676	988	.0	37	412	11,638	1,428
21.2 Commercial auto physical damage	15,106	16,999	.0	5,929	3,119	2,968	1,350	.0	6	86	2,341	259
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	60	7
27. Boiler and machinery	45	534	.0	1	.0	.0	.0	.0	.0	.0	7	1
28. Credit .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	14,759,678	16,188,409	0	7,180,383	11,068,898	10,954,169	3,741,737	159,149	394,791	535,973	2,276,035	250,361
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 \$ 70,342

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2013 NAIC Company Code 10176

Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken			3	4	5	6	7	8	9	10	11	12	
			Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1	2												
Line of Business			Direct Premiums Written	Direct Premiums Earned									
1.	Fire	2,781	55,295	.0	970	.0	(261)	36,771	.0	(981)	2,631	433	113
2.1	Allied lines	1,357	17,685	.0	543	.0	905	1,696	.0	(37)	184	211	42
2.2	Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3	Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.	Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.	Homeowners multiple peril	12,928,624	14,210,926	.0	6,365,708	10,209,877	10,040,452	3,010,523	131,205	374,443	343,073	1,990,787	219,492
5.1	Commercial multiple peril (non-liability portion)	585,358	545,836	.0	276,319	52,949	70,959	19,937	20	(1,736)	10,018	92,692	9,626
5.2	Commercial multiple peril (liability portion)	330,629	304,266	.0	168,115	16,550	133,202	379,431	23,549	47,990	132,544	52,865	5,500
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	293,220	340,227	.0	144,181	215,583	246,971	34,170	.0	(180)	200	45,878	4,996
10.	Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.	Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake	60,146	68,720	.0	29,266	.0	.0	.0	.0	.0	.0	9,203	1,031
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 plan premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16.	Workers' compensation	3,810,124	3,904,025	.0	1,456,100	1,527,684	(988,584)	6,204,882	125,705	(554,302)	481,883	343,258	20,243
17.1	Other Liability - occurrence	291,348	348,680	.0	134,759	425,000	365,034	181,522	2,597	(33,556)	27,227	45,433	5,016
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	41	41	.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	116,382	129,894	.0	23,591	124,803	95,462	61,420	754	9,015	14,500	16,688	1,986
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	50,273	56,450	.0	13,705	6,919	(10,078)	13,888	.0	(1,234)	5,098	7,799	864
21.1	Private passenger auto physical damage	84,025	92,513	.0	17,029	12,598	9,676	988	.0	37	412	11,638	1,428
21.2	Commercial auto physical damage	15,106	16,999	.0	5,929	3,119	2,968	1,350	.0	6	86	2,341	259
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	60	7
27.	Boiler and machinery	45	534	.0	.1	.0	.0	.0	.0	.0	.0	7	1
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)	18,569,802	20,092,434	0	8,636,483	12,595,082	9,966,747	9,946,619	283,830	(160,535)	1,017,856	2,619,293	270,604
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 \$ 78,363
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany 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 - U.S. Non-Pool				0	0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates				0	0	0	0	0	0	0	0	0	0	0
0999998. 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
0999999. Total Other U.S. Unaffiliated Insurers				0	0	0	0	0	0	0	0	0	0	0
AA-9992114	00000	MICHIGAN PLACEMENT FACILITY	MI	321	0	434	434	0	0	91	0	0	0	0
1099998. 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
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				321	0	434	434	0	0	91	0	0	0	0
1199998. 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
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				0	0	0	0	0	0	0	0	0	0	0
1299999. Total - Pools and Associations				321	0	434	434	0	0	91	0	0	0	0
1399998. 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
1399999. Total Other Non-U.S. Insurers				0	0	0	0	0	0	0	0	0	0	0
9999999 Totals				321	0	434	434	0	0	91	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year	
Reinsured	100%
Not Reinsured	0%

1 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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany 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		18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	0	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates					18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	0	
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299999. Total Authorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1399999. Total Authorized					18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	0	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599999. Total Unauthorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2699999. Total Unauthorized					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3099999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3399999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999. Total Certified - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899999. Total Certified - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3999999. Total Certified					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4099999. Total Authorized, Unauthorized and Certified					18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	0	
4199999. Total Protected Cells					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999 Totals					18,891	0	0	5,842	0	5,165	1,326	8,728	0	21,061	0	0	21,061	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	21,061,000	18,891,000	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

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)	14,540,471	0	14,540,471
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	161,876	0	161,876
6. Net amount recoverable from reinsurers	0	21,061,000	21,061,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	14,702,347	21,061,000	35,763,347
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	12,333,000	12,333,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	12,456	0	12,456
11. Unearned premiums (Line 9)	0	8,728,000	8,728,000
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	1,999	0	1,999
19. Total liabilities excluding protected cell business (Line 26)	14,455	21,061,000	21,075,455
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	14,687,892	XXX	14,687,892
22. Totals (Line 38)	14,702,347	21,061,000	35,763,347

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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(1)	(1)	0	0	0	0	0	0	XXX
2. 2004.....	2,180	2,180	0	1,244	1,244	1	1	159	159	0	0	422
3. 2005.....	1,955	1,955	0	1,169	1,169	24	24	121	121	0	0	267
4. 2006.....	1,659	1,659	0	839	839	10	10	147	147	0	0	293
5. 2007.....	1,574	1,574	0	689	689	5	5	107	107	0	0	225
6. 2008.....	2,103	2,103	0	2,599	2,599	21	21	332	332	0	0	766
7. 2009.....	3,501	3,501	0	3,164	3,164	141	141	257	257	0	0	647
8. 2010.....	6,724	6,724	0	6,412	6,412	102	102	581	581	0	0	1,197
9. 2011.....	10,473	10,473	0	12,620	12,620	94	94	1,122	1,122	0	0	2,530
10. 2012.....	13,749	13,749	0	13,418	13,418	101	101	1,226	1,226	0	0	2,896
11. 2013.....	14,211	14,211	0	7,150	7,150	65	65	719	719	0	0	1,625
12. Totals	XXX	XXX	XXX	49,304	49,304	564	564	4,771	4,771	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	38	38	0	0	0	0	2	2	1	1	0	0	1
2. 2004.....	0	0	0	0	0	0	2	2	0	0	0	0	0
3. 2005.....	0	0	0	0	0	0	3	3	0	0	0	0	0
4. 2006.....	0	0	0	0	0	0	4	4	0	0	0	0	0
5. 2007.....	0	0	0	0	0	0	6	6	0	0	0	0	0
6. 2008.....	0	0	0	0	0	0	11	11	0	0	0	0	0
7. 2009.....	30	30	(2)	(2)	0	0	15	15	1	1	0	0	1
8. 2010.....	0	0	21	21	0	0	33	33	4	4	0	0	3
9. 2011.....	99	99	11	11	0	0	64	64	5	5	0	0	4
10. 2012.....	274	274	25	25	0	0	77	77	6	6	0	0	5
11. 2013.....	941	941	1,574	1,574	0	0	128	128	80	80	0	0	68
12. Totals	1,382	1,382	1,629	1,629	0	0	343	343	96	96	0	0	82

	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. 2004.....	1,406	1,406	0	64.5	64.5	0.0	0	0	0.0	0	0
3. 2005.....	1,318	1,318	0	67.4	67.4	0.0	0	0	0.0	0	0
4. 2006.....	1,000	1,000	0	60.3	60.3	0.0	0	0	0.0	0	0
5. 2007.....	807	807	0	51.2	51.2	0.0	0	0	0.0	0	0
6. 2008.....	2,963	2,963	0	140.9	140.9	0.0	0	0	0.0	0	0
7. 2009.....	3,605	3,605	0	103.0	103.0	0.0	0	0	0.0	0	0
8. 2010.....	7,152	7,152	0	106.4	106.4	0.0	0	0	0.0	0	0
9. 2011.....	14,015	14,015	0	133.8	133.8	0.0	0	0	0.0	0	0
10. 2012.....	15,127	15,127	0	110.0	110.0	0.0	0	0	0.0	0	0
11. 2013.....	10,656	10,656	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004.....	2,362	2,362	0	1,584	1,584	90	90	192	192	0	0	430
3. 2005.....	1,932	1,932	0	1,519	1,519	49	49	123	123	0	0	247
4. 2006.....	1,555	1,555	0	1,218	1,218	19	19	125	125	0	0	218
5. 2007.....	1,088	1,088	0	296	296	31	31	111	111	0	0	146
6. 2008.....	750	750	0	138	138	0	0	58	58	0	0	71
7. 2009.....	457	457	0	177	177	7	7	32	32	0	0	51
8. 2010.....	327	327	0	25	25	1	1	18	18	0	0	19
9. 2011.....	217	217	0	310	310	0	0	18	18	0	0	25
10. 2012.....	176	176	0	72	72	0	0	19	19	0	0	31
11. 2013.....	130	130	0	12	12	0	0	8	8	0	0	8
12. Totals	XXX	XXX	XXX	5,351	5,351	197	197	706	706	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2010.....	25	25	0	0	0	0	2	2	1	1	0	0	1
9. 2011.....	0	0	1	1	0	0	3	3	0	0	0	0	0
10. 2012.....	18	18	4	4	0	0	5	5	1	1	0	0	1
11. 2013.....	0	0	13	13	0	0	4	4	0	0	0	0	0
12. Totals	43	43	18	18	0	0	14	14	2	2	0	0	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2004.....	1,866	1,866	0	79.0	79.0	0.0	0	0	0.0	0	0
3. 2005.....	1,692	1,692	0	87.6	87.6	0.0	0	0	0.0	0	0
4. 2006.....	1,362	1,362	0	87.6	87.6	0.0	0	0	0.0	0	0
5. 2007.....	438	438	0	40.3	40.3	0.0	0	0	0.0	0	0
6. 2008.....	196	196	0	26.1	26.1	0.0	0	0	0.0	0	0
7. 2009.....	218	218	0	47.6	47.6	0.0	0	0	0.0	0	0
8. 2010.....	72	72	0	22.2	22.2	0.0	0	0	0.0	0	0
9. 2011.....	332	332	0	153.1	153.1	0.0	0	0	0.0	0	0
10. 2012.....	118	118	0	67.2	67.2	0.0	0	0	0.0	0	0
11. 2013.....	38	38	0	28.9	28.9	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004.....	1,290	1,290	0	721	721	33	33	79	79	0	0	87
3. 2005.....	991	991	0	309	309	23	23	39	39	0	0	41
4. 2006.....	620	620	0	49	49	13	13	42	42	0	0	34
5. 2007.....	336	336	0	25	25	11	11	27	27	0	0	20
6. 2008.....	235	235	0	4	4	2	2	4	4	0	0	4
7. 2009.....	220	220	0	11	11	0	0	10	10	0	0	8
8. 2010.....	135	135	0	7	7	0	0	9	9	0	0	4
9. 2011.....	38	38	0	17	17	0	0	10	10	0	0	6
10. 2012.....	67	67	0	11	11	0	0	4	4	0	0	3
11. 2013.....	56	56	0	2	2	0	0	2	2	0	0	2
12. Totals	XXX	XXX	XXX	1,155	1,155	81	81	228	228	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	2	2	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2009.....	0	0	1	1	0	0	1	1	0	0	0	0	0
8. 2010.....	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2011.....	0	0	3	3	0	0	1	1	0	0	0	0	0
10. 2012.....	0	0	3	3	0	0	1	1	0	0	0	0	0
11. 2013.....	0	0	3	3	0	0	1	1	0	0	0	0	0
12. Totals	0	0	14	14	0	0	5	5	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. 2004.....	833	833	0	64.6	64.6	0.0	0	0	0.0	0	0
3. 2005.....	372	372	0	37.5	37.5	0.0	0	0	0.0	0	0
4. 2006.....	104	104	0	16.8	16.8	0.0	0	0	0.0	0	0
5. 2007.....	63	63	0	18.7	18.7	0.0	0	0	0.0	0	0
6. 2008.....	11	11	0	4.8	4.8	0.0	0	0	0.0	0	0
7. 2009.....	23	23	0	10.3	10.3	0.0	0	0	0.0	0	0
8. 2010.....	17	17	0	12.9	12.9	0.0	0	0	0.0	0	0
9. 2011.....	30	30	0	79.5	79.5	0.0	0	0	0.0	0	0
10. 2012.....	19	19	0	29.2	29.2	0.0	0	0	0.0	0	0
11. 2013.....	8	8	0	14.9	14.9	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	172	172	10	10	2	2	0	0	XXX
2. 2004.....	4,850	4,850	0	2,484	2,484	60	60	429	429	0	0	560
3. 2005.....	7,817	7,817	0	3,330	3,330	164	164	654	654	0	0	824
4. 2006.....	7,050	7,050	0	3,046	3,046	103	103	606	606	0	0	681
5. 2007.....	6,520	6,520	0	3,303	3,303	182	182	780	780	0	0	728
6. 2008.....	6,247	6,247	0	2,896	2,896	130	130	897	897	0	0	669
7. 2009.....	5,165	5,165	0	1,699	1,699	81	81	588	588	0	0	589
8. 2010.....	4,533	4,533	0	2,276	2,276	118	118	883	883	0	0	587
9. 2011.....	5,128	5,128	0	1,414	1,414	79	79	929	929	0	0	535
10. 2012.....	5,042	5,042	0	1,294	1,294	67	67	362	362	0	0	466
11. 2013.....	4,213	4,213	0	405	405	10	10	239	239	0	0	358
12. Totals	XXX	XXX	XXX	22,320	22,320	1,005	1,005	6,367	6,367	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	930	930	1,569	1,569	0	0	90	90	23	23	0	0	15
2. 2004.....	85	85	177	177	0	0	22	22	3	3	0	0	2
3. 2005.....	38	38	148	148	0	0	23	23	0	0	0	0	0
4. 2006.....	75	75	120	120	0	0	16	16	2	2	0	0	1
5. 2007.....	26	26	123	123	0	0	16	16	0	0	0	0	0
6. 2008.....	141	141	111	111	0	0	16	16	3	3	0	0	2
7. 2009.....	25	25	100	100	0	0	16	16	0	0	0	0	0
8. 2010.....	314	314	111	111	0	0	26	26	14	14	0	0	9
9. 2011.....	360	360	162	162	0	0	41	41	18	18	0	0	12
10. 2012.....	996	996	218	218	0	0	61	61	29	29	0	0	19
11. 2013.....	1,169	1,169	267	267	0	0	154	154	102	102	0	0	67
12. Totals	4,159	4,159	3,106	3,106	0	0	482	482	193	193	0	0	127

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2004.....	3,260	3,260	0	67.2	67.2	0.0	0	0	0.0	0	0
3. 2005.....	4,358	4,358	0	55.8	55.8	0.0	0	0	0.0	0	0
4. 2006.....	3,969	3,969	0	56.3	56.3	0.0	0	0	0.0	0	0
5. 2007.....	4,429	4,429	0	67.9	67.9	0.0	0	0	0.0	0	0
6. 2008.....	4,193	4,193	0	67.1	67.1	0.0	0	0	0.0	0	0
7. 2009.....	2,509	2,509	0	48.6	48.6	0.0	0	0	0.0	0	0
8. 2010.....	3,742	3,742	0	82.5	82.5	0.0	0	0	0.0	0	0
9. 2011.....	3,004	3,004	0	58.6	58.6	0.0	0	0	0.0	0	0
10. 2012.....	3,026	3,026	0	60.0	60.0	0.0	0	0	0.0	0	0
11. 2013.....	2,347	2,347	0	55.7	55.7	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004.....	3,207	3,207	0	2,542	2,542	64	64	138	138	0	0	131
3. 2005.....	2,805	2,805	0	1,930	1,930	17	17	160	160	0	0	132
4. 2006.....	2,217	2,217	0	891	891	167	167	258	258	0	0	219
5. 2007.....	1,375	1,375	0	370	370	31	31	77	77	0	0	87
6. 2008.....	755	755	0	641	641	16	16	62	62	0	0	59
7. 2009.....	446	446	0	36	36	(5)	(5)	14	14	0	0	14
8. 2010.....	543	543	0	59	59	22	22	22	22	0	0	23
9. 2011.....	662	662	0	150	150	2	2	19	19	0	0	28
10. 2012.....	818	818	0	200	200	23	23	38	38	0	0	41
11. 2013.....	850	850	0	53	53	0	0	19	19	0	0	23
12. Totals	XXX	XXX	XXX	6,871	6,871	336	336	806	806	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	23	23	22	22	0	0	19	19	6	6	0	0	3
2. 2004.....	0	0	3	3	0	0	3	3	0	0	0	0	0
3. 2005.....	0	0	2	2	0	0	4	4	0	0	0	0	0
4. 2006.....	0	0	3	3	0	0	5	5	0	0	0	0	0
5. 2007.....	0	0	3	3	0	0	6	6	0	0	0	0	0
6. 2008.....	0	0	3	3	0	0	9	9	0	0	0	0	0
7. 2009.....	0	0	2	2	0	0	15	15	0	0	0	0	0
8. 2010.....	0	0	9	9	0	0	15	15	0	0	0	0	0
9. 2011.....	0	0	11	11	0	0	16	16	0	0	0	0	0
10. 2012.....	190	190	33	33	0	0	21	21	6	6	0	0	3
11. 2013.....	10	10	88	88	0	0	30	30	4	4	0	0	2
12. Totals	223	223	177	177	0	0	143	143	16	16	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	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. 2004.....	2,749	2,749	0	85.7	85.7	0.0	0	0	0.0	0	0
3. 2005.....	2,112	2,112	0	75.3	75.3	0.0	0	0	0.0	0	0
4. 2006.....	1,323	1,323	0	59.7	59.7	0.0	0	0	0.0	0	0
5. 2007.....	487	487	0	35.4	35.4	0.0	0	0	0.0	0	0
6. 2008.....	730	730	0	96.8	96.8	0.0	0	0	0.0	0	0
7. 2009.....	61	61	0	13.8	13.8	0.0	0	0	0.0	0	0
8. 2010.....	127	127	0	23.4	23.4	0.0	0	0	0.0	0	0
9. 2011.....	197	197	0	29.7	29.7	0.0	0	0	0.0	0	0
10. 2012.....	510	510	0	62.4	62.4	0.0	0	0	0.0	0	0
11. 2013.....	203	203	0	23.9	23.9	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2004.....	27	27	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
3. 2005.....	34	34	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
4. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
5. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
6. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
7. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
8. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
9. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
10. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
11. 2013.....	1	1	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2013.....	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004.....	1,026	1,026	0	0	0	0	0	7	7	0	0	2
3. 2005.....	894	894	0	38	38	0	0	30	30	0	0	6
4. 2006.....	634	634	0	0	0	0	0	16	16	0	0	3
5. 2007.....	371	371	0	3	3	0	0	26	26	0	0	2
6. 2008.....	267	267	0	0	0	0	0	0	0	0	0	0
7. 2009.....	245	245	0	0	0	0	0	0	0	0	0	0
8. 2010.....	275	275	0	0	0	0	0	0	0	0	0	0
9. 2011.....	444	444	0	425	425	3	3	16	16	0	0	5
10. 2012.....	470	470	0	2	2	0	0	22	22	0	0	10
11. 2013.....	349	349	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	467	467	3	3	117	117	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	3	3	0	0	2	2	0	0	0	0	0
2. 2004.....	0	0	2	2	0	0	0	0	0	0	0	0	0
3. 2005.....	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2006.....	0	0	1	1	0	0	1	1	0	0	0	0	0
5. 2007.....	0	0	2	2	0	0	1	1	0	0	0	0	0
6. 2008.....	0	0	4	4	0	0	1	1	0	0	0	0	0
7. 2009.....	0	0	11	11	0	0	1	1	0	0	0	0	0
8. 2010.....	0	0	17	17	0	0	1	1	0	0	0	0	0
9. 2011.....	0	0	25	25	0	0	4	4	0	0	0	0	0
10. 2012.....	0	0	52	52	0	0	8	8	0	0	0	0	0
11. 2013.....	0	0	64	64	0	0	8	8	0	0	0	0	0
12. Totals	0	0	182	182	0	0	27	27	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. 2004.....	9	9	0	0.9	0.9	0.0	0	0	0.0	0	0
3. 2005.....	69	69	0	7.8	7.8	0.0	0	0	0.0	0	0
4. 2006.....	18	18	0	2.8	2.8	0.0	0	0	0.0	0	0
5. 2007.....	32	32	0	8.6	8.6	0.0	0	0	0.0	0	0
6. 2008.....	5	5	0	2.0	2.0	0.0	0	0	0.0	0	0
7. 2009.....	12	12	0	4.8	4.8	0.0	0	0	0.0	0	0
8. 2010.....	18	18	0	6.6	6.6	0.0	0	0	0.0	0	0
9. 2011.....	472	472	0	106.4	106.4	0.0	0	0	0.0	0	0
10. 2012.....	84	84	0	17.8	17.8	0.0	0	0	0.0	0	0
11. 2013.....	72	72	0	20.6	20.6	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....												
11. 2013.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2004.....													
3. 2005.....													
4. 2006.....													
5. 2007.....													
6. 2008.....													
7. 2009.....													
8. 2010.....													
9. 2011.....													
10. 2012.....													
11. 2013.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....											
11. 2013.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2012.....	608	608	.....0	.....248	.....248	.....0	.....0	.....14	.....14	.....0	.....0	XXX
3. 2013.....	482	482	.....0	.....200	.....200	.....0	.....0	.....14	.....14	.....0	.....0	XXX
4. Totals.....	XXX	XXX	XXX	.....447	.....447	.....0	.....0	.....28	.....28	.....0	.....0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	0	0	0	0	0	0	1	1	0	0	0	0	0
2. 2012	0	0	2	2	0	0	1	1	0	0	0	0	0
3. 2013	34	34	37	37	0	0	0	0	1	1	0	0	1
4. Totals	34	34	39	39	0	0	3	3	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2012	265	265	0	43.7	43.7	0.0	0	0	0.0	0	0
3. 2013	285	285	0	59.0	59.0	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 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. 2012.....	140	140	.....0	.....48	.....48	.....0	.....0	.....15	.....15	.....0	.....0	40
3. 2013.....	110	110	0	24	24	0	0	13	13	0	0	33
4. Totals	XXX	XXX	XXX	71	71	0	0	28	28	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	(3)	(3)	0	0	0	0	0	0	0	0	0
2. 2012	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0
3. 2013	1	1	5	5	0	0	0	0	1	1	0	0	1
4. Totals	1	1	1	1	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	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. 2012.....	62	62	0	44.3	44.3	0.0	0	0	0.0	0	0
3. 2013.....	43	43	0	39.1	39.1	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
3. 2013.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013	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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed			Direct and Assumed						Losses Unpaid	Loss Expenses Unpaid
	Ceded	Net		Ceded	Net		Loss	Loss Expense			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2013	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 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2007.....	2	2	0	0	0	0	0	0	0	0	0	0
6. 2008.....	3	3	0	0	0	0	0	0	0	0	0	0
7. 2009.....	2	2	0	0	0	0	0	0	0	0	0	0
8. 2010.....	1	1	0	0	0	0	0	0	0	0	0	0
9. 2011.....	(1)	(1)	0	0	0	0	0	0	0	0	0	0
10. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2013.....	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2009.....	0	0	0	0.1	0.1	0.0	0	0	0.0	0	0
8. 2010.....	0	0	0	0.3	0.3	0.0	0	0	0.0	0	0
9. 2011.....	0	0	0	(0.2)	(0.2)	0.0	0	0	0.0	0	0
10. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 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		
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013		
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	12	.0
2. 2004.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	318	104
3. 2005.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	209	58
4. 2006.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	224	69
5. 2007.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	185	40
6. 2008.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	621	145
7. 2009.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	493	153
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	927	267
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	1,996	530
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	2,243	648
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	1,135	422

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	71	.0
2. 2004.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	302	128
3. 2005.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	158	89
4. 2006.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	148	70
5. 2007.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	112	34
6. 2008.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	55	16
7. 2009.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	40	11
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	17	.1
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	22	.3
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	26	.4
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	6	2

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	24	.0
2. 2004.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	67	20
3. 2005.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	18
4. 2006.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	23	11
5. 2007.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	10	10
6. 2008.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	2	2
7. 2009.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	6	2
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	4	.0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	5	.1
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	3	.0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.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	217	.0
2. 2004.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	437	121
3. 2005.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	516	308
4. 2006.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	446	234
5. 2007.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	551	177
6. 2008.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	463	204
7. 2009.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	335	254
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	357	221
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	300	223
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	279	168
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	147	144

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	44	.0
2. 2004.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	83	48
3. 2005.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	75	57
4. 2006.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	141	78
5. 2007.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	48	39
6. 2008.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	39	20
7. 2009.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	12	.2
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	14	.9
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	15	13
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	21	17
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	15	6

ANNUAL STATEMENT FOR THE YEAR 2013 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		
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013		
1. Prior.....	.000											
2. 2004.....												
3. 2005.....	XXX											
4. 2006.....	XXX	XXX										
5. 2007.....	XXX	XXX	XXX									
6. 2008.....	XXX	XXX	XXX	XXX								
7. 2009.....	XXX	XXX	XXX	XXX	XXX							
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2004.....												
3. 2005.....	XXX											
4. 2006.....	XXX	XXX										
5. 2007.....	XXX	XXX	XXX									
6. 2008.....	XXX	XXX	XXX	XXX								
7. 2009.....	XXX	XXX	XXX	XXX	XXX							
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000										XXX	XXX
2. 2004.....											XXX	XXX
3. 2005.....	XXX										XXX	XXX
4. 2006.....	XXX	XXX									XXX	XXX
5. 2007.....	XXX	XXX	XXX								XXX	XXX
6. 2008.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2009.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....	.000	0	0	0	0	0	0	0	0	0	0	8	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	2
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0	0	2	4
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0	3
5. 2007.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	1	1
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	4
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2	8
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior.....	.000											
2. 2004.....												
3. 2005.....	XXX											
4. 2006.....	XXX	XXX										
5. 2007.....	XXX	XXX	XXX									
6. 2008.....	XXX	XXX	XXX	XXX								
7. 2009.....	XXX	XXX	XXX	XXX	XXX							
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2013 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	2	3	4	5	6	7	8	9	10		
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000		.0	.0	.0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	35	5
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	29	3

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2013	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
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2004											XXX	XXX
3. 2005	XXX										XXX	XXX
4. 2006	XXX	XXX									XXX	XXX
5. 2007	XXX	XXX	XXX								XXX	XXX
6. 2008	XXX	XXX	XXX	XXX							XXX	XXX
7. 2009	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2013	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

NONE

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

NONE

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

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 4M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	83	4	7	1	0	0	0	0	0	0
2. 2004.....	252	317	318	318	318	318	318	318	318	318
3. 2005.....	XXX	175	205	208	209	209	209	209	209	209
4. 2006.....	XXX	XXX	186	224	224	224	224	224	224	224
5. 2007.....	XXX	XXX	XXX	138	185	185	185	185	185	185
6. 2008.....	XXX	XXX	XXX	XXX	540	616	617	620	620	621
7. 2009.....	XXX	XXX	XXX	XXX	XXX	409	487	491	491	493
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	797	916	924	927
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,753	1,990	1,996
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,991	2,243
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,135

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	17	13	6	6	3	2	2	1	1	1
2. 2004.....	40	6	2	0	0	0	0	0	0	0
3. 2005.....	XXX	21	2	1	0	0	0	0	0	0
4. 2006.....	XXX	XXX	33	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	27	0	0	0	0	0	0
6. 2008.....	XXX	XXX	XXX	XXX	30	1	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	52	4	4	3	1
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	80	8	5	3
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72	4	4
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101	5
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	59	3	2	1	0	0	0	0	0	0
2. 2004.....	374	421	421	422	422	422	422	422	422	422
3. 2005.....	XXX	241	264	266	267	267	267	267	267	267
4. 2006.....	XXX	XXX	272	293	293	293	293	293	293	293
5. 2007.....	XXX	XXX	XXX	195	224	225	225	225	225	225
6. 2008.....	XXX	XXX	XXX	XXX	693	759	760	765	765	766
7. 2009.....	XXX	XXX	XXX	XXX	XXX	562	641	646	646	647
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	1,103	1,187	1,196	1,197
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,264	2,522	2,530
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,667	2,896
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,625

ANNUAL STATEMENT FOR THE YEAR 2013 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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	133	53	11	5	0	0	2	0	0	0
2. 2004.....	203	275	296	301	301	301	302	302	302	302
3. 2005.....	XXX	118	151	154	157	157	158	158	158	158
4. 2006.....	XXX	XXX	113	138	148	148	148	148	148	148
5. 2007.....	XXX	XXX	XXX	81	102	111	112	112	112	112
6. 2008.....	XXX	XXX	XXX	XXX	43	53	54	55	55	55
7. 2009.....	XXX	XXX	XXX	XXX	XXX	23	34	40	40	40
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	16	17	17	17
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	20	22
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	26
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	85	25	5	2	0	1	0	0	0	0
2. 2004.....	97	31	7	2	0	1	0	0	0	0
3. 2005.....	XXX	44	5	3	1	1	0	0	0	0
4. 2006.....	XXX	XXX	36	10	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	28	9	2	1	1	1	0
6. 2008.....	XXX	XXX	XXX	XXX	14	4	1	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	10	5	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	1
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	64	12	19	3	0	1	1	0	0	0
2. 2004.....	394	421	428	429	429	430	430	430	430	430
3. 2005.....	XXX	227	245	246	247	247	247	247	247	247
4. 2006.....	XXX	XXX	201	217	218	218	218	218	218	218
5. 2007.....	XXX	XXX	XXX	128	141	144	146	146	146	146
6. 2008.....	XXX	XXX	XXX	XXX	66	71	71	71	71	71
7. 2009.....	XXX	XXX	XXX	XXX	XXX	41	48	51	51	51
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	18	19	19	19
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23	25
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	31
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

ANNUAL STATEMENT FOR THE YEAR 2013 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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	62	13	4	5	1	0	1	0	0	0
2. 2004.....	51	62	64	67	67	67	67	67	67	67
3. 2005.....	XXX	19	21	21	23	23	23	23	23	23
4. 2006.....	XXX	XXX	19	22	23	23	23	23	23	23
5. 2007.....	XXX	XXX	XXX	8	10	10	10	10	10	10
6. 2008.....	XXX	XXX	XXX	XXX	1	1	2	2	2	2
7. 2009.....	XXX	XXX	XXX	XXX	XXX	5	6	6	6	6
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3
11. 2013.....	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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	37	20	8	4	1	2	1	2	0	0
2. 2004.....	15	7	3	0	0	0	0	0	0	0
3. 2005.....	XXX	7	3	2	0	0	0	0	0	0
4. 2006.....	XXX	XXX	7	7	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	2	1	1	0	0	0	0
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	25	3	30	2	1	1	0	1	(2)	0
2. 2004.....	80	85	85	86	87	87	87	87	87	87
3. 2005.....	XXX	37	40	41	41	41	41	41	41	41
4. 2006.....	XXX	XXX	31	34	34	34	34	34	34	34
5. 2007.....	XXX	XXX	XXX	12	19	20	20	20	20	20
6. 2008.....	XXX	XXX	XXX	XXX	2	2	4	4	4	4
7. 2009.....	XXX	XXX	XXX	XXX	XXX	7	8	8	8	8
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

ANNUAL STATEMENT FOR THE YEAR 2013 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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	237	61	51	43	23	19	10	1	4	5
2. 2004.....	288	411	429	432	437	437	437	437	437	437
3. 2005.....	XXX	321	455	496	502	511	515	516	516	516
4. 2006.....	XXX	XXX	254	404	426	438	442	444	444	446
5. 2007.....	XXX	XXX	XXX	355	491	527	532	544	549	551
6. 2008.....	XXX	XXX	XXX	XXX	331	431	443	457	460	463
7. 2009.....	XXX	XXX	XXX	XXX	XXX	228	316	331	332	335
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	229	327	348	357
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204	296	300
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200	279
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	172	116	90	64	53	34	35	25	18	15
2. 2004.....	107	26	14	10	4	5	5	3	1	2
3. 2005.....	XXX	151	56	18	11	4	1	0	0	0
4. 2006.....	XXX	XXX	143	31	17	10	3	1	3	1
5. 2007.....	XXX	XXX	XXX	170	53	23	18	2	2	0
6. 2008.....	XXX	XXX	XXX	XXX	109	24	19	5	4	2
7. 2009.....	XXX	XXX	XXX	XXX	XXX	108	17	6	5	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	100	37	17	9
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91	16	12
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87	19
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	122	26	61	23	16	6	13	(8)	(3)	2
2. 2004.....	479	547	555	558	560	561	561	559	559	560
3. 2005.....	XXX	676	803	813	817	822	824	824	824	824
4. 2006.....	XXX	XXX	580	653	672	679	679	679	681	681
5. 2007.....	XXX	XXX	XXX	636	706	720	721	721	726	728
6. 2008.....	XXX	XXX	XXX	XXX	596	653	662	664	667	669
7. 2009.....	XXX	XXX	XXX	XXX	XXX	542	580	585	589	589
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	503	579	584	587
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	476	534	535
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	407	466
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	358

ANNUAL STATEMENT FOR THE YEAR 2013 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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	69	19	9	6	6	1	3	0	0	0
2. 2004.....	64	79	81	81	81	82	83	83	83	83
3. 2005.....	XXX	55	70	70	70	75	75	75	75	75
4. 2006.....	XXX	XXX	123	139	139	139	140	141	141	141
5. 2007.....	XXX	XXX	XXX	35	46	46	48	48	48	48
6. 2008.....	XXX	XXX	XXX	XXX	26	37	39	39	39	39
7. 2009.....	XXX	XXX	XXX	XXX	XXX	11	12	12	12	12
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	10	13	13	14
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	15	15
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	21
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	83	55	56	12	9	10	1	3	2	3
2. 2004.....	25	7	2	2	3	1	1	0	0	0
3. 2005.....	XXX	23	6	5	5	0	0	0	0	0
4. 2006.....	XXX	XXX	12	3	2	2	3	1	0	0
5. 2007.....	XXX	XXX	XXX	12	0	5	0	0	0	0
6. 2008.....	XXX	XXX	XXX	XXX	7	2	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	2	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	4	1	1	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	84	24	39	11	7	5	2	2	(1)	1
2. 2004.....	113	127	129	129	130	130	131	131	131	131
3. 2005.....	XXX	116	128	131	132	132	132	132	132	132
4. 2006.....	XXX	XXX	204	217	218	218	220	220	219	219
5. 2007.....	XXX	XXX	XXX	71	81	86	86	86	86	87
6. 2008.....	XXX	XXX	XXX	XXX	47	59	59	59	59	59
7. 2009.....	XXX	XXX	XXX	XXX	XXX	14	14	14	14	14
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	21	23	23	23
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	28	28
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	41
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2013 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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	0	1	7	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0
3. 2005.....	XXX	2	2	2	2	2	2	2	2	2
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	0	1	1	1	1	1	1
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	9	7	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	2	0	0	0	0	0	0
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....	6	3	(1)	0	0	0	0	0	0	0
2. 2004.....	1	1	2	2	2	2	2	2	2	2
3. 2005.....	XXX	4	6	6	6	6	6	6	6	6
4. 2006.....	XXX	XXX	3	3	3	3	3	3	3	3
5. 2007.....	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	5
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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 2013 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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	0
3. 2005.....	XXX	991	991	991	991	991	991	991	991	991	0
4. 2006.....	XXX	XXX	620	620	620	620	620	620	620	620	0
5. 2007.....	XXX	XXX	XXX	336	336	336	336	336	336	336	0
6. 2008.....	XXX	XXX	XXX	XXX	235	235	235	235	235	235	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	220	220	220	220	220	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	135	135	135	135	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	67	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56
13. Earned Premiums (Sch P-Pt. 1)	1,290	991	620	336	235	220	135	38	67	56	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	0
3. 2005.....	XXX	991	991	991	991	991	991	991	991	991	0
4. 2006.....	XXX	XXX	620	620	620	620	620	620	620	620	0
5. 2007.....	XXX	XXX	XXX	336	336	336	336	336	336	336	0
6. 2008.....	XXX	XXX	XXX	XXX	235	235	235	235	235	235	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	220	220	220	220	220	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	135	135	135	135	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	67	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56
13. Earned Premiums (Sch P-Pt. 1)	1,290	991	620	336	235	220	135	38	67	56	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	(122)	(22)	(204)	0	0	0	0	0	0	0	0
2. 2004.....	4,973	5,115	5,041	5,027	5,027	5,027	5,027	5,027	5,027	5,027	0
3. 2005.....	XXX	7,696	7,889	7,888	7,888	7,888	7,888	7,888	7,888	7,888	0
4. 2006.....	XXX	XXX	7,134	7,247	7,253	7,253	7,253	7,253	7,253	7,253	0
5. 2007.....	XXX	XXX	XXX	6,422	6,653	6,654	6,646	6,646	6,646	6,646	0
6. 2008.....	XXX	XXX	XXX	XXX	6,010	6,012	5,996	5,996	5,996	5,996	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	5,163	5,079	5,076	5,076	5,076	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	4,640	4,647	4,648	4,648	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,210	5,214	5
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	5,031	76
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,132
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,213
13. Earned Premiums (Sch P-Pt. 1)	4,850	7,817	7,050	6,520	6,247	5,165	4,533	5,128	5,042	4,213	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	(122)	(22)	(204)	0	0	0	0	0	0	0	0
2. 2004.....	4,973	5,115	5,041	5,027	5,027	5,027	5,027	5,027	5,027	5,027	0
3. 2005.....	XXX	7,696	7,889	7,888	7,888	7,888	7,888	7,888	7,888	7,888	0
4. 2006.....	XXX	XXX	7,134	7,247	7,253	7,253	7,253	7,253	7,253	7,253	0
5. 2007.....	XXX	XXX	XXX	6,422	6,653	6,654	6,646	6,646	6,646	6,646	0
6. 2008.....	XXX	XXX	XXX	XXX	6,010	6,012	5,996	5,996	5,996	5,996	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	5,163	5,079	5,076	5,076	5,076	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	4,640	4,647	4,648	4,648	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,210	5,214	5
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	5,031	76
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,132
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,213
13. Earned Premiums (Sch P-Pt. 1)	4,850	7,817	7,050	6,520	6,247	5,165	4,533	5,128	5,042	4,213	XXX

ANNUAL STATEMENT FOR THE YEAR 2013 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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	(75)	(2)	(1)	0	0	0	0	0	0	0	0
2. 2004.....	3,283	3,294	3,298	3,298	3,298	3,298	3,298	3,298	3,298	3,298	0
3. 2005.....	XXX	2,795	2,861	2,842	2,842	2,842	2,842	2,842	2,842	2,842	0
4. 2006.....	XXX	XXX	2,147	2,180	2,164	2,164	2,164	2,164	2,164	2,164	0
5. 2007.....	XXX	XXX	XXX	1,361	1,340	1,339	1,339	1,339	1,339	1,339	0
6. 2008.....	XXX	XXX	XXX	XXX	792	791	791	791	791	791	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	448	449	448	448	448	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	543	541	541	541	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	664	665	665	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	817	821	4
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	850
13. Earned Premiums (Sch P-Pt. 1)	3,207	2,805	2,217	1,375	755	446	543	662	818	850	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	(75)	(2)	(1)	0	0	0	0	0	0	0	0
2. 2004.....	3,283	3,294	3,298	3,298	3,298	3,298	3,298	3,298	3,298	3,298	0
3. 2005.....	XXX	2,795	2,861	2,842	2,842	2,842	2,842	2,842	2,842	2,842	0
4. 2006.....	XXX	XXX	2,147	2,180	2,164	2,164	2,164	2,164	2,164	2,164	0
5. 2007.....	XXX	XXX	XXX	1,361	1,340	1,339	1,339	1,339	1,339	1,339	0
6. 2008.....	XXX	XXX	XXX	XXX	792	791	791	791	791	791	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	448	449	448	448	448	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	543	541	541	541	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	664	665	665	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	817	821	4
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	850
13. Earned Premiums (Sch P-Pt. 1)	3,207	2,805	2,217	1,375	755	446	543	662	818	850	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	38	(1)	0	0	0	0	0	0	0	0	0
2. 2004.....	988	989	988	989	989	989	989	989	989	989	0
3. 2005.....	XXX	893	898	898	898	898	898	898	898	898	0
4. 2006.....	XXX	XXX	630	620	620	620	620	620	620	620	0
5. 2007.....	XXX	XXX	XXX	381	379	379	379	379	379	379	0
6. 2008.....	XXX	XXX	XXX	XXX	268	268	268	268	268	268	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	245	245	245	245	245	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	275	275	275	275	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444	444	444	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	470	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	349
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349
13. Earned Premiums (Sch P-Pt. 1)	1,026	894	634	371	267	245	275	444	470	349	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	38	(1)	0	0	0	0	0	0	0	0	0
2. 2004.....	988	989	988	989	989	989	989	989	989	989	0
3. 2005.....	XXX	893	898	898	898	898	898	898	898	898	0
4. 2006.....	XXX	XXX	630	620	620	620	620	620	620	620	0
5. 2007.....	XXX	XXX	XXX	381	379	379	379	379	379	379	0
6. 2008.....	XXX	XXX	XXX	XXX	268	268	268	268	268	268	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	245	245	245	245	245	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	275	275	275	275	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	444	444	444	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	470	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	349
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349
13. Earned Premiums (Sch P-Pt. 1)	1,026	894	634	371	267	245	275	444	470	349	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 2013 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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	2	1	1	1	1	1	1	0
6. 2008.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2013.....	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	2	3	2	1	(1)	0	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	2	1	1	1	1	1	1	0
6. 2008.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2013.....	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	2	3	2	1	(1)	0	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	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	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE P INTERROGATORIES

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior	0	0
1.602 2004	0	0
1.603 2005	0	0
1.604 2006	0	0
1.605 2007	0	0
1.606 2008	0	0
1.607 2009	0	0
1.608 2010	0	0
1.609 2011	0	0
1.610 2012	0	0
1.611 2013	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				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 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						Aberdeen Underwriting Advisers Limited	.GBR	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.	
							AIX Insurance Services of California, Inc.							
			27-1304098					.CA	NIA	AIX, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.12833	20-5233538				AIX Specialty Insurance Company	.DE	.IA	Nova Casualty Company	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	.DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Insurance Holdings Limited	.GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 1) Limited	.GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 2) Limited	.GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 3) Limited	.GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 4) Limited	.GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 5) Limited	.GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Underwriting Limited	.GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
							Allmerica Financial Alliance Insurance Co.							
.0088	The Hanover Insurance Group	.10212	04-3272695					.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		54-1632456				Campania Holding Company, Inc.	.VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		31-1810317				Campania Insurance Agency, Inc.	.VA	NIA	Campiana Holding Company, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		54-1618745				Campania Management Company, Inc.	.VA	NIA	Campiana Holding Company, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
.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.	
										Hayward Brick Stuchbery Holdings Limited				
	The Hanover Insurance Group						CH 1997 Limited	.GBR	NIA		Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Consortium Underwriting Limited	.GBR	NIA	Ch 1997 Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital Limited	.GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 2) Limited	.GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 3) Limited	.GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Dedicated Limited	.GBR	NIA	Ch 1997 Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Freeholds Limited	.GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer GmbH	.DEU	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
										The Hanover Insurance International Holdings Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Insurance Services Limited	.GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Latin America, S.A.	.ARG	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Oslo A.S.	.NOR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Singapore PTE Limited	.SGP	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicates Limited	.GBR	NIA	Ch 1997 Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicate Services Limited	.GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Underwriting A/S	.DNK	NIA	Ch 1997 Limited	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.31534	38-0421730				Citizens Insurance Company of America	.MI	.IA	The Hanover Insurance Company	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.10714	36-4123481				Citizens Insurance Company of Illinois	.IL	.IA	Opus Investment Management, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.10176	38-3167100				Citizens Insurance Company of Ohio	.OH	.RE	The Hanover Insurance Company	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.10395	35-1958418				Citizens Insurance Company of the Midwest	.IN	.IA	The Hanover Insurance Company	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	.MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	.MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	.MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	
										Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.41602	75-1827351				Hanover Lloyd's Insurance Co.	.TX	.IA				The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	.VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	.100.000	The Hanover Insurance Group, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
	The Hanover Insurance Group		74-2556029				Hanover Texas Insurance Management Company, Inc.	TX	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Hayward Brick Stuchbery Holdings Limited	GBR	NIA	Chaucer Holdings PLC	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Insurance4Cargo Services Limited	GBR	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.	
.0088	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.	
	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	The Hanover Insurance Company	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.	
.0088	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Co.	NH	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					New York Stock Exchange								
	The Hanover Insurance Group		04-3263626				The Hanover Insurance Group, Inc.	DE	UIP			0.000		
	The Hanover Insurance Group						The Hanover Insurance International Holdings Limited	GBR	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		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.	

Asterisk		Explanation

NONE

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)
12833	20-5233538	AIX Specialty Insurance Co.	.0	.0	.0	.0	.0	.0		.0	.0	78,055,772
10212	04-3272695	Allmerica Financial Alliance Ins Co.	.0	.0	.0	.0	.0	.0		.0	.0	124,795,772
41840	23-2643430	Allmerica Financial Benefit Ins Co.	.0	1,000,000	.0	.0	.0	(47,721,739)		.0	(46,721,739)	349,657,522
	04-3194493	Allmerica Plus Insurance Agency	(250,000)	.0	.0	.0	.0	.0		.0	(250,000)	.0
	36-3839673	Benchmark Professional Insurance Services, Inc.	(391,103)	.0	.0	.0	.0	.0		.0	(391,103)	.0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	34,739,793
		Chaucer Holdings PLC	(73,140,822)	.0	.0	.0	.0	.0		.0	(73,140,822)	.0
31534	38-0421730	Citizens Insurance Co. of America	(68,000,000)	.0	67,713,704	.0	150,622,274	(65,142,204)		.0	85,193,774	6,209,007
10714	36-4123481	Citizens Insurance Co. of Illinois	.0	.0	.0	.0	.0	.0		.0	.0	40,648,942
10176	38-3167100	Citizens Insurance Co. of Ohio	.0	.0	.0	.0	.0	.0		.0	.0	21,060,561
10395	35-1958418	Citizens Insurance Co. of the Midwest	.0	400,000	.0	.0	.0	(82,117,504)		.0	(81,717,504)	529,260,625
	27-1652700	CitySquare II Development Co., L.L.C	.0	1,425,000	.0	.0	.0	.0		.0	1,425,000	.0
	27-3626264	CitySquare II Investment Co., L.L.C	.0	.0	.0	.0	.0	.0		.0	.0	.0
36064	04-3063898	Hanover American Insurance Co.	.0	.0	.0	.0	.0	.0		.0	.0	221,648,821
22292	13-5129825	Hanover Insurance Company	70,550,970	26,715,364	1,723,769	.0	(150,622,274)	367,953,817		50,000,000	366,321,646	(2,607,413,715)
11705	86-1070355	Hanover New Jersey Insurance Company	.0	.0	.0	.0	.0	.0		.0	.0	3,492,635
	74-2556029	Hanover Texas Insurance Management Co.	.0	.0	.0	.0	.0	.0		.0	.0	40,390,109
	98-0040632	Health Facilities Insurance Corporation Ltd.	.0	(55,404)	.0	.0	.0	.0		.0	(55,404)	.0
22306	04-2217600	Massachusetts Bay Insurance Company	.0	.0	.0	.0	.0	(172,972,371)		.0	(172,972,371)	683,181,190
42552	16-1140177	NOVA Casualty Co.	.0	.0	.0	.0	.0	.0		.0	.0	410,699,555
	27-3626424	One Mercantile Place, L.L.C.	(1,300,970)	(2,339,030)	.0	.0	.0	.0		.0	(3,640,000)	.0
	04-2854021	Opus Investment Management, Inc.	.0	.0	.0	.0	.0	.0		.0	.0	.0
	38-3324632	Professionals Direct Finance Inc.	(400,000)	.0	.0	.0	.0	.0		.0	(400,000)	.0
25585	38-2755799	Professionals Direct Insurance Company	.0	.0	.0	.0	.0	.0		.0	.0	26,636,336
	38-3383822	Professionals Direct Insurance Services, Inc.	(500,000)	.0	.0	.0	.0	.0		.0	(500,000)	.0
	38-3324634	Professionals Direct, Inc.	(100,000)	(25,720,930)	.0	.0	.0	.0		.0	(25,820,930)	.0
	04-3263626	The Hanover Insurance Group, Inc.	73,531,925	(3,627,475)	(69,437,473)	.0	.0	.0		(50,000,000)	(49,533,023)	.0
		The Hanover Insurance International Holdings Limited	.0	2,202,475	.0	.0	.0	.0		.0	2,202,475	.0
10815	52-0903682	Verlan Fire Insurance Co.	.0	.0	.0	.0	.0	.0		.0	.0	36,937,075
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 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:		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		

Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 1 7 6 2 0 1 3 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 1 7 6 2 0 1 3 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 3 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 3 4 5 5 0 0 0 0 0
16.	Trusteed Surplus Statement [Document Identifier 490]	 1 0 1 7 6 2 0 1 3 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 3 3 8 5 0 0 0 0 0
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 1 7 6 2 0 1 3 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 3 3 6 5 0 0 0 0 0
21.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 1 7 6 2 0 1 3 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 3 4 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 0 1 7 6 2 0 1 3 5 0 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

NONE

ANNUAL STATEMENT BLANK

ALPHABETICAL INDEX

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	100
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	23
Schedule F - Part 5	24
Schedule F - Part 6 - Section 1	25
Schedule F - Part 6 - Section 2	26
Schedule F - Part 7	27
Schedule F - Part 8	28
Schedule F - Part 9	29

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	30
Schedule H - Part 2, Part 3 and 4	31
Schedule H - Part 5 - Health Claims	32
Schedule P - Part 1 - Summary	33
Schedule P - Part 1A - Homeowners/Farmowners	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	38
Schedule P - Part 1E - Commercial Multiple Peril	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P - Part 1J - Auto Physical Damage	46
Schedule P - Part 1K - Fidelity/Surety	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	48
Schedule P - Part 1M - International	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	55
Schedule P - Part 1T - Warranty	56
Schedule P - Part 2, Part 3 and Part 4 - Summary	34
Schedule P - Part 2A - Homeowners/Farmowners	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P - Part 2E - Commercial Multiple Peril	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P - Part 2J - Auto Physical Damage	59
Schedule P - Part 2K - Fidelity, Surety	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	59
Schedule P - Part 2M - International	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	61
Schedule P - Part 2T - Warranty	61
Schedule P - Part 3A - Homeowners/Farmowners	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	62
Schedule P - Part 3E - Commercial Multiple Peril	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P - Part 3J - Auto Physical Damage	64
Schedule P - Part 3K - Fidelity/Surety	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	64
Schedule P - Part 3M - International	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	66
Schedule P - Part 3T - Warranty	66

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	67
Schedule P - Part 4E - Commercial Multiple Peril	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P - Part 4J - Auto Physical Damage	69
Schedule P - Part 4K - Fidelity/Surety	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	69
Schedule P - Part 4M - International	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	71
Schedule P - Part 4T - Warranty	71
Schedule P - Part 5A - Homeowners/Farmowners	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P - Part 5E - Commercial Multiple Peril	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence	77
Schedule P - Part 5H - Other Liability - Claims-Made	80
Schedule P - Part 5H - Other Liability - Occurrence	79
Schedule P - Part 5R - Products Liability - Claims-Made	82
Schedule P - Part 5R - Products Liability - Occurrence	81
Schedule P - Part 5T - Warranty	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P - Part 6E - Commercial Multiple Peril	85
Schedule P - Part 6H - Other Liability - Claims-Made	86
Schedule P - Part 6H - Other Liability - Occurrence	85
Schedule P - Part 6M - International	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	87
Schedule P - Part 6R - Products Liability - Claims-Made	88
Schedule P - Part 6R - Products Liability - Occurrence	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T - Exhibit of Premiums Written	94
Schedule T - Part 2 - Interstate Compact	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11