



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

NAIC Group Code	0088 (Current)	0088 (Prior)	NAIC Company Code	10176	Employer's ID Number	38-3167100
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	OH	
Country of Domicile	United States of America					
Incorporated/Organized	11/17/1994			Commenced Business	02/13/1995	
Statutory Home Office	1300 East 9th Street, Suite 1010 (Street and Number)			Cleveland , OH, US 44114-1506 (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 (City or Town, State, Country and Zip Code)		
				216-621-4270 (Area Code) (Telephone Number)		
Mail Address	808 North Highlander Way (Street and Number or P.O. Box)			Howell , MI, US 48843-1070 (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 (City or Town, State, Country and Zip Code)		
				517-546-2160 (Area Code) (Telephone Number)		
Internet Website Address	WWW.HANOVER.COM					
Statutory Statement Contact	Kathleen B. Edwards (Name)			508-853-7200-8554476 (Area Code) (Telephone Number)		
	KEDWARDS@HANOVER.COM (E-mail Address)			508-855-6417 (FAX Number)		

OFFICERS

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

OTHER

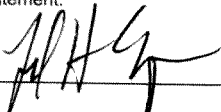
Mark Leo Berthiaume # Senior Vice President	David Bruce Greenfield Executive Vice President & CFO	J. Kendall Huber Executive Vice President & GC
Richard William Lavey Senior Vice President	Andrew Scott Robinson Executive Vice President	John Conner Roche Senior Vice President
Mark Joseph Welzenbach Senior Vice President		

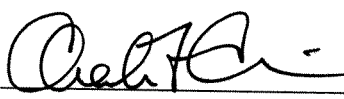
DIRECTORS OR TRUSTEES

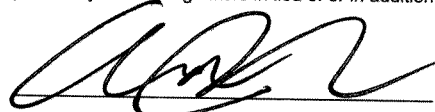
George Kusi Agyen	Mark Leo Berthiaume #	Frederick Henry Eppinger
Andrew Christopher Furman #	David Bruce Greenfield	Janet Thomas Heidenthal
J. Kendall Huber	Steven Edward Morris	Christine Bilotti-Peterson #
John Conner Roche	Ann Kirkpatrick Tripp #	Mark Joseph Welzenbach

State of Massachusetts
County of Worcester SS:

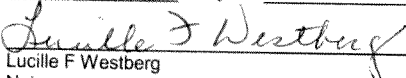
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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

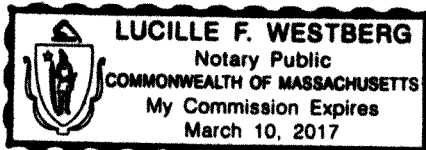

Andrew Christopher Furman
Vice President & Treasurer

Subscribed and sworn to before me this
5TH day of February, 2015


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 2014 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 2014 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4. Private crop .....	.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	3,694,937	3,844,923	.0	1,306,114	1,781,569	2,026,248	6,449,560	109,761	90,259	462,380	323,212	90,219
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)	3,694,937	3,844,923	0	1,306,114	1,781,569	2,026,248	6,449,560	109,761	90,259	462,380	323,212	90,219
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 \$ 9,584
(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 2014 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 2014 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	12	982	.0	.0	.0	(30,458)	6,313	.0	(2,240)	.391	.2	.0
2.1 Allied lines	20	564	.0	.0	.0	(1,313)	382	.0	(149)	.35	.3	.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
2.4. Private crop .....	.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	10,987,669	11,704,587	.0	5,648,790	6,675,495	6,188,356	2,523,384	106,098	112,375	349,350	1,659,956	222,264
5.1 Commercial multiple peril (non-liability portion)	585,888	586,884	.0	275,323	98,168	123,427	45,196	169	1,239	11,088	91,857	11,778
5.2 Commercial multiple peril (liability portion)	350,701	354,446	.0	164,369	11,441	255,040	623,031	80,949	83,322	134,917	54,997	6,973
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	244,505	267,490	.0	121,195	94,537	61,823	1,456	1,585	1,428	43	38,084	4,945
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	50,183	53,913	.0	25,536	.0	.0	.0	.0	.0	.0	7,753	1,017
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	.0	.0	.0	.0	.0	.0	.0	.0
17.1 Other Liability - occurrence	201,167	247,614	.0	88,313	.0	9,210	190,732	82	(8,100)	19,045	31,724	4,081
17.2 Other Liability - claims made	32	3	.0	29	.0	.0	.0	.0	.0	.0	5	.1
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	(227)	(186)	.0	(25)	(25)	.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	62,631	71,430	.0	14,791	65,265	22,731	18,886	6,471	1,128	9,156	8,127	1,249
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	56,439	52,579	.0	17,565	(2,500)	(1,882)	14,506	.0	(983)	4,115	8,829	1,144
21.1 Private passenger auto physical damage	50,529	55,440	.0	12,118	11,963	13,636	2,661	.0	(143)	268	6,940	1,001
21.2 Commercial auto physical damage	16,877	15,201	.0	7,604	9,676	14,526	6,200	.0	(24)	.62	2,636	342
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	4	271	.0	.0	.0	.0	.0	.0	.0	.0	1	.0
27. Boiler and machinery .....	.0	1	.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)	12,606,657	13,411,405	0	6,375,633	6,964,045	6,654,869	3,432,561	195,354	187,828	528,445	1,910,914	254,795
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 \$ 61,594
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2014 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4. Private crop .....	.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 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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)	0	0	0	0	0	0	0	0	0	0	0	0
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 \$ 0
(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 2014 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 2014 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	12	982	.0	.0	.0	(30,458)	6,313	.0	(2,240)	.391	.2	.0
2.1 Allied lines	20	564	.0	.0	.0	(1,313)	382	.0	(149)	.35	.3	.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
2.4. Private crop .....	.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	10,987,669	11,704,587	.0	5,648,790	6,675,495	6,188,356	2,523,384	106,098	112,375	349,350	1,659,956	222,264
5.1 Commercial multiple peril (non-liability portion)	585,888	586,884	.0	275,323	98,168	123,427	45,196	169	1,239	11,088	91,857	11,778
5.2 Commercial multiple peril (liability portion)	350,701	354,446	.0	164,369	11,441	255,040	623,031	80,949	83,322	134,917	54,997	6,973
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	244,505	267,490	.0	121,195	94,537	61,823	1,456	1,585	1,428	43	38,084	4,945
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	50,183	53,913	.0	25,536	.0	.0	.0	.0	.0	.0	7,753	1,017
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	3,694,937	3,844,923	.0	1,306,114	1,781,569	2,026,248	6,449,560	109,761	90,259	462,380	323,212	90,219
17.1 Other Liability - occurrence	201,167	247,614	.0	88,313	.0	9,210	190,732	82	(8,100)	19,045	31,724	4,081
17.2 Other Liability - claims made	32	3	.0	29	.0	.0	.0	.0	.0	.0	5	.1
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	(227)	(186)	.0	(25)	(25)	.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	62,631	71,430	.0	14,791	65,265	22,731	18,886	6,471	1,128	9,156	8,127	1,249
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	56,439	52,579	.0	17,565	(2,500)	(1,882)	14,506	.0	(983)	4,115	8,829	1,144
21.1 Private passenger auto physical damage	50,529	55,440	.0	12,118	11,963	13,636	2,661	.0	(143)	268	6,940	1,001
21.2 Commercial auto physical damage	16,877	15,201	.0	7,604	9,676	14,526	6,200	.0	(24)	.62	2,636	342
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	4	271	.0	.0	.0	.0	.0	.0	.0	.0	1	.0
27. Boiler and machinery .....	.0	1	.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)	16,301,594	17,256,328	0	7,681,747	8,745,614	8,681,117	9,882,121	305,115	278,087	990,825	2,234,126	345,014
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 \$ 71,178
(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 2014 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	265	0	379	379	0	0	75	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				265	0	379	379	0	0	75	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				265	0	379	379	0	0	75	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				265	0	379	379	0	0	75	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987	1986	1985	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	161
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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 2014 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		16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	0	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	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					16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	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					16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	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					16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	0	
4199999. Total Protected Cells					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999 Totals					16,566	0	0	6,026	0	4,796	1,316	7,756	0	19,894	0	0	19,894	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	19,894,000	16,566,000	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)	14,921,549	0	14,921,549
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	157,613	0	157,613
6. Net amount recoverable from reinsurers	0	19,894,000	19,894,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	15,079,162	19,894,000	34,973,162
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	12,138,000	12,138,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	16,092	0	16,092
11. Unearned premiums (Line 9)	0	7,756,000	7,756,000
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	2,127	0	2,127
19. Total liabilities excluding protected cell business (Line 26)	18,219	19,894,000	19,912,219
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	15,060,943	XXX	15,060,943
22. Totals (Line 38)	15,079,162	19,894,000	34,973,162

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 of America, an affiliated insurer.

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 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. 2005.....	1,955	1,955	0	1,169	1,169	24	24	121	121	0	0	267
3. 2006.....	1,659	1,659	0	839	839	10	10	147	147	0	0	293
4. 2007.....	1,574	1,574	0	689	689	5	5	107	107	0	0	225
5. 2008.....	2,103	2,103	0	2,599	2,599	21	21	332	332	0	0	766
6. 2009.....	3,501	3,501	0	3,189	3,189	141	141	257	257	0	0	647
7. 2010.....	6,724	6,724	0	6,405	6,405	114	114	582	582	0	0	1,198
8. 2011.....	10,473	10,473	0	12,702	12,702	107	107	1,123	1,123	0	0	2,531
9. 2012.....	13,749	13,749	0	13,917	13,917	124	124	1,234	1,234	0	0	2,911
10. 2013.....	14,211	14,211	0	8,248	8,248	92	92	786	786	0	0	1,756
11. 2014.....	11,705	11,705	0	4,978	4,978	31	31	771	771	0	0	1,197
12. Totals	XXX	XXX	XXX	54,736	54,736	669	669	5,460	5,460	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	8	8	2	2	0	0	1
2. 2005.....	0	0	0	0	0	0	3	3	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	3	3	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	4	4	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	6	6	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	10	10	0	0	0	0	0
7. 2010.....	0	0	27	27	0	0	18	18	0	0	0	0	0
8. 2011.....	0	0	49	49	0	0	41	41	0	0	0	0	0
9. 2012.....	0	0	(18)	(18)	0	0	63	63	2	2	0	0	1
10. 2013.....	318	318	126	126	0	0	83	83	26	26	0	0	14
11. 2014.....	770	770	1,214	1,214	0	0	111	111	79	79	0	0	43
12. Totals	1,126	1,126	1,397	1,397	0	0	349	349	109	109	0	0	59

	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. 2005.....	1,318	1,318	0	67.4	67.4	0.0	0	0	0.0	0	0
3. 2006.....	999	999	0	60.2	60.2	0.0	0	0	0.0	0	0
4. 2007.....	804	804	0	51.1	51.1	0.0	0	0	0.0	0	0
5. 2008.....	2,958	2,958	0	140.7	140.7	0.0	0	0	0.0	0	0
6. 2009.....	3,598	3,598	0	102.8	102.8	0.0	0	0	0.0	0	0
7. 2010.....	7,146	7,146	0	106.3	106.3	0.0	0	0	0.0	0	0
8. 2011.....	14,022	14,022	0	133.9	133.9	0.0	0	0	0.0	0	0
9. 2012.....	15,321	15,321	0	111.4	111.4	0.0	0	0	0.0	0	0
10. 2013.....	9,679	9,679	0	68.1	68.1	0.0	0	0	0.0	0	0
11. 2014.....	7,954	7,954	0	68.0	68.0	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 2014 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. 2005.....	1,932	1,932	0	1,519	1,519	49	49	123	123	0	0	247
3. 2006.....	1,555	1,555	0	1,218	1,218	19	19	125	125	0	0	218
4. 2007.....	1,088	1,088	0	296	296	31	31	111	111	0	0	146
5. 2008.....	750	750	0	138	138	0	0	58	58	0	0	71
6. 2009.....	457	457	0	177	177	7	7	32	32	0	0	51
7. 2010.....	327	327	0	50	50	1	1	19	19	0	0	19
8. 2011.....	217	217	0	310	310	0	0	18	18	0	0	25
9. 2012.....	176	176	0	92	92	6	6	19	19	0	0	32
10. 2013.....	130	130	0	10	10	0	0	8	8	0	0	8
11. 2014.....	71	71	0	22	22	0	0	4	4	0	0	7
12. Totals	XXX	XXX	XXX	3,832	3,832	113	113	518	518	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. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010.....	0	0	0	0	0	0	1	1	0	0	0	0	0
8. 2011.....	0	0	0	0	0	0	1	1	0	0	0	0	0
9. 2012.....	6	6	1	1	0	0	2	2	1	1	0	0	1
10. 2013.....	0	0	3	3	0	0	3	3	0	0	0	0	0
11. 2014.....	2	2	8	8	0	0	2	2	1	1	0	0	1
12. Totals	7	7	12	12	0	0	9	9	2	2	0	0	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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. 2005.....	1,692	1,692	0	87.6	87.6	0.0	0	0	0.0	0	0
3. 2006.....	1,362	1,362	0	87.6	87.6	0.0	0	0	0.0	0	0
4. 2007.....	438	438	0	40.2	40.2	0.0	0	0	0.0	0	0
5. 2008.....	196	196	0	26.2	26.2	0.0	0	0	0.0	0	0
6. 2009.....	217	217	0	47.6	47.6	0.0	0	0	0.0	0	0
7. 2010.....	70	70	0	21.5	21.5	0.0	0	0	0.0	0	0
8. 2011.....	329	329	0	151.8	151.8	0.0	0	0	0.0	0	0
9. 2012.....	127	127	0	72.3	72.3	0.0	0	0	0.0	0	0
10. 2013.....	24	24	0	18.7	18.7	0.0	0	0	0.0	0	0
11. 2014.....	38	38	0	53.1	53.1	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 2014 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. 2005.....	991	991	0	309	309	23	23	39	39	0	0	41
3. 2006.....	620	620	0	49	49	13	13	42	42	0	0	34
4. 2007.....	336	336	0	25	25	11	11	27	27	0	0	20
5. 2008.....	235	235	0	4	4	2	2	4	4	0	0	4
6. 2009.....	220	220	0	11	11	0	0	10	10	0	0	8
7. 2010.....	135	135	0	7	7	0	0	9	9	0	0	4
8. 2011.....	38	38	0	14	14	0	0	10	10	0	0	6
9. 2012.....	67	67	0	11	11	0	0	4	4	0	0	3
10. 2013.....	56	56	0	2	2	0	0	2	2	0	0	2
11. 2014.....	53	53	0	0	0	0	0	3	3	0	0	2
12. Totals	XXX	XXX	XXX	431	431	48	48	152	152	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	1	1	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012.....	0	0	1	1	0	0	1	1	0	0	0	0	0
10. 2013.....	0	0	3	3	0	0	1	1	0	0	0	0	0
11. 2014.....	3	3	5	5	0	0	1	1	1	1	0	0	1
12. Totals	3	3	12	12	0	0	4	4	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. 2005.....	371	371	0	37.5	37.5	0.0	0	0	0.0	0	0
3. 2006.....	104	104	0	16.8	16.8	0.0	0	0	0.0	0	0
4. 2007.....	63	63	0	18.7	18.7	0.0	0	0	0.0	0	0
5. 2008.....	11	11	0	4.8	4.8	0.0	0	0	0.0	0	0
6. 2009.....	21	21	0	9.8	9.8	0.0	0	0	0.0	0	0
7. 2010.....	16	16	0	11.8	11.8	0.0	0	0	0.0	0	0
8. 2011.....	25	25	0	65.9	65.9	0.0	0	0	0.0	0	0
9. 2012.....	17	17	0	25.8	25.8	0.0	0	0	0.0	0	0
10. 2013.....	8	8	0	14.5	14.5	0.0	0	0	0.0	0	0
11. 2014.....	13	13	0	24.3	24.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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	162	162	10	10	(2)	(2)	0	0	XXX
2. 2005.....	7,817	7,817	0	3,336	3,336	164	164	654	654	0	0	824
3. 2006.....	7,050	7,050	0	3,055	3,055	103	103	607	607	0	0	682
4. 2007.....	6,520	6,520	0	3,309	3,309	182	182	780	780	0	0	728
5. 2008.....	6,247	6,247	0	2,908	2,908	139	139	898	898	0	0	671
6. 2009.....	5,165	5,165	0	1,706	1,706	81	81	588	588	0	0	589
7. 2010.....	4,533	4,533	0	2,404	2,404	124	124	886	886	0	0	589
8. 2011.....	5,128	5,128	0	1,462	1,462	90	90	933	933	0	0	537
9. 2012.....	5,042	5,042	0	1,818	1,818	87	87	371	371	0	0	471
10. 2013.....	4,213	4,213	0	973	973	41	41	310	310	0	0	413
11. 2014.....	4,126	4,126	0	474	474	23	23	553	553	0	0	423
12. Totals	XXX	XXX	XXX	21,608	21,608	1,045	1,045	6,579	6,579	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.....	862	862	1,504	1,504	0	0	97	97	14	14	0	0	10
2. 2005.....	37	37	126	126	0	0	15	15	0	0	0	0	0
3. 2006.....	52	52	94	94	0	0	10	10	1	1	0	0	1
4. 2007.....	20	20	82	82	0	0	10	10	0	0	0	0	0
5. 2008.....	151	151	112	112	0	0	11	11	5	5	0	0	4
6. 2009.....	17	17	113	113	0	0	8	8	0	0	0	0	0
7. 2010.....	121	121	117	117	0	0	19	19	7	7	0	0	5
8. 2011.....	169	169	137	137	0	0	23	23	8	8	0	0	6
9. 2012.....	646	646	183	183	0	0	29	29	11	11	0	0	8
10. 2013.....	1,216	1,216	259	259	0	0	64	64	29	29	0	0	21
11. 2014.....	1,127	1,127	243	243	0	0	176	176	114	114	0	0	83
12. Totals	4,420	4,420	2,969	2,969	0	0	462	462	189	189	0	0	138

	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. 2005.....	4,333	4,333	0	55.4	55.4	0.0	0	0	0.0	0	0
3. 2006.....	3,922	3,922	0	55.6	55.6	0.0	0	0	0.0	0	0
4. 2007.....	4,383	4,383	0	67.2	67.2	0.0	0	0	0.0	0	0
5. 2008.....	4,225	4,225	0	67.6	67.6	0.0	0	0	0.0	0	0
6. 2009.....	2,513	2,513	0	48.7	48.7	0.0	0	0	0.0	0	0
7. 2010.....	3,678	3,678	0	81.1	81.1	0.0	0	0	0.0	0	0
8. 2011.....	2,823	2,823	0	55.1	55.1	0.0	0	0	0.0	0	0
9. 2012.....	3,145	3,145	0	62.4	62.4	0.0	0	0	0.0	0	0
10. 2013.....	2,893	2,893	0	68.7	68.7	0.0	0	0	0.0	0	0
11. 2014.....	2,710	2,710	0	65.7	65.7	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 2014 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	2	2	1	1	0	0	XXX
2. 2005.....	2,805	2,805	0	1,930	1,930	17	17	160	160	0	0	132
3. 2006.....	2,217	2,217	0	891	891	167	167	258	258	0	0	219
4. 2007.....	1,375	1,375	0	370	370	31	31	77	77	0	0	87
5. 2008.....	755	755	0	641	641	16	16	62	62	0	0	59
6. 2009.....	446	446	0	36	36	(5)	(5)	14	14	0	0	14
7. 2010.....	543	543	0	59	59	22	22	22	22	0	0	23
8. 2011.....	662	662	0	150	150	2	2	19	19	0	0	28
9. 2012.....	818	818	0	200	200	101	101	38	38	0	0	42
10. 2013.....	850	850	0	54	54	0	0	22	22	0	0	26
11. 2014.....	941	941	0	108	108	0	0	28	28	0	0	29
12. Totals	XXX	XXX	XXX	4,438	4,438	353	353	700	700	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.....	33	33	25	25	0	0	22	22	7	7	0	0	5
2. 2005.....	0	0	2	2	0	0	5	5	0	0	0	0	0
3. 2006.....	0	0	3	3	0	0	5	5	0	0	0	0	0
4. 2007.....	0	0	3	3	0	0	6	6	0	0	0	0	0
5. 2008.....	0	0	4	4	0	0	8	8	0	0	0	0	0
6. 2009.....	0	0	5	5	0	0	9	9	0	0	0	0	0
7. 2010.....	0	0	9	9	0	0	10	10	0	0	0	0	0
8. 2011.....	0	0	9	9	0	0	15	15	0	0	0	0	0
9. 2012.....	410	410	23	23	0	0	17	17	5	5	0	0	4
10. 2013.....	0	0	36	36	0	0	22	22	0	0	0	0	0
11. 2014.....	19	19	88	88	0	0	28	28	9	9	0	0	7
12. Totals	461	461	207	207	0	0	146	146	22	22	0	0	16

	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. 2005.....	2,113	2,113	0	75.3	75.3	0.0	0	0	0.0	0	0
3. 2006.....	1,325	1,325	0	59.8	59.8	0.0	0	0	0.0	0	0
4. 2007.....	486	486	0	35.4	35.4	0.0	0	0	0.0	0	0
5. 2008.....	730	730	0	96.8	96.8	0.0	0	0	0.0	0	0
6. 2009.....	58	58	0	13.1	13.1	0.0	0	0	0.0	0	0
7. 2010.....	122	122	0	22.4	22.4	0.0	0	0	0.0	0	0
8. 2011.....	194	194	0	29.3	29.3	0.0	0	0	0.0	0	0
9. 2012.....	794	794	0	97.1	97.1	0.0	0	0	0.0	0	0
10. 2013.....	134	134	0	15.7	15.7	0.0	0	0	0.0	0	0
11. 2014.....	282	282	0	29.9	29.9	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 2014 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. 2005.....	34	34	0	0	0	0	0	0	0	0	0	XXX
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013.....	1	1	0	0	0	0	0	0	0	0	0	XXX
11. 2014.....	0	0	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. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014.....	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. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2014.....	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 2014 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. 2005.....	894	894	0	38	38	0	0	30	30	0	0	6
3. 2006.....	634	634	0	0	0	0	0	16	16	0	0	3
4. 2007.....	371	371	0	3	3	0	0	26	26	0	0	2
5. 2008.....	267	267	0	0	0	0	0	0	0	0	0	0
6. 2009.....	245	245	0	0	0	0	0	0	0	0	0	0
7. 2010.....	275	275	0	0	0	0	0	0	0	0	0	0
8. 2011.....	444	444	0	425	425	3	3	16	16	0	0	5
9. 2012.....	470	470	0	2	2	0	0	22	22	0	0	10
10. 2013.....	349	349	0	0	0	0	0	0	0	0	0	0
11. 2014.....	248	248	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	467	467	3	3	110	110	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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	4	4	0	0	3	3	0	0	0	0	0
2. 2005.....	0	0	2	2	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	2	2	0	0	1	1	0	0	0	0	0
4. 2007.....	0	0	3	3	0	0	1	1	0	0	0	0	0
5. 2008.....	0	0	2	2	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	1	1	0	0	1	1	0	0	0	0	0
7. 2010.....	0	0	17	17	0	0	1	1	0	0	0	0	0
8. 2011.....	0	0	7	7	0	0	1	1	0	0	0	0	0
9. 2012.....	0	0	40	40	0	0	3	3	0	0	0	0	0
10. 2013.....	0	0	52	52	0	0	4	4	0	0	0	0	0
11. 2014.....	0	0	62	62	0	0	5	5	0	0	0	0	0
12. Totals	0	0	191	191	0	0	19	19	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. 2005.....	70	70	0	7.8	7.8	0.0	0	0	0.0	0	0
3. 2006.....	19	19	0	3.0	3.0	0.0	0	0	0.0	0	0
4. 2007.....	32	32	0	8.7	8.7	0.0	0	0	0.0	0	0
5. 2008.....	2	2	0	0.9	0.9	0.0	0	0	0.0	0	0
6. 2009.....	2	2	0	0.7	0.7	0.0	0	0	0.0	0	0
7. 2010.....	18	18	0	6.4	6.4	0.0	0	0	0.0	0	0
8. 2011.....	452	452	0	102.0	102.0	0.0	0	0	0.0	0	0
9. 2012.....	66	66	0	14.1	14.1	0.0	0	0	0.0	0	0
10. 2013.....	55	55	0	15.8	15.8	0.0	0	0	0.0	0	0
11. 2014.....	66	66	0	26.8	26.8	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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 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. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014.....	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. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014.....	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. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2014.....	0	0	0	10.3	10.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	(4)	(4)	0	0	0	0	0	0	XXX
2. 2013	482	482	0	249	249	2	2	15	15	0	0	XXX
3. 2014	323	323	0	49	49	0	0	11	11	0	0	XXX
4. Totals	XXX	XXX	XXX	294	294	2	2	27	27	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	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	2	2	0	0	0	0	0	0	0	0	0
2. 2013	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2014	0	0	5	5	0	0	0	0	0	0	0	0	0
4. Totals	0	0	8	8	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2013	267	267	0	55.4	55.4	0.0	0	0	0.0	0	0
3. 2014	66	66	0	20.3	20.3	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 2014 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. 2013.....	110	110	.....0	.....27	.....27	.....0	.....0	.....13	.....13	.....0	.....0	35
3. 2014.....	71	71	0	18	18	0	0	3	3	0	0	12
4. Totals	XXX	XXX	XXX	45	45	0	0	16	16	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. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014	8	8	1	1	0	0	0	0	2	2	0	0	2
4. Totals	8	8	1	1	0	0	0	0	2	2	0	0	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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. 2013.....	40	40	0	36.9	36.9	0.0	0	0	0.0	0	0
3. 2014.....	32	32	0	45.7	45.7	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 2014 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. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
3. 2014.....	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. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2014.....	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 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	2	2	0	0	0	0	0	0	0	0	0	0
5. 2008.....	3	3	0	0	0	0	0	0	0	0	0	0
6. 2009.....	2	2	0	0	0	0	0	0	0	0	0	0
7. 2010.....	1	1	0	0	0	0	0	0	0	0	0	0
8. 2011.....	(1)	(1)	0	0	0	0	0	0	0	0	0	0
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014.....	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. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2007.....	0	0	0	(0.1)	(0.1)	0.0	0	0	0.0	0	0
5. 2008.....	0	0	0	(0.1)	(0.1)	0.0	0	0	0.0	0	0
6. 2009.....	0	0	0	(0.3)	(0.3)	0.0	0	0	0.0	0	0
7. 2010.....	0	0	0	(1.0)	(1.0)	0.0	0	0	0.0	0	0
8. 2011.....	0	0	0	0.7	0.7	0.0	0	0	0.0	0	0
9. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2014.....	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 2014 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		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.9	.0
2. 2005.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	209	58
3. 2006.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	224	69
4. 2007.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	185	40
5. 2008.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	621	145
6. 2009.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	494	153
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	928	270
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	1,999	532
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	2,257	653
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	1,265	477
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	814	340

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.45	.0
2. 2005.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	158	89
3. 2006.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	148	70
4. 2007.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	112	34
5. 2008.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	55	16
6. 2009.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	40	11
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	18	1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	22	3
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	27	4
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.6	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	5	1

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	16	.0
2. 2005.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	18
3. 2006.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	11
4. 2007.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	10	10
5. 2008.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	2	2
6. 2009.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	6	2
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	4	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	5	1
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	3	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	2	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0	1

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	183	.0
2. 2005.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	516	308
3. 2006.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	447	234
4. 2007.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	551	177
5. 2008.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	463	204
6. 2009.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	335	254
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	363	221
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	307	224
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	295	168
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	209	183
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	147	193

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	29	.0
2. 2005.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	75	57
3. 2006.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	141	78
4. 2007.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	48	39
5. 2008.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	39	20
6. 2009.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	12	2
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	14	9
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	15	13
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	21	17
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	16	10
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	16	6

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	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. 2005.....											XXX	XXX
3. 2006.....	XXX										XXX	XXX
4. 2007.....	XXX	XXX									XXX	XXX
5. 2008.....	XXX	XXX	XXX								XXX	XXX
6. 2009.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2010.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2014.....	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	.7	.0
2. 2005.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2	.4
3. 2006.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3
4. 2007.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.1
5. 2008.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.1	.4
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	2	.8
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2014.....	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. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
3. 2014	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. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	32	3
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	8	2

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2014	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. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2005											XXX	XXX
3. 2006	XXX										XXX	XXX
4. 2007	XXX	XXX									XXX	XXX
5. 2008	XXX	XXX	XXX								XXX	XXX
6. 2009	XXX	XXX	XXX	XXX							XXX	XXX
7. 2010	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 3T - Warranty

NONE

Schedule P - Part 4A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	69	8	1	0	0	0	0	0	0	0
2. 2005.....	175	205	208	209	209	209	209	209	209	209
3. 2006.....	XXX	186	224	224	224	224	224	224	224	224
4. 2007.....	XXX	XXX	138	185	185	185	185	185	185	185
5. 2008.....	XXX	XXX	XXX	540	616	617	620	620	621	621
6. 2009.....	XXX	XXX	XXX	XXX	409	487	491	491	493	494
7. 2010.....	XXX	XXX	XXX	XXX	XXX	797	916	924	927	928
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,753	1,990	1,996	1,999
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,991	2,243	2,257
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,135	1,265
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	814

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	19	8	6	3	2	2	1	1	1	1
2. 2005.....	21	2	1	0	0	0	0	0	0	0
3. 2006.....	XXX	33	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	27	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	30	1	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	52	4	4	3	1	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	80	8	5	3	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	72	4	4	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101	5	1
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	14
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	50	2	2	0	0	0	0	0	0	0
2. 2005.....	241	264	266	267	267	267	267	267	267	267
3. 2006.....	XXX	272	293	293	293	293	293	293	293	293
4. 2007.....	XXX	XXX	195	224	225	225	225	225	225	225
5. 2008.....	XXX	XXX	XXX	693	759	760	765	765	766	766
6. 2009.....	XXX	XXX	XXX	XXX	562	641	646	646	647	647
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,103	1,187	1,196	1,197	1,198
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	2,264	2,522	2,530	2,531
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,667	2,896	2,911
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,625	1,756
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,197

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SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	125	32	10	0	0	3	0	0	0	0
2. 2005.....	118	151	154	157	157	158	158	158	158	158
3. 2006.....	XXX	113	138	148	148	148	148	148	148	148
4. 2007.....	XXX	XXX	81	102	111	112	112	112	112	112
5. 2008.....	XXX	XXX	XXX	43	53	54	55	55	55	55
6. 2009.....	XXX	XXX	XXX	XXX	23	34	40	40	40	40
7. 2010.....	XXX	XXX	XXX	XXX	XXX	16	17	17	17	18
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	16	20	22	22
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	26	27
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	56	12	4	0	2	0	0	0	0	0
2. 2005.....	44	5	3	1	1	0	0	0	0	0
3. 2006.....	XXX	36	10	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	28	9	2	1	1	1	0	0
5. 2008.....	XXX	XXX	XXX	14	4	1	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	10	5	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	1	1
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	39	26	4	0	2	1	0	0	0	0
2. 2005.....	227	245	246	247	247	247	247	247	247	247
3. 2006.....	XXX	201	217	218	218	218	218	218	218	218
4. 2007.....	XXX	XXX	128	141	144	146	146	146	146	146
5. 2008.....	XXX	XXX	XXX	66	71	71	71	71	71	71
6. 2009.....	XXX	XXX	XXX	XXX	41	48	51	51	51	51
7. 2010.....	XXX	XXX	XXX	XXX	XXX	18	19	19	19	19
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	21	23	25	25
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	31	32
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

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SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	24	6	8	1	0	1	0	0	0	0
2. 2005.....	19	21	21	23	23	23	23	23	23	23
3. 2006.....	XXX	19	22	23	23	23	23	23	23	23
4. 2007.....	XXX	XXX	8	10	10	10	10	10	10	10
5. 2008.....	XXX	XXX	XXX	1	1	2	2	2	2	2
6. 2009.....	XXX	XXX	XXX	XXX	5	6	6	6	6	6
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	5
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3	3
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	27	11	4	1	2	1	2	0	0	0
2. 2005.....	7	3	2	0	0	0	0	0	0	0
3. 2006.....	XXX	7	7	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	2	1	1	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	8	30	3	2	1	0	1	(2)	0	0
2. 2005.....	37	40	41	41	41	41	41	41	41	41
3. 2006.....	XXX	31	34	34	34	34	34	34	34	34
4. 2007.....	XXX	XXX	12	19	20	20	20	20	20	20
5. 2008.....	XXX	XXX	XXX	2	2	4	4	4	4	4
6. 2009.....	XXX	XXX	XXX	XXX	7	8	8	8	8	8
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6	6
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	184	69	46	28	19	10	1	4	5	1
2. 2005.....	321	455	496	502	511	515	516	516	516	516
3. 2006.....	XXX	254	404	426	438	442	444	444	446	447
4. 2007.....	XXX	XXX	355	491	527	532	544	549	551	551
5. 2008.....	XXX	XXX	XXX	331	431	443	457	460	463	463
6. 2009.....	XXX	XXX	XXX	XXX	228	316	331	332	335	335
7. 2010.....	XXX	XXX	XXX	XXX	XXX	229	327	348	357	363
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	204	296	300	307
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200	279	295
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	209
11. 2014.....	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	142	104	74	57	39	40	28	19	17	10
2. 2005.....	151	56	18	11	4	1	0	0	0	0
3. 2006.....	XXX	143	31	17	10	3	1	3	1	1
4. 2007.....	XXX	XXX	170	53	23	18	2	2	0	0
5. 2008.....	XXX	XXX	XXX	109	24	19	5	4	2	4
6. 2009.....	XXX	XXX	XXX	XXX	108	17	6	5	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	100	37	17	9	5
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	91	16	12	6
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87	19	8
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	21
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	94	69	26	18	7	13	(10)	(3)	3	(6)
2. 2005.....	676	803	813	817	822	824	824	824	824	824
3. 2006.....	XXX	580	653	672	679	679	679	681	681	682
4. 2007.....	XXX	XXX	636	706	720	721	721	726	728	728
5. 2008.....	XXX	XXX	XXX	596	653	662	664	667	669	671
6. 2009.....	XXX	XXX	XXX	XXX	542	580	585	589	589	589
7. 2010.....	XXX	XXX	XXX	XXX	XXX	503	579	584	587	589
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	476	534	535	537
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	407	466	471
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	358	413
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	423

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	34	11	6	6	2	4	0	0	0	0
2. 2005.....	55	70	70	70	75	75	75	75	75	75
3. 2006.....	XXX	123	139	139	139	140	141	141	141	141
4. 2007.....	XXX	XXX	35	46	46	48	48	48	48	48
5. 2008.....	XXX	XXX	XXX	26	37	39	39	39	39	39
6. 2009.....	XXX	XXX	XXX	XXX	11	12	12	12	12	12
7. 2010.....	XXX	XXX	XXX	XXX	XXX	10	13	13	14	14
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	13	15	15	15
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	21	21
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	16
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	62	58	14	12	11	2	3	2	3	5
2. 2005.....	23	6	5	5	0	0	0	0	0	0
3. 2006.....	XXX	12	3	2	2	3	1	0	0	0
4. 2007.....	XXX	XXX	12	0	5	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	7	2	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	2	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4	1	1	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3	4
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	38	41	11	8	5	3	2	(1)	1	2
2. 2005.....	116	128	131	132	132	132	132	132	132	132
3. 2006.....	XXX	204	217	218	218	220	220	219	219	219
4. 2007.....	XXX	XXX	71	81	86	86	86	86	87	87
5. 2008.....	XXX	XXX	XXX	47	59	59	59	59	59	59
6. 2009.....	XXX	XXX	XXX	XXX	14	14	14	14	14	14
7. 2010.....	XXX	XXX	XXX	XXX	XXX	21	23	23	23	23
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	23	28	28	28
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	41	42
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	26
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29

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

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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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	1	7	0	0	0	0	0	0	0	0
2. 2005.....	2	2	2	2	2	2	2	2	2	2
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	1	1	1	1	1	1	1
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	7	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	2	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	3	0	0	0	0	0	0	0	0	0
2. 2005.....	4	6	6	6	6	6	6	6	6	6
3. 2006.....	XXX	3	3	3	3	3	3	3	3	3
4. 2007.....	XXX	XXX	2	2	2	2	2	2	2	2
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	5	5
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

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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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	991	991	991	991	991	991	991	991	991	991	0
3. 2006.....	XXX	620	620	620	620	620	620	620	620	620	0
4. 2007.....	XXX	XXX	336	336	336	336	336	336	336	336	0
5. 2008.....	XXX	XXX	XXX	235	235	235	235	235	235	235	0
6. 2009.....	XXX	XXX	XXX	XXX	220	220	220	220	220	220	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	135	135	135	135	135	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	38	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	67	67	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	53
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53
13. Earned Premiums (Sch P-Pt. 1)	991	620	336	235	220	135	38	67	56	53	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	991	991	991	991	991	991	991	991	991	991	0
3. 2006.....	XXX	620	620	620	620	620	620	620	620	620	0
4. 2007.....	XXX	XXX	336	336	336	336	336	336	336	336	0
5. 2008.....	XXX	XXX	XXX	235	235	235	235	235	235	235	0
6. 2009.....	XXX	XXX	XXX	XXX	220	220	220	220	220	220	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	135	135	135	135	135	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	38	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	67	67	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	53
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53
13. Earned Premiums (Sch P-Pt. 1)	991	620	336	235	220	135	38	67	56	53	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	120	(277)	(14)	0	0	0	0	0	0	0	0
2. 2005.....	7,696	7,889	7,888	7,888	7,888	7,888	7,888	7,888	7,888	7,888	0
3. 2006.....	XXX	7,134	7,247	7,253	7,253	7,253	7,253	7,253	7,253	7,253	0
4. 2007.....	XXX	XXX	6,422	6,653	6,654	6,646	6,646	6,646	6,646	6,646	0
5. 2008.....	XXX	XXX	XXX	6,010	6,012	5,996	5,996	5,996	5,996	5,996	0
6. 2009.....	XXX	XXX	XXX	XXX	5,163	5,079	5,076	5,076	5,076	5,076	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4,640	4,647	4,648	4,648	4,648	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,210	5,214	5,214	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	5,031	5,025	(6)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,153	21
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,111
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,126
13. Earned Premiums (Sch P-Pt. 1)	7,817	7,050	6,520	6,247	5,165	4,533	5,128	5,042	4,213	4,126	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	120	(277)	(14)	0	0	0	0	0	0	0	0
2. 2005.....	7,696	7,889	7,888	7,888	7,888	7,888	7,888	7,888	7,888	7,888	0
3. 2006.....	XXX	7,134	7,247	7,253	7,253	7,253	7,253	7,253	7,253	7,253	0
4. 2007.....	XXX	XXX	6,422	6,653	6,654	6,646	6,646	6,646	6,646	6,646	0
5. 2008.....	XXX	XXX	XXX	6,010	6,012	5,996	5,996	5,996	5,996	5,996	0
6. 2009.....	XXX	XXX	XXX	XXX	5,163	5,079	5,076	5,076	5,076	5,076	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	4,640	4,647	4,648	4,648	4,648	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	5,124	5,210	5,214	5,214	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,955	5,031	5,025	(6)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,153	21
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,111
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,126
13. Earned Premiums (Sch P-Pt. 1)	7,817	7,050	6,520	6,247	5,165	4,533	5,128	5,042	4,213	4,126	XXX

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	9	3	0	0	0	0	0	0	0	0	0
2. 2005.....	2,795	2,861	2,842	2,842	2,842	2,842	2,842	2,842	2,842	2,842	0
3. 2006.....	XXX	2,147	2,180	2,164	2,164	2,164	2,164	2,164	2,164	2,164	0
4. 2007.....	XXX	XXX	1,361	1,340	1,339	1,339	1,339	1,339	1,339	1,339	0
5. 2008.....	XXX	XXX	XXX	792	791	791	791	791	791	791	0
6. 2009.....	XXX	XXX	XXX	XXX	448	449	448	448	448	448	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	543	541	541	541	541	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	664	665	665	665	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	817	821	821	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846	(1)
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	942
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	941
13. Earned Premiums (Sch P-Pt. 1)	2,805	2,217	1,375	755	446	543	662	818	850	941	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	9	3	0	0	0	0	0	0	0	0	0
2. 2005.....	2,795	2,861	2,842	2,842	2,842	2,842	2,842	2,842	2,842	2,842	0
3. 2006.....	XXX	2,147	2,180	2,164	2,164	2,164	2,164	2,164	2,164	2,164	0
4. 2007.....	XXX	XXX	1,361	1,340	1,339	1,339	1,339	1,339	1,339	1,339	0
5. 2008.....	XXX	XXX	XXX	792	791	791	791	791	791	791	0
6. 2009.....	XXX	XXX	XXX	XXX	448	449	448	448	448	448	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	543	541	541	541	541	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	664	665	665	665	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	817	821	821	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846	(1)
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	942
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	941
13. Earned Premiums (Sch P-Pt. 1)	2,805	2,217	1,375	755	446	543	662	818	850	941	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	(1)	0	0	0	0	0	0	0	0	0
2. 2005.....	893	898	898	898	898	898	898	898	898	898	0
3. 2006.....	XXX	630	620	620	620	620	620	620	620	620	0
4. 2007.....	XXX	XXX	381	379	379	379	379	379	379	379	0
5. 2008.....	XXX	XXX	XXX	268	268	268	268	268	268	268	0
6. 2009.....	XXX	XXX	XXX	XXX	245	245	245	245	245	245	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	275	275	275	275	275	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	444	444	444	444	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	470	470	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	350	1
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	246
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	248
13. Earned Premiums (Sch P-Pt. 1)	894	634	371	267	245	275	444	470	349	248	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	(1)	0	0	0	0	0	0	0	0	0
2. 2005.....	893	898	898	898	898	898	898	898	898	898	0
3. 2006.....	XXX	630	620	620	620	620	620	620	620	620	0
4. 2007.....	XXX	XXX	381	379	379	379	379	379	379	379	0
5. 2008.....	XXX	XXX	XXX	268	268	268	268	268	268	268	0
6. 2009.....	XXX	XXX	XXX	XXX	245	245	245	245	245	245	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	275	275	275	275	275	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	444	444	444	444	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	470	470	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	350	1
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	246
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	248
13. Earned Premiums (Sch P-Pt. 1)	894	634	371	267	245	275	444	470	349	248	XXX

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SCHEDULE P - PART 6H - OTHER 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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XXX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	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 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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XXX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	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 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	2	1	1	1	1	1	1	1	0
5. 2008.....	XXX	XXX	XXX	4	4	4	4	4	4	4	0
6. 2009.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	2	3	2	1	(1)	0	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	2	1	1	1	1	1	1	1	0
5. 2008.....	XXX	XXX	XXX	4	4	4	4	4	4	4	0
6. 2009.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	2	3	2	1	(1)	0	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	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 2005	0	0
1.603 2006	0	0
1.604 2007	0	0
1.605 2008	0	0
1.606 2009	0	0
1.607 2010	0	0
1.608 2011	0	0
1.609 2012	0	0
1.610 2013.....	0	0
1.611 2014.....	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	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 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	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.							
								CA	NIA	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	12833	27-1304098				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-5233538				AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-3051651				ALIT Insurance Holdings Limited	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 Insurance Services Limited	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 Holdings PLC	GBR	NIA	Chaucer Syndicates 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			100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	

ANNUAL STATEMENT FOR THE YEAR 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	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	The Hanover Insurance Group		74-2556029				Hanover Texas Insurance Management Company, Inc.	TX	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Hayward Brick Stuchbery Holdings Limited	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.	
	The Hanover Insurance Group		16-1066198				NOVA American Group, Inc.	NY	NIA	AIX, Holdings, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	IA	Nova American Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		06-1276047				NOVA Insurance Group, Inc.	DE	NIA	Nova American Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-3626424				One Mercantile Place, L.L.C.	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		22-3015617				Professional Underwriters Agency, Inc.	FL	NIA	Nova Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
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.	
							Professionals Direct Insurance Services, Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		38-3383822				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	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.	
	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		
	The Hanover Insurance Group						The Hanover Insurance International Holdings Limited	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	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	

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	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.	(3,000,000)	0	0	0	0	0		0	(3,000,000)	112,439,907
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	0	0	0	0	0		0	0	126,634,279
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	1,500,000	0	0	0	(57,946,969)		0	(56,446,969)	378,019,337
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	0	0	0	0	0	0		0	0	30,422,118
		Chaucer Holdings PLC	(106,251,696)	0	0	0	0	0		0	(106,251,696)	0
31534	38-0421730	Citizens Insurance Co. of America	(66,000,000)	0	0	0	127,240,206	(34,246,630)		0	26,993,576	(20,890,783)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	0	0	0	0		0	0	39,339,790
10176	38-3167100	Citizens Insurance Co. of Ohio	0	0	0	0	0	0		0	0	19,893,462
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	2,500,000	0	0	0	(85,709,648)		0	(83,209,648)	597,417,739
	27-1652700	CitySquare II Development Co., L.L.C	0	1,300,000	0	0	0	0		0	1,300,000	0
	27-2400275	Educators Insurance Agency, Inc.	0	(2,400,000)	0	0	0	0		0	(2,400,000)	0
36064	04-3063898	Hanover American Insurance Co.	0	0	0	0	0	(53,377,971)		0	(53,377,971)	231,107,060
22292	13-5129825	Hanover Insurance Company	66,000,000	(4,000,000)	0	0	(127,240,206)	476,980,840		0	411,740,634	(2,746,689,851)
11705	86-1070355	Hanover New Jersey Insurance Company	0	0	0	0	0	0		0	0	1,176,797
	74-2556029	Hanover Texas Insurance Management Co.	0	0	0	0	0	0		0	0	38,112,461
22306	04-2217600	Massachusetts Bay Insurance Company	0	0	0	0	0	(170,952,724)		0	(170,952,724)	722,806,990
42552	16-1140177	NOVA Casualty Co.	3,000,000	0	0	0	0	(38,070,824)		0	(35,070,824)	409,278,136
	04-2854021	Opus Investment Management, Inc.	(1,000,000)	0	0	0	0	0		0	(1,000,000)	0
	38-3324632	Professionals Direct Finance Inc.	0	(9,174)	0	0	0	0		0	(9,174)	0
25585	38-2755799	Professionals Direct Insurance Company	0	0	0	0	0	0		0	0	19,946,225
	38-3324634	Professionals Direct, Inc.	0	9,174	0	0	0	0		0	9,174	0
	04-3263626	The Hanover Insurance Group, Inc.	106,751,696	(1,186,236)	0	0	0	0		0	105,565,460	0
		The Hanover Insurance International Holdings Limited	500,000	2,286,236	0	0	0	0		0	2,786,236	0
10815	52-0903682	Verlan Fire Insurance Co.	0	0	0	0	0	(36,676,074)		0	(36,676,074)	40,986,333
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES











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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
33.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
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Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 1 7 6 2 0 1 4 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 1 7 6 2 0 1 4 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 4 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 4 4 5 5 0 0 0 0 0
16.	Trusteed Surplus Statement [Document Identifier 490]	 1 0 1 7 6 2 0 1 4 4 8 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 1 7 6 2 0 1 4 3 8 5 0 0 0 0 0
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 1 7 6 2 0 1 4 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 4 3 6 5 0 0 0 0 0
21.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 1 7 6 2 0 1 4 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 4 4 0 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

NONE

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