



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2014
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

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) KEDWARDS@HANOVER.COM, 508-855-6417
(E-mail Address) (FAX Number)

OFFICERS

President <u>Frederick Henry Eppinger</u>	Vice President & Treasurer <u>Andrew Christopher Furman</u>
Secretary <u>Charles Frederick Cronin</u>	

OTHER

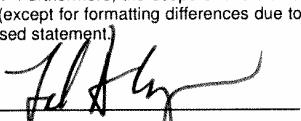
Mark Richard Desrochers <u>Senior Vice President</u>	David Bruce Greenfield <u>Executive Vice President & CFO</u>	J. Kendall Huber <u>Executive Vice President & GC</u>
Richard William Lavey <u>Senior Vice President</u>	Andrew Scott Robinson <u>Executive Vice President</u>	John Conner Roche <u>Senior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

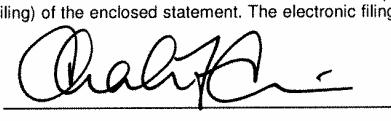
DIRECTORS OR TRUSTEES

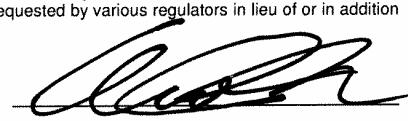
George Kusi Agyen	Frederick Henry Eppinger	Andrew Christopher Furman #
David Bruce Greenfield	Janet Thomas Heidental	J. Kendall Huber
Steven Edward Morris	Christine Bilotti-Peterson #	John Conner Roche
Gregory Davison Tranter	Ann Kirkpatrick Tripp #	Mark Joseph Welzenbach

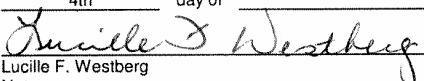
State of Massachusetts SS:
County of Worcester

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.

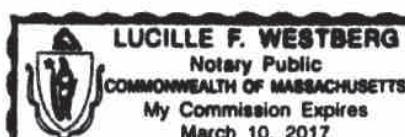

Frederick Henry Eppinger
President


Charles Frederick Cronin
Secretary


Andrew Christopher Furman
Vice President & Treasurer

Subscribed and sworn to before me this
4th day of August, 2014

Lucille F. Westberg
Notary
March 10, 2017

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



STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	14,660,899	0	14,660,899	14,466,936
2. Stocks:				0
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				0
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$51,180), cash equivalents (\$0) and short-term investments (\$799)	51,979	0	51,979	73,535
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	13,818	0	13,818	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	14,726,696	0	14,726,696	14,540,471
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	163,730	0	163,730	161,876
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	2,918	0	2,918	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,893,344	0	14,893,344	14,702,347
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	14,893,344	0	14,893,344	14,702,347
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	0	420
7.2 Net deferred tax liability	13,850	12,036
8. Borrowed money \$ 0 and interest thereon \$ 0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 8,171,296 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ 0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	1,653	1,999
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ 0 and interest thereon \$ 0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	15,503	14,455
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	15,503	14,455
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	7,535,850	7,535,850
35. Unassigned funds (surplus)	6,341,991	6,152,042
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0)	0	0
36.2 0 shares preferred (value included in Line 31 \$ 0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	14,877,841	14,687,892
38. Totals (Page 2, Line 28, Col. 3)	14,893,344	14,702,347
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 8,480,629)	9,015,599	10,437,522	20,092,433
1.2 Assumed (written \$ 108,651)	129,891	139,432	308,731
1.3 Ceded (written \$ 8,589,280)	9,145,490	10,576,954	20,401,164
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct	4,432,451	4,773,165	9,966,726
2.2 Assumed	28,193	37,038	115,288
2.3 Ceded	4,460,644	4,810,203	10,082,014
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	289,392	293,699	577,532
10. Net realized capital gains (losses) less capital gains tax of \$ 2,633	(2,180)	(2,237)	(4,336)
11. Net investment gain (loss) (Lines 9 + 10)	287,212	291,462	573,196
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	287,212	291,462	573,196
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	287,212	291,462	573,196
19. Federal and foreign income taxes incurred	95,449	97,953	194,558
20. Net income (Line 18 minus Line 19)(to Line 22)	191,763	193,509	378,638
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	14,687,892	14,309,192	14,309,192
22. Net income (from Line 20)	191,763	193,509	378,638
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(1,814)	(886)	62
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	189,949	192,623	378,700
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	14,877,841	14,501,815	14,687,892
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	0	0	0
2. Net investment income	285,250	302,954	585,637
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	285,250	302,954	585,637
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 2,633 tax on capital gains (losses)	101,420	98,874	198,286
10. Total (Lines 5 through 9)	101,420	98,874	198,286
11. Net cash from operations (Line 4 minus Line 10)	183,830	204,080	387,351
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	400,719	1,215,829	1,519,056
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	400,719	1,215,829	1,519,056
13. Cost of investments acquired (long-term only):			
13.1 Bonds	591,941	1,373,468	2,015,435
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	13,818	5,969	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	605,759	1,379,437	2,015,435
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(205,040)	(163,608)	(496,379)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(346)	66	242
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(346)	66	242
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(21,556)	40,538	(108,786)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	73,535	182,321	182,321
19.2 End of period (Line 18 plus Line 19.1)	51,979	222,859	73,535

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

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STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

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

Description	State of Domicile	6/30/2014	12/31/2013
Net income, state basis	Ohio	\$ 191,763	\$ 378,638
State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
Net income, NAIC SAP basis	Ohio	<u>\$ 191,763</u>	<u>\$ 378,638</u>
Policyholders’ surplus, state basis	Ohio	\$ 14,877,841	\$ 14,687,892
State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
Policyholders’ surplus, NAIC SAP basis	Ohio	<u>\$ 14,877,841</u>	<u>\$ 14,687,892</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by loans are stated at either amortized cost or fair value, using the scientific interest method, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
3. & 4. The Company does not own any preferred or common stocks.
5. The Company does not own any mortgage loans.
6. Loan backed securities are stated at either amortized cost or fair value, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
7. The Company does not own any stocks of, or have any interest in, any subsidiaries.
8. The Company does not own any other invested assets.
9. The Company does not own any derivatives.
10. The Company does utilize anticipated investment income as a factor in the premium deficiency calculation.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported (“IBNR”). Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior year.
13. Not applicable as the Company does not write major medical insurance with prescription drug coverage.

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combinations and Goodwill

Not applicable

4. Discontinued Operations

Not applicable

5. Investments

A. Mortgage Loans

The Company does not own any mortgage loans.

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

B. Restructured Debt

The Company did not have any restructured debt.

C. Reverse Mortgages

The Company does not own any reverse mortgages.

D. Loan-backed Securities

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

E. Repurchase Agreements and/or Securities Lending Transactions

1. The Company does not own any repurchase agreements.

2. The Company does not participate in securities lending.

3. Collateral Received

Not applicable

4. The Company does not have any securities lending transactions administered by an affiliated agent in which "one-line" reporting of the reinvested collateral is optional.

5. Collateral Reinvestment

Not applicable

6. The Company has not accepted collateral that is not permitted by state contract or custom to sell or replace.

7. The Company has no collateral for transactions that extend beyond one year from the reporting date.

F. Real Estate

Not applicable

G. Low income Housing Tax Credits

Not applicable

H. Restricted Assets

1. Restricted Assets (Including Pledged)

No change

2. Detail of Assets Pledged as Collateral Not Captured in other categories

Not applicable

3. Detail of Other Restricted Assets

Not applicable

I. Working Capital Finance Investments

Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment Income

The Company did not have any due and accrued amounts over 90 days past due to exclude from surplus.

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments

Not applicable

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of Relationships

The Company is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover") which, in turn is a wholly-owned subsidiary of Opus Investment Management, Inc. ("Opus") which, in turn, is a wholly-owned non-insurance subsidiary of The Hanover Group, Inc. ("THG"), a publicly traded company incorporated in Delaware.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

During 2014, the Company did not enter into any transactions, with any affiliated company, which would require separate disclosure.

C. Change in Terms of Intercompany Arrangements

Not applicable

D. Amounts Due to or from Related Parties

No change

E. Guarantees or Contingencies for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

Companies affiliated with Hanover have entered into an intercompany consolidated service agreement. Under the agreement, legal entities will be charged the cost of the service provided or expenses paid by the entity providing the service or paying the expense. In addition, these entities will be charged a portion of the costs associated with activities that are performed for the good of THG legal entities.

Investment related services are provided by Opus pursuant to an intercompany Advisory Agreement.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by the Parent Company.

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable

J. Write-down for Impairment of Investments in Subsidiary, Controlled or Affiliated Companies

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Detail of Investments in Downstream Noninsurance Holding Companies

Not applicable

11. Debt

Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The labor for the Company is provided and paid for by Hanover, the Parent. As such, the Company is included in the benefit plans in force for Hanover. Charges for actual salary and benefit costs for services provided to the Company by Hanover employees are ceded 100% pursuant to the Company's Intercompany Reinsurance Agreement.

A., B., C., D., E., F., G., H., I.

Not applicable

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

1. Outstanding Shares

The Company has 750 shares of \$5,000 par value common stock authorized and 200 shares issued and outstanding.

2. Dividend Rate of Preferred Stock

Not applicable

3., 4., 5. & 6. Dividend Restrictions

Pursuant to Ohio's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Ohio Insurance Commissioner, is limited to 10% of such insurer's statutory policyholder surplus as of the preceding December 31. Accordingly, the maximum dividend that may be paid at January 1, 2014 without prior approval from the Ohio Commissioner of Insurance is \$1,468,789. Dividends or distributions made within the preceding twelve months were considered in the above computations.

7. Mutual Surplus Advances

Not applicable

8. Company Stock Held for Special Purposes

Not applicable

9. Changes in Special Surplus Funds

Not applicable

10. Changes in Unassigned Funds

Not applicable

11. Surplus Notes

Not applicable

12. & 13. Quasi Reorganizations

Not applicable

14. Contingencies

A. Contingent Commitments

None

B. Guaranty Fund and Other Assessments

None

C. Gain Contingencies

None

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

Not applicable

E. Product Warranties

Not applicable

F. All Other Contingencies

The Company routinely engages in various legal proceedings in the normal course of business, including claims for punitive damages. In the opinion of management, none of such contingencies are expected to have a material effect on the Company's financial position, although it is possible that the results of operations in a particular quarter or annual period would be materially affected by an adverse development or unfavorable outcome.

15. Leases

The Company has no material lease obligations at this time.

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

Not applicable

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

A. Transfers of Receivables Reported as Sales

Not applicable

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

B. Transfers and Servicing of Financial Assets

Not applicable

C. Wash Sales

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

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

Not applicable

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

Not applicable

20. Fair Value Measurements

A.

1. Fair Value Measurements at Reporting Date

- a. There were no assets carried at Fair Value at June 30, 2014.
- b. The Company does not have liabilities carried at Fair Value at June 30, 2014.

2. The Company does not have any Level 3 assets or liabilities measured at fair value at June 30, 2014.

3. The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.

4. For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

The Company utilizes a third party pricing service for the valuation of the majority of its fixed maturity securities and receives one quote per security. When quoted market prices in an active market are available, they are provided by the pricing service as the fair value and such values are classified as Level 1. Since fixed maturities other than U.S. Treasury securities generally do not trade on a daily basis, the pricing service prepares estimates of fair value for those securities using pricing applications based on a market approach. Inputs into the fair value pricing applications which are common to all asset classes include benchmark U.S. Treasury security yield curves, reported trades of identical or similar fixed maturity securities, broker/dealer quotes of identical or similar fixed maturity securities and structural characteristics of the security, such as maturity date, coupon, mandatory principal payment dates, frequency of interest and principal payments and optional principal redemption features. Inputs into the fair value applications that are unique by asset class include, but are not limited to:

- U.S. government agencies – determination of direct versus indirect government support and whether any contingencies exist with respect to the timely payment of principal and interest.
- Corporate Bonds - overall credit quality, including assessments of the level and variability of: industry economic sensitivity; company financial policies; quality of management; regulatory environment; competitive position; indenture restrictive covenants; and security or collateral.
- States and political subdivisions - overall credit quality, including assessments of the level and variability of: sources of payment such as income, sales or property taxes, levies or user fees; credit support such as insurance; state or local economic and political base; natural resource availability; and susceptibility to natural or man-made catastrophic events such as hurricanes, earthquakes or acts of terrorism.
- Residential mortgage-backed securities, U.S. agency pass-thrus and collateralized mortgage obligations ("CMOs") - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; U.S. government support programs; tax policies; and delinquency/default trends.
- Residential mortgage-backed securities, non-agency CMOs - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; U.S. government support programs; tax policies; delinquency/default trends; and severity of loss upon default and length of time to recover proceeds following default.
- Commercial mortgage-backed securities - overall credit quality, including assessments of the level and variability of: collateral type such as office, retail, residential, lodging, or other; geographic concentration by region, state, metropolitan statistical area and locale; vintage year; historical collateral performance including defeasance, delinquency, default and special servicer trends; and capital structure support features.
- Asset-backed securities - overall credit quality, including assessments of the underlying collateral type such as credit card receivables, auto loan receivables, equipment lease receivables and real property lease receivables; geographic diversification; vintage year; historical collateral performance including delinquency, default and casualty trends; economic conditions influencing use rates and resale values; and contract structural support features.

Generally, all prices provided by the pricing service, except actively traded securities with quoted market prices, are reported as Level 2.

The Company holds privately placed corporate bonds and certain other bonds that do not have an active market and for which the pricing service cannot provide fair values. The Company determines fair values for these securities using either matrix pricing or broker quotes. The Company will use observable market data to the extent it is available, but is also required to use a certain amount of unobservable judgment due to the illiquid nature of the securities involved. Additionally, the Company may obtain nonbinding broker quotes which are reported as Level 3.

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

5. Not applicable

B. Not applicable

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Bonds	\$15,678,862	\$14,660,899	\$2,051,657	\$13,627,205	\$ 0
Cash and Short-Term Investments	51,979	51,979	51,979	0	0
Total	<u>\$15,730,841</u>	<u>\$14,712,878</u>	<u>\$2,103,636</u>	<u>\$13,627,205</u>	<u>\$ 0</u>

D. Not applicable

21. Other Items

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures and Unusual Items

No change

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable Tax Credits

Not applicable

F. Subprime-Mortgage-Related Risk Exposure

The Company has reviewed its investments in mortgage-backed securities and has determined that these investments are not subprime.

G. Offsetting and Netting of Assets and Liabilities

Not applicable

H. Joint and Several Liabilities

Not applicable

I. Affordable Care Act

Not applicable

22. Events Subsequent

Not applicable

23. Reinsurance

A. Unsecured Reinsurance Recoverables

No change

B. Reinsurance Recoverables in Dispute

The Company had no reinsurance recoverable on paid and unpaid losses in dispute which exceeds 5% of the Company's policyholder surplus. The aggregate of the Company's disputed items did not exceed 10% of policyholder surplus.

C. Reinsurance Assumed and Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at June 30, 2014.

	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	(1) Premium Reserve	(2) Commission Equity	(3) Premium Reserve	(4) Commission Equity	(5) Premium Reserve	(6) Commission Equity
a. Affiliates	\$ 0	\$ 0	\$ 8,171,296	\$ 0	\$ (8,171,296)	\$ 0
b. All Other	69,785	17,984	0	0	69,785	17,984
c. Total	\$ 69,785	\$ 17,984	\$ 8,171,296	\$ 0	\$ (8,101,511)	\$ 17,984
d. Direct Unearned Premium Reserve	\$ 8,101,511					

Line (c) of Column 5 plus Line (d) must equal Page 3, Line 9, first inside amount.

NOTES TO FINANCIAL STATEMENTS

2. Not applicable
3. Not applicable
- D. Uncollectible Reinsurance
Not applicable
- E. Commutation of Ceded Reinsurance
Not applicable
- F. Retroactive Reinsurance
Not applicable
- G. Reinsurance Accounted for as a Deposit
Not applicable
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements
Not applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
Not applicable
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**
Not applicable
- 25. Change in Incurred Loss and Loss Adjustment Expenses**
Not applicable
- 26. Intercompany Pooling Arrangements**
Not applicable
- 27. Structured Settlements**
Not applicable
- 28. Health Care Receivables**
Not applicable
- 29. Participating Policies**
Not applicable
- 30. Premium Deficiency Reserves**
 1. Liability carried for premium deficiency reserves: \$0
 2. Date of the most recent evaluation of this liability: 06/30/2014
 3. Was anticipated investment income utilized in the calculation? Yes.
- 31. High Deductibles**
Not applicable
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**
Not applicable
- 33. Asbestos/Environmental Reserves**
Not applicable
- 34. Subscriber Savings Accounts**
Not applicable
- 35. Multiple Peril Crop Insurance**
Not applicable
- 36. Financial Guaranty Insurance**
Not applicable

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/24/2012

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []

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

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

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.3 Total payable for securities lending reported on the liability page.	\$ 0

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

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon	One Wall Street, 27th Floor, New York, NY 10286

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

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

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [] No []

18.2 If no, list exceptions:

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent 0.000 %

5.2 A&H cost containment percent 0.000 %

5.3 A&H expense percent excluding cost containment expenses 0.000 %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

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

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

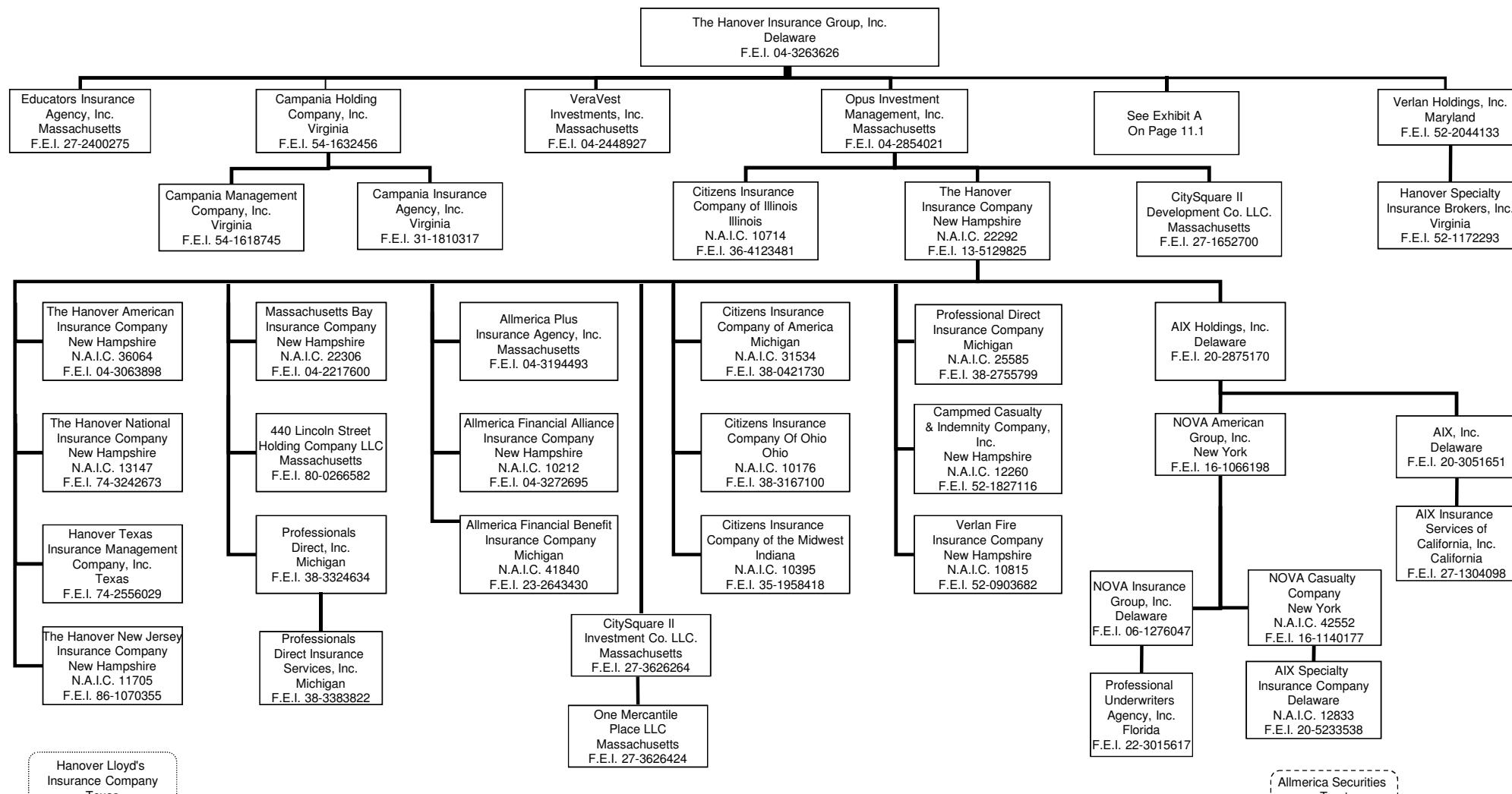
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0
5. California	CA	N	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0
23. Michigan	MI	L	2,243,408	2,311,008	947,172	636,493	5,969,918
24. Minnesota	MN	N	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0
36. Ohio	OH	L	6,237,221	7,741,331	3,701,553	5,145,800	3,760,429
37. Oklahoma	OK	N	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a)	2	8,480,629	10,052,339	4,648,725	5,782,293	9,730,347
DETAILS OF WRITE-INS							
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0

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

(a) Insert the number of L responses except for Canada and Other Alien.

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

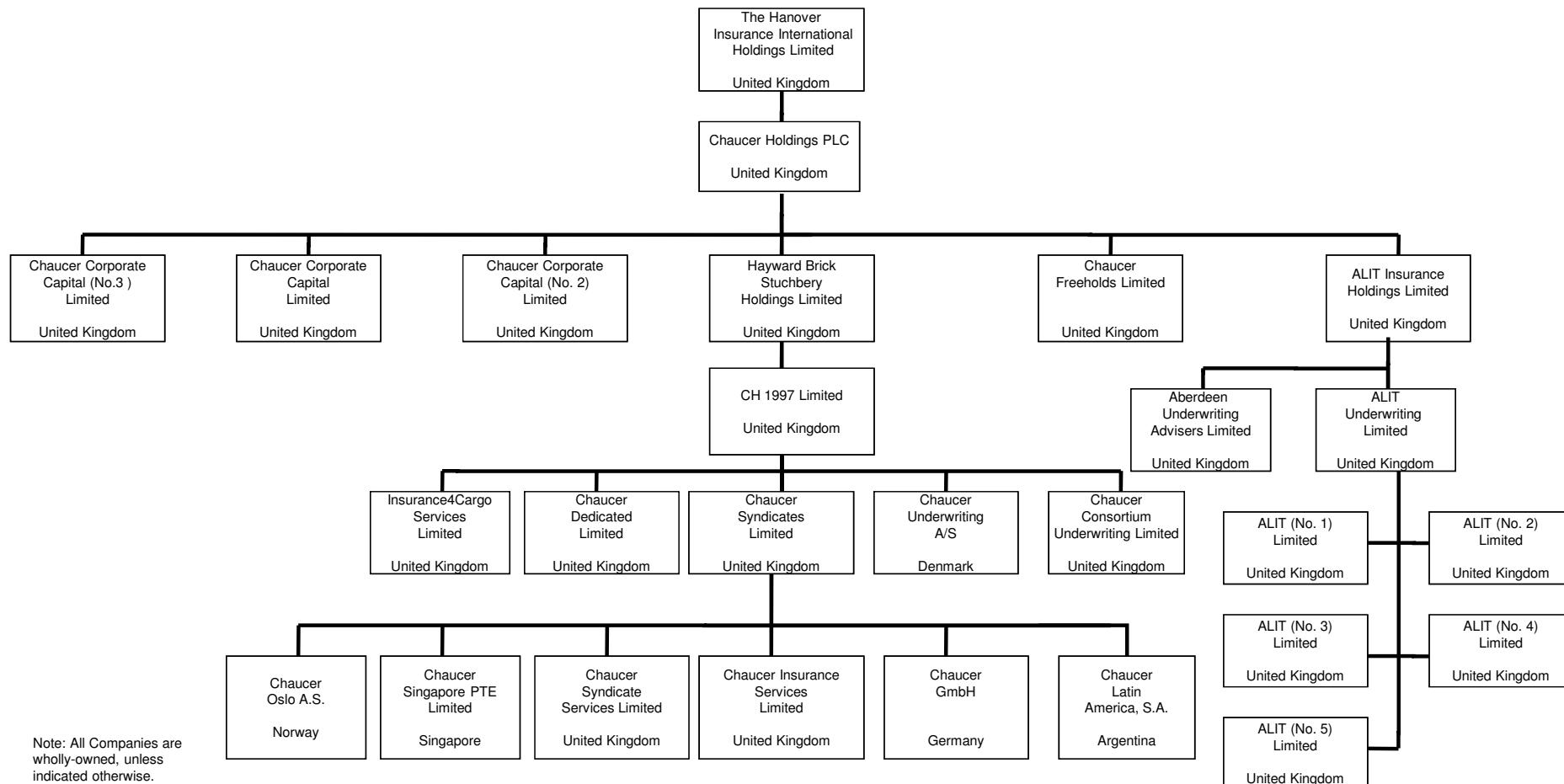


Affiliated Investment Management Company

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

Exhibit A



STATEMENT AS OF JUNE 30, 2014 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	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		20-2875170			AIX Holdings, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		27-1304098			AIX Insurance Services of California, Inc.	CA	NIA	AIX, Inc.	Ownership, Board, Management	100.00	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	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		20-3051651			AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT Insurance Holdings Limited	GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT (No. 1) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT (No. 2) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT (No. 3) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT (No. 4) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT (No. 5) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					ALIT Underwriting Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
						Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	10212	04-3272695			Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	41840	23-2643430			Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		04-3194493			Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.00	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	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		31-1810317			Campania Insurance Agency, Inc.	VA	NIA	Campiana Holding Company, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		54-1618745			Campania Management Company, Inc.	VA	NIA	Campiana Holding Company, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	12260	52-1827116			Camped Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
						CH 1997 Limited	GBR	NIA	Hayward Brick Stuchbery Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Consortium Underwriting Limited	GBR	NIA	Ch 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Corporate Capital Limited	GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Corporate Capital (No. 2) Limited	GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Corporate Capital (No. 3) Limited	GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Dedicated Limited	GBR	NIA	Ch 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Freeholds Limited	GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer GmbH	DEU	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
									The Hanover Insurance International Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Holdings PLC	GBR	NIA	Chaucer Holdings PLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Insurance Services Limited	GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Latin America, S.A.	ARG	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Oslo A.S.	NOR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Singapore PTE Limited	SGP	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Syndicates Limited	GBR	NIA	Ch 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Syndicate Services Limited	GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group					Chaucer Underwriting A/S	DNK	NIA	Ch 1997 Limited	Ownership, Board, Management	100.00	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	100.00	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	100.00	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	100.00	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	100.00	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	100.00	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	100.00	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	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group	41602	75-1827351			Hanover Lloyd's Insurance Co.	TX	IA	Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact	100.00	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		52-1172293			Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.		

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
	The Hanover Insurance Group ..		74-2556029			Hanover Texas Insurance Management Company, Inc.		TX .. NIA ..		The Hanover Insurance Company ..	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..					Hayward Brick Stuchbery Holdings Limited ..		GBR .. NIA ..		Chaucer Holdings PLC ..	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..					Insurance4Cargo Services Limited ..		GBR .. NIA ..		CH 1997 Limited ..	Ownership, Board, Management ..	100.00 ..	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 ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		16-1066198			NOVA American Group, Inc.		NY .. NIA ..		AIX, Holdings, Inc.	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
..0088 ..	The Hanover Insurance Group ..	42552	16-1140177			NOVA Casualty Company ..		NY .. IA ..		NOVA American Group, Inc.	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		06-1276047			NOVA Insurance Group, Inc.		DE .. NIA ..		NOVA American Group, Inc.	Ownership, Board, Management ..	100.00 ..	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 ..	100.00 ..	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 ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		22-3015617			Professional Underwriters Agency, Inc.		FL .. NIA ..		Nova Insurance Group, Inc.	Ownership, Board, Management ..	100.00 ..	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 ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		38-3383822			Professionals Direct Insurance Services, Inc.		MI .. NIA ..		Professionals Direct, Inc.	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		38-3324634			Professionals Direct, Inc.		MI .. NIA ..		The Hanover Insurance Company ..	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
..0088 ..	The Hanover Insurance Group ..	36064	04-3063898			The Hanover American Insurance Company ..		NH .. IA ..		The Hanover Insurance Company ..	Ownership, Board, Management ..	100.00 ..	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 ..	100.00 ..	The Hanover Insurance Group, Inc.	
..0088 ..	The Hanover Insurance Group ..		04-3263626			The Hanover Insurance Group, Inc.		DE .. UIP ..				0.00 ..		
	The Hanover Insurance Group ..					The Hanover Insurance International Holdings Limited ..		GBR .. NIA ..		The Hanover Insurance Group, Inc.	Ownership, Board, Management ..	100.00 ..	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 ..	100.00 ..	The Hanover Insurance Group, Inc.	
..0088 ..	The Hanover Insurance Group ..	11705	86-1070355			The Hanover New Jersey Insurance Company ..		NH .. IA ..		The Hanover Insurance Company ..	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		04-2448927			VeraWest Investments, Inc.		MA .. NIA ..		The Hanover Insurance Group, Inc.	Ownership, Board, Management ..	100.00 ..	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 ..	100.00 ..	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group ..		52-2044133			Verlan Holdings, Inc.		MD .. NIA ..		The Hanover Insurance Group, Inc.	Ownership, Board, Management ..	100.00 ..	The Hanover Insurance Group, Inc.	

NONE

Asterisk	Explanation

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	699	2,877	411.6	4.4
2. Allied Lines	392	168	42.9	1.2
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	6,073,690	3,534,817	58.2	64.9
5. Commercial multiple peril	492,211	101,862	20.7	35.7
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	139,386	40,719	29.2	71.3
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability - occurrence	0	0	0.0	0.0
11.2 Medical professional liability - claims-made	0	0	0.0	0.0
12. Earthquake	28,324	0	0.0	0.0
13. Group accident and health	0	0	0.0	0.0
14. Credit accident and health	0	0	0.0	0.0
15. Other accident and health	0	0	0.0	0.0
16. Workers' compensation	2,030,384	712,057	35.1	(23.8)
17.1 Other liability - occurrence	146,641	34,821	23.7	22.5
17.2 Other liability - claims-made	0	0	0.0	0.0
17.3 Excess workers' compensation	0	0	0.0	0.0
18.1 Products liability - occurrence	0	.10	0.0	0.0
18.2 Products liability - claims-made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	40,135	1,907	4.8	157.3
19.3,19.4 Commercial auto liability	25,753	(3,372)	(13.1)	33.1
21. Auto physical damage	37,792	6,585	17.4	(3.3)
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	0	0	0.0	0.0
24. Surety	0	0	0.0	0.0
26. Burglary and theft	192	0	0.0	0.0
27. Boiler and machinery	0	0	0.0	0.0
28. Credit	0	0	0.0	0.0
29. International	0	0	0.0	0.0
30. Warranty	0	0	0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	9,015,599	4,432,451	49.2	45.7
DETAILS OF WRITE-INS				
3401.	0	0	0.0	0.0
3402.	0	0	0.0	0.0
3403.	0	0	0.0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire	0	.0	1,172	
2. Allied Lines	0	.0	293	
3. Farmowners multiple peril	0	.0	0	
4. Homeowners multiple peril	2,982,977	5,399,786	6,809,285	
5. Commercial multiple peril	136,183	469,705	459,636	
6. Mortgage guaranty	0	.0	0	
8. Ocean marine	0	.0	0	
9. Inland marine	74,677	127,179	150,907	
10. Financial guaranty	0	.0	0	
11.1 Medical professional liability - occurrence	0	.0	0	
11.2 Medical professional liability - claims-made	0	.0	0	
12. Earthquake	12,270	22,596	29,217	
13. Group accident and health	0	.0	0	
14. Credit accident and health	0	.0	0	
15. Other accident and health	0	.0	0	
16. Workers' compensation	776,844	2,241,795	2,308,167	
17.1 Other liability - occurrence	30,034	110,908	128,594	
17.2 Other liability - claims-made	0	.0	0	
17.3 Excess workers' compensation	0	.0	0	
18.1 Products liability - occurrence	0	.0	0	
18.2 Products liability - claims-made	0	.0	0	
19.1,19.2 Private passenger auto liability	18,423	32,751	68,193	
19.3,19.4 Commercial auto liability	7,747	40,198	38,190	
21. Auto physical damage	16,633	35,711	58,685	
22. Aircraft (all perils)	0	.0	0	
23. Fidelity	0	.0	0	
24. Surety	0	.0	0	
26. Burglary and theft	0	.0	0	
27. Boiler and machinery	0	.0	0	
28. Credit	0	.0	0	
29. International	0	.0	0	
30. Warranty	0	.0	0	
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	
34. Aggregate write-ins for other lines of business	0	0	0	
35. Totals	4,055,788	8,480,629	10,052,339	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	.0	0	
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2014 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2011 + Prior													
2. 2012													
3. Subtotals 2012 + Prior													
4. 2013													
5. Subtotals 2013 + Prior													
6. 2014	XXX	XXX	XXX	XXX		XXX					XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8 4.

NONE

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



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



STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	14,466,936	13,970,405
2. Cost of bonds and stocks acquired	591,941	2,015,435
3. Accrual of discount	12,009	19,815
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	453	(62)
6. Deduct consideration for bonds and stocks disposed of	400,719	1,519,056
7. Deduct amortization of premium	9,721	19,601
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)	14,660,899	14,466,936
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	14,660,899	14,466,936

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	11,997,923	199,290	102,704	(1,613)	11,997,923	12,092,896	0	12,016,489
2. NAIC 2 (a)	2,569,192	0	0	(390)	2,569,192	2,568,802	0	2,451,246
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	14,567,115	199,290	102,704	(2,003)	14,567,115	14,661,698	0	14,467,735
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	14,567,115	199,290	102,704	(2,003)	14,567,115	14,661,698	0	14,467,735

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

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STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	799	XXX	799	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	799	35,796
2. Cost of short-term investments acquired	0	3
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	35,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	799	799
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	799	799

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

Schedule DB - Part B - Verification - Futures Contracts
N O N E

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

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

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

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired
N O N E

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

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired
N O N E

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

STATEMENT AS OF JUNE 30, 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
912828-IL-0	U.S. Treasury Notes 1.500% 05/31/19		06/13/2014	Barclays Capital	49,475	50,000		33	1
0599999. Subtotal - Bonds - U.S. Governments					49,475	50,000		33	XXX
914437-RA-8	Univ. of MA Bldg Auth. Taxable - Revenue Bonds 2.108% 11/01/19		05/22/2014	Ramirez & Co.	50,027	50,000		0	1FE
3199999. Subtotal - Bonds - U.S. Special Revenues					50,027	50,000		0	XXX
949748-FU-9	Wells Fargo & Company Senior Notes 2.125% 04/22/19		04/14/2014	WFS	99,788	100,000		0	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					99,788	100,000		0	XXX
8399997. Total - Bonds - Part 3					199,290	200,000		33	XXX
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	
8399999. Total - Bonds					199,290	200,000		33	XXX
8999997. Total - Preferred Stocks - Part 3					0	XXX		0	XXX
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	
8999999. Total - Preferred Stocks					0	XXX		0	XXX
9799997. Total - Common Stocks - Part 3					0	XXX		0	XXX
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks					0	XXX		0	XXX
9899999. Total - Preferred and Common Stocks					0	XXX		0	XXX
9999999 - Totals					199,290	XXX		33	XXX

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

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SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain/ Loss on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
.38375K-EW-8	Ginnie Mae GNR200733LD 5.500% 11/20/36	.....	06/01/2014	Paydown	.....	19,043	19,043	18,953	18,975	0	.68	0	.68	0	19,043	0	0	0	442	11/20/2036	1FE
.912828-TX-8	U.S. Treasury Notes 0.375% 11/15/15	04/14/2014	Deutsche Bank	25,057	25,014	25,009	25,009	(1)	0	(1)	0	(1)	0	25,008	0	49	49	39	11/15/2015	1
05999999. Subtotal - Bonds - U.S. Governments						44,100	44,043	43,967	43,984	0	67	0	67	0	44,051	0	49	49	481	XXX	XXX	
.20281P-BB-7	Commonwealth Fin. Auth. PA Taxable - Revenue Bonds 5.631% 06/01/23	06/01/2014	Call	100,000	15,000	15,000	15,075	15,056	0	(56)	0	(56)	0	15,000	0	0	0	422	06/01/2023	1FE
.647200-V3-5	New Mexico Mtg Fin. Auth. Tax-Exempt - Revenue Bonds 3.750% 03/01/43	06/02/2014	Call	100,000	10,000	10,000	10,588	10,525	0	(525)	0	(525)	0	10,000	0	0	0	282	03/01/2043	1FE
.801680-DG-4	Santa Clara Valley CA Water Taxable - Revenue Bonds 5.154% 06/01/20	.....	06/01/2014	Call	100,000	.....	10,000	9,776	9,858	0	142	0	142	0	10,000	0	0	0	258	06/01/2020	1FE
.880557-R9-6	Tennessee State School Auth. Taxable - Revenue Bonds 5.243% 05/01/17	.....	05/01/2014	Call	100,000	.....	10,000	10,035	10,016	0	(16)	0	(16)	0	10,000	0	0	0	262	05/01/2017	1FE
31999999. Subtotal - Bonds - U.S. Special Revenues						45,000	45,000	45,474	45,455	0	(455)	0	(455)	0	45,000	0	0	0	1,224	XXX	XXX	
.161621-K0-1	Chase Mtg Finance CHASE2005S11A10 5.500%	.....	05/25/2014	Paydown	.....	13,653	13,653	13,892	13,785	0	(132)	0	(132)	0	13,653	0	0	0	287	05/25/2035	1FM
38999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						13,653	13,653	13,892	13,785	0	(132)	0	(132)	0	13,653	0	0	0	287	XXX	XXX	
83999997. Total - Bonds - Part 4						102,753	102,696	103,333	103,224	0	(520)	0	(520)	0	102,704	0	49	49	1,992	XXX	XXX	
83999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
83999999. Total - Bonds						102,753	102,696	103,333	103,224	0	(520)	0	(520)	0	102,704	0	49	49	1,992	XXX	XXX	
89999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
89999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
89999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
97999997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
97999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
97999999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
98999999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
99999999 - Totals						102,753	XXX	103,333	103,224	0	(520)	0	(520)	0	102,704	0	49	49	1,992	XXX	XXX	

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

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

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

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

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

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

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

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SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Bank of New York Mellon	New York, NY	0.000	.0	.0	42,675	103,191	51,180	XXX
0199998. Deposits in ... 0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	XXX
0199999. Totals - Open Depositories		XXX	XXX	0	0	42,675	103,191	51,180
0299998. Deposits in ... 0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	42,675	103,191	51,180
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	0	0	XXX
0599999. Total - Cash		XXX	XXX	0	0	42,675	103,191	51,180

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SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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