



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

### Citizens Insurance Company of Ohio

NAIC Group Code 0088 NAIC Company Code 10176 Employer's ID Number 38-3167100

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

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

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

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

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

Primary Location of Books and Records 440 Lincoln Street  
(Street and Number) Worcester, MA, US 01653-0002 508-853-7200 8554476  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Kathleen B. Edwards 508-853-7200-8554476  
(Name) KEDWARDS@HANOVER.COM (Area Code) (Telephone Number)

508-855-6417 (FAX Number)

#### OFFICERS

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

#### OTHER

Mark Leo Berthiaume, Senior Vice President	<u>Eugene Martin Bullis #</u> , Executive Vice President & CFO	<u>J. Kendall Huber</u> , Executive Vice President & GC
Richard William Lavey #, Executive Vice President	<u>Christine Bilotti-Peterson #</u> , Senior Vice President	<u>Andrew Scott Robinson</u> , Executive Vice President
John Conner Roche #, Executive Vice President	<u>Mark Joseph Welzenbach</u> , Senior Vice President	

#### DIRECTORS OR TRUSTEES

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

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, 2016

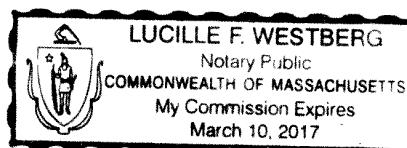
Lucille F. Westberg  
Lucille F. Westberg  
Notary  
March 10, 2017

a. Is this an original filing?

b. If no,

1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [  ] No [  ]



## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	15,076,835	0	15,076,835	14,859,096
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... 0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ ..... 0 encumbrances) .....	0	0	0	0
5. Cash (\$ ..... 248,084 , Schedule E - Part 1), cash equivalents (\$ ..... 0 , Schedule E - Part 2) and short-term investments (\$ ..... 799 , Schedule DA) .....	248,883	0	248,883	62,453
6. Contract loans (including \$ ..... 0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivable for securities .....	12	0	12	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	15,325,730	0	15,325,730	14,921,549
13. Title plants less \$ ..... 0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	142,221	0	142,221	157,613
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... 0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ ..... 0 ) and contracts subject to redetermination (\$ ..... 0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	231	0	231	0
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... 0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ ..... 0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	15,468,182	0	15,468,182	15,079,162
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	15,468,182	0	15,468,182	15,079,162
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	.0	.0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	.0	.0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	.0	.0
4. Commissions payable, contingent commissions and other similar charges .....	.0	.0
5. Other expenses (excluding taxes, licenses and fees) .....	.0	.0
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	.0	.0
7.1 Current federal and foreign income taxes (including \$ .....0 on realized capital gains (losses)) .....	.0	1,323
7.2 Net deferred tax liability .....	.19,805	14,769
8. Borrowed money \$ .....0 and interest thereon \$ .....0 .....	.0	.0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....6,916,000 and including warranty reserves of \$ .....0 and accrued accident and health experience rating refunds including \$ .....0 for medical loss ratio rebate per the Public Health Service Act) .....	.0	.0
10. Advance premium .....	.0	.0
11. Dividends declared and unpaid:		
11.1 Stockholders .....	.0	.0
11.2 Policyholders .....	.0	.0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	.0	.0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....	.0	.0
14. Amounts withheld or retained by company for account of others .....	.0	.0
15. Remittances and items not allocated .....	.0	.0
16. Provision for reinsurance (including \$ .....0 certified) (Schedule F, Part 8) .....	.0	.0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	.0	.0
18. Drafts outstanding .....	.0	.0
19. Payable to parent, subsidiaries and affiliates .....	2,209	2,127
20. Derivatives .....	.0	.0
21. Payable for securities .....	.0	.0
22. Payable for securities lending .....	.0	.0
23. Liability for amounts held under uninsured plans .....	.0	.0
24. Capital notes \$ .....0 and interest thereon \$ .....0 .....	.0	.0
25. Aggregate write-ins for liabilities .....	.0	.0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	22,014	18,219
27. Protected cell liabilities .....	.0	.0
28. Total liabilities (Lines 26 and 27) .....	22,014	18,219
29. Aggregate write-ins for special surplus funds .....	.0	.0
30. Common capital stock .....	1,000,000	1,000,000
31. Preferred capital stock .....	.0	.0
32. Aggregate write-ins for other than special surplus funds .....	.0	.0
33. Surplus notes .....	.0	.0
34. Gross paid in and contributed surplus .....	7,535,850	7,535,850
35. Unassigned funds (surplus) .....	6,910,318	6,525,093
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$ .....0 ) .....	.0	.0
36.2 .....0 shares preferred (value included in Line 31 \$ .....0 ) .....	.0	.0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	15,446,168	15,060,943
38. <b>TOTALS (Page 2, Line 28, Col. 3)</b> .....	<b>15,468,182</b>	<b>15,079,162</b>
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0
2599. <b>Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)</b> .....	<b>0</b>	<b>0</b>
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0
2999. <b>Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)</b> .....	<b>0</b>	<b>0</b>
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	.0	.0
3299. <b>Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)</b> .....	<b>0</b>	<b>0</b>

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	0	0
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7).....	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0
7. Net income of protected cells.....	0	0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7).....	0	0
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	594,528	569,213
10. Net realized capital gains or (losses) less capital gains tax of \$ 5,250 (Exhibit of Capital Gains (Losses) ).....	(11,363)	(4,399)
11. Net investment gain (loss) (Lines 9 + 10).....	583,165	564,814
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 ).....	0	0
13. Finance and service charges not included in premiums.....	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	583,165	564,814
17. Dividends to policyholders.....	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	583,165	564,814
19. Federal and foreign income taxes incurred.....	192,904	189,030
20. Net income (Line 18 minus Line 19)(to Line 22).....	390,261	375,784
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	15,060,943	14,687,892
22. Net income (from Line 20).....	390,261	375,784
23. Net transfers (to) from Protected Cell accounts.....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0.....	0	0
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0
26. Change in net deferred income tax.....	(5,036)	(2,733)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0
31. Cumulative effect of changes in accounting principles.....	0	0
32. Capital changes:		
32.1 Paid in.....	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0
32.3 Transferred to surplus.....	0	0
33. Surplus adjustments:		
33.1 Paid in.....	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0
33.3 Transferred from capital.....	0	0
34. Net remittances from or (to) Home Office.....	0	0
35. Dividends to stockholders.....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	385,225	373,051
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	15,446,168	15,060,943
<b>DETAILS OF WRITE-INS</b>		
0501. ....		
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above).....	0	0
1401. ....		
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above).....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	.0	0
2. Net investment income .....	575,991	573,695
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	575,991	573,695
5. Benefit and loss related payments .....	.0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	.0	0
8. Dividends paid to policyholders .....	.0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 5,250 tax on capital gains (losses) .....	199,708	192,979
10. Total (Lines 5 through 9) .....	199,708	192,979
11. Net cash from operations (Line 4 minus Line 10) .....	376,283	380,716
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,102,014	950,742
12.2 Stocks .....	.0	0
12.3 Mortgage loans .....	.0	0
12.4 Real estate .....	.0	0
12.5 Other invested assets .....	.0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	.0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,102,014	950,742
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	2,291,937	1,342,668
13.2 Stocks .....	.0	0
13.3 Mortgage loans .....	.0	0
13.4 Real estate .....	.0	0
13.5 Other invested assets .....	.0	0
13.6 Miscellaneous applications .....	12	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,291,949	1,342,668
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(189,935)	(391,926)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	.0	0
16.2 Capital and paid in surplus, less treasury stock .....	.0	0
16.3 Borrowed funds .....	.0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	.0	0
16.5 Dividends to stockholders .....	.0	0
16.6 Other cash provided (applied) .....	82	128
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	82	128
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	186,430	(11,082)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	62,453	73,535
19.2 End of period (Line 18 plus Line 19.1) .....	248,883	62,453

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

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3+4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....	19	0	0	19	0	0
2. Allied lines .....	52	0	0	52	0	0
3. Farmowners multiple peril .....	0	0	0	0	0	0
4. Homeowners multiple peril .....	10,219,541	0	0	10,219,541	0	0
5. Commercial multiple peril .....	874,785	0	0	874,785	0	0
6. Mortgage guaranty .....	0	0	0	0	0	0
8. Ocean marine .....	0	0	0	0	0	0
9. Inland marine .....	225,386	0	0	225,386	0	0
10. Financial guaranty .....	0	0	0	0	0	0
11.1 Medical professional liability - occurrence .....	0	0	0	0	0	0
11.2 Medical professional liability - claims-made .....	0	0	0	0	0	0
12. Earthquake .....	42,734	0	0	42,734	0	0
13. Group accident and health .....	0	0	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0
15. Other accident and health .....	0	0	0	0	0	0
16. Workers' compensation .....	3,190,294	0	235,874	3,426,168	0	0
17.1 Other liability - occurrence .....	142,110	0	0	142,110	0	0
17.2 Other liability - claims-made .....	121	0	0	121	0	0
17.3 Excess workers' compensation .....	0	0	0	0	0	0
18.1 Products liability - occurrence .....	0	0	0	0	0	0
18.2 Products liability - claims-made .....	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability .....	48,603	0	0	48,603	0	0
19.3, 19.4 Commercial auto liability .....	37,282	0	0	37,282	0	0
21. Auto physical damage .....	51,051	0	0	51,051	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0
26. Burglary and theft .....	0	0	0	0	0	0
27. Boiler and machinery .....	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property .....	XXX	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
35. TOTALS .....	14,831,978	0	235,874	15,067,852	0	0
<b>DETAILS OF WRITE-INS</b>						
3401. ....						
3402. ....						
3403. ....						
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ ..... 0

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ ..... 0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3 )				
1. Fire .....	0	0	0	0	0	0	0	0.0
2. Allied lines .....	0	0	0	0	0	0	0	0.0
3. Farmowners multiple peril .....	0	0	0	0	0	0	0	0.0
4. Homeowners multiple peril .....	4,754,379	(559)	4,753,820	0	0	0	0	0.0
5. Commercial multiple peril .....	583,835	0	583,835	0	0	0	0	0.0
6. Mortgage guaranty .....	0	0	0	0	0	0	0	0.0
8. Ocean marine .....	0	0	0	0	0	0	0	0.0
9. Inland marine .....	83,232	0	83,232	0	0	0	0	0.0
10. Financial guaranty .....	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence .....	0	0	0	0	0	0	0	0.0
11.2 Medical professional liability - claims-made .....	0	0	0	0	0	0	0	0.0
12. Earthquake .....	0	0	0	0	0	0	0	0.0
13. Group accident and health .....	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
15. Other accident and health .....	0	0	0	0	0	0	0	0.0
16. Workers' compensation .....	1,873,848	150,969	2,024,817	0	0	0	0	0.0
17.1 Other liability - occurrence .....	0	0	0	0	0	0	0	0.0
17.2 Other liability - claims-made .....	0	0	0	0	0	0	0	0.0
17.3 Excess workers' compensation .....	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence .....	0	0	0	0	0	0	0	0.0
18.2 Products liability - claims-made .....	0	0	0	0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability .....	378	0	378	0	0	0	0	0.0
19.3, 19.4 Commercial auto liability .....	14,967	0	14,967	0	0	0	0	0.0
21. Auto physical damage .....	9,293	0	9,293	0	0	0	0	0.0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0.0
23. Fidelity .....	0	0	0	0	0	0	0	0.0
24. Surety .....	0	0	0	0	0	0	0	0.0
26. Burglary and theft .....	0	0	0	0	0	0	0	0.0
27. Boiler and machinery .....	0	0	0	0	0	0	0	0.0
28. Credit .....	0	0	0	0	0	0	0	0.0
29. International .....	0	0	0	0	0	0	0	0.0
30. Warranty .....	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property .....	XXX	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines .....	XXX	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
35. TOTALS .....	7,319,933	150,410	7,470,343	0	0	0	0	0.0
<b>DETAILS OF WRITE-INS</b>								
3401. ....								
3402. ....								
3403. ....								
3498. Summary of remaining write-ins for Line 34 from overflow page .....	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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....	0	0	0	0	4,933	0	4,933	0	0
2. Allied lines .....	0	0	0	0	277	0	277	0	0
3. Farmowners multiple peril .....	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril .....	732,142	0	732,142	0	1,000,096	0	1,000,096	0	0
5. Commercial multiple peril .....	373,535	0	373,535	0	212,638	0	212,638	0	0
6. Mortgage guaranty .....	0	0	0	0	0	0	0	0	0
8. Ocean marine .....	0	0	0	0	0	0	0	0	0
9. Inland marine .....	9,798	0	9,798	0	1,899	0	1,899	0	0
10. Financial guaranty .....	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence .....	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made .....	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0
13. Group accident and health .....	0	0	0	0	0	0	0	(a)	0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0	0
15. Other accident and health .....	0	0	0	0	0	0	0	(a)	0
16. Workers' compensation .....	4,539,701	356,879	4,896,580	0	2,159,466	435,154	2,594,620	0	0
17.1 Other liability - occurrence .....	0	0	0	0	233,023	0	233,023	0	0
17.2 Other liability - claims-made .....	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation .....	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence .....	0	0	0	0	(201)	0	(201)	0	0
18.2 Products liability - claims-made .....	0	0	0	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability .....	0	0	0	0	11,306	0	11,306	0	0
19.3, 19.4 Commercial auto liability .....	7,500	0	7,500	0	12,273	0	12,273	0	0
21. Auto physical damage .....	0	0	0	0	1,302	0	1,302	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0
26. Burglary and theft .....	0	0	0	0	(42)	0	(42)	0	0
27. Boiler and machinery .....	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property .....	XXX	0	0	0	XXX	0	0	0	0
32. Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	XXX	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	XXX	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0
35. TOTALS .....	5,662,676	356,879	6,019,555	0	3,636,970	435,154	4,072,124	0	0
<b>DETAILS OF WRITE-INS</b>									
3401. ....									
3402. ....									
3403. ....									
3498. Summary of remaining write-ins for Line 34 from overflow page .....	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

(a) Including \$ .....0 for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	378,705	0	0	378,705
1.2 Reinsurance assumed .....	0	0	0	0
1.3 Reinsurance ceded .....	378,705	0	0	378,705
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct excluding contingent .....	0	1,840,164	0	1,840,164
2.2 Reinsurance assumed, excluding contingent .....	0	72,272	0	72,272
2.3 Reinsurance ceded, excluding contingent .....	0	1,912,436	0	1,912,436
2.4 Contingent - direct .....	0	251,549	0	251,549
2.5 Contingent - reinsurance assumed .....	0	0	0	0
2.6 Contingent - reinsurance ceded .....	0	251,549	0	251,549
2.7 Policy and membership fees .....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	0	0	0
3. Allowances to managers and agents .....	0	0	0	0
4. Advertising .....	0	0	225	225
5. Boards, bureaus and associations .....	0	0	0	0
6. Surveys and underwriting reports .....	0	0	0	0
7. Audit of assureds' records .....	0	0	0	0
8. Salary and related items:				
8.1 Salaries .....	0	0	14,085	14,085
8.2 Payroll taxes .....	0	0	0	0
9. Employee relations and welfare .....	0	0	2,967	2,967
10. Insurance .....	0	0	0	0
11. Directors' fees .....	0	0	0	0
12. Travel and travel items .....	0	0	244	244
13. Rent and rent items .....	0	0	460	460
14. Equipment .....	0	0	601	601
15. Cost or depreciation of EDP equipment and software .....	0	0	0	0
16. Printing and stationery .....	0	0	43	43
17. Postage, telephone and telegraph, exchange and express .....	0	0	61	61
18. Legal and auditing .....	0	0	136	136
19. Totals (Lines 3 to 18) .....	0	0	18,822	18,822
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	0	0	0	0
20.2 Insurance department licenses and fees .....	0	0	0	0
20.3 Gross guaranty association assessments .....	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate) .....	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	0	0	0
21. Real estate expenses .....	0	0	0	0
22. Real estate taxes .....	0	0	0	0
23. Reimbursements by uninsured plans .....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses .....	0	0	4,778	4,778
25. Total expenses incurred .....	0	0	23,600	(a) 23,600
26. Less unpaid expenses - current year .....	0	0	0	0
27. Add unpaid expenses - prior year .....	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	23,600	23,600
<b>DETAILS OF WRITE-INS</b>				
2401. Outside Data Processing .....	0	0	4,193	4,193
2402. Miscellaneous .....	0	0	585	585
2403. .....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	4,778	4,778

(a) Includes management fees of \$ 23,600 to affiliates and \$ 0 to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 40,976	40,796
1.1 Bonds exempt from U.S. tax .....	(a) 9,386	9,198
1.2 Other bonds (unaffiliated) .....	(a) 583,130	568,106
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	0	0
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c) 0	0
4. Real estate .....	(d) 0	0
5. Contract loans .....	0	0
6. Cash, cash equivalents and short-term investments .....	(e) 0	0
7. Derivative instruments .....	(f) 0	0
8. Other invested assets .....	0	0
9. Aggregate write-ins for investment income .....	28	28
10. Total gross investment income .....	633,520	618,128
11. Investment expenses .....		(g) 23,600
12. Investment taxes, licenses and fees, excluding federal income taxes .....		(g) 0
13. Interest expense .....		(h) 0
14. Depreciation on real estate and other invested assets .....		(i) 0
15. Aggregate write-ins for deductions from investment income .....		0
16. Total deductions (Lines 11 through 15) .....		23,600
17. Net investment income (Line 10 minus Line 16) .....		594,528
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Income .....	6	6
0902. Miscellaneous Sweeps .....	22	22
0903. .....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	28	28
1501. .....		
1502. .....		
1503. .....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ 49,525 accrual of discount less \$ 15,597 amortization of premium and less \$ 2,280 paid for accrued interest on purchases.

(b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.

(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.

(e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.

(g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.

(i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	299	0	299	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	(6,411)	0	(6,411)	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	(6,112)	0	(6,112)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. .....					
0902. .....					
0903. .....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27) .....			
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....			
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....			

**NONE**

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

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

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

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

Description	State of Domicile	2015	2014
Net income, state basis	Ohio	\$ 390,261	\$ 375,784
State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
Net income, NAIC SAP basis	Ohio	<u>\$ 390,261</u>	<u>\$ 375,784</u>
Policyholders' surplus, state basis	Ohio	\$ 15,446,168	\$ 15,060,943
State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
Policyholders' surplus, NAIC SAP basis	Ohio	<u>\$ 15,446,168</u>	<u>\$ 15,060,943</u>

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

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

#### C. Accounting Policies

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

#### D. Going Concern

Not applicable

### 2. Accounting Changes and Corrections of Errors

Not applicable

### 3. Business Combinations and Goodwill

Not applicable

### 4. Discontinued Operations

Not applicable

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## NOTES TO FINANCIAL STATEMENTS

### 5. Investments

#### A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company does not own any mortgage loans.

#### B. Restructured Debt

The Company did not have any restructured debt.

#### C. Reverse Mortgages

The Company does not own any reverse mortgages.

#### D. Loan-backed Securities

1. Prepayment assumptions for loan-backed and structured securities were obtained from prepayment models that are sensitive to refinancing, turnover, equity take-out and other relevant factors. These assumptions are consistent with the current interest rate and economic environment.

2. Not applicable

3. The Company had no securities with a recognized other-than-temporary impairment.

4. All impaired securities (fair value is less than cost or amortized cost) for which any other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

##### a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 136
2. 12 Months or longer	\$ 0

##### b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 102,051
2. 12 Months or longer	\$ 0

5. The Company employs a systematic methodology to determine if a decline in market value below book/adjusted carrying value is other-than-temporary. In determining whether a decline in fair value below book/adjusted carrying value is other-than-temporary, the Company evaluates several factors and circumstances, including the issuer's overall financial condition; the issuer's credit and financial strength ratings; the issuer's financial performance, including earnings trends, dividend payments, and asset quality; any specific events which may influence the operations of the issuer including governmental actions; a weakening of the general market conditions in the industry or geographic region in which the issuer operates; the length of time and degree to which the fair value of an issuer's securities remains below cost; the Company's intent and ability to hold the security until such time to allow for the expected recovery in value; and with respect to fixed maturity investments, any factors that might raise doubt about the issuer's ability to pay all amounts due according to the contractual terms. These factors are applied to all securities.

#### E. Repurchase Agreements and/or Securities Lending Transactions

1. The Company does not own any repurchase agreements.

2. The Company does not participate in securities lending.

3. Collateral Received

Not applicable

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

5. Collateral Reinvestment

Not applicable

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

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

#### F. Real Estate

Not applicable

#### G. Low income Housing Tax Credits

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**NOTES TO FINANCIAL STATEMENTS**

**H. Restricted Assets**

**1. Restricted Assets (Including Pledged)**

Restricted Asset Category	Gross Restricted							8	Percentage				
	Current Year					6	7						
	1	2	3	4	5								
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets			
(a) Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0%	0.0%			
(b) Collateral held under security lending agreements	0	0	0	0	0	0	0	0	0.0%	0.0%			
(c) Subject to repurchase agreements	0	0	0	0	0	0	0	0	0.0%	0.0%			
(d) Subject to reverse repurchase agreements	0	0	0	0	0	0	0	0	0.0%	0.0%			
(e) Subject to dollar repurchase agreements	0	0	0	0	0	0	0	0	0.0%	0.0%			
(f) Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0.0%	0.0%			
(g) Placed under option contracts	0	0	0	0	0	0	0	0	0.0%	0.0%			
(h) Letter stock or securities restricted as to sale	0	0	0	0	0	0	0	0	0.0%	0.0%			
(i) FHLB Capital Stock	0	0	0	0	0	0	0	0	0.0%	0.0%			
(j) On deposit with states	299,696	0	0	0	299,696	299,093	603	299,696	1.9%	1.9%			
(k) On deposit with other regulatory bodies	0	0	0	0	0	0	0	0	0.0%	0.0%			
(l) Pledged collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0	0	0.0%	0.0%			
(m) Pledged as collateral not captured in other categories	0	0	0	0	0	0	0	0	0.0%	0.0%			
(n) Other restricted assets	0	0	0	0	0	0	0	0	0.0%	0.0%			
(o) Total Restricted Assets	\$ 299,696	\$ 0	\$ 0	\$ 0	\$ 299,696	\$ 299,093	\$ 603	\$ 299,696	1.9%	1.9%			

(a) Subset of column 1

(b) Subset of column 3

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

Not applicable

**3. Detail of Other Restricted Assets**

Not applicable

**I. Working Capital Finance Investments**

Not applicable

**J. Offsetting and Netting of Assets and Liabilities**

Not applicable

**K. Structured Notes**

Not applicable

**6. Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable

**7. Investment Income**

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

**8. Derivative Instruments**

Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**

**NOTES TO FINANCIAL STATEMENTS**

**9. Income Taxes**

A. The components of the net deferred tax asset/(liability) at the end of the reporting period are as follows:

1.	12/31/2015			12/31/2014			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustment	0	0	0	0	0	0	0	0	0
(c) Adjusted Gross Deferred Tax Assets	0	0	0	0	0	0	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0	0	0	0	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset	0	0	0	0	0	0	0	0	0
(f) Deferred Tax Liabilities	0	19,805	19,805	0	14,769	14,769	0	5,036	5,036
(g) Net Admitted Deferred Tax Asset/ (Net Deferred Tax Liability)	\$ 0	\$ (19,805)	\$ (19,805)	\$ 0	\$ (14,769)	\$ (14,769)	\$ 0	\$ (5,036)	\$ (5,036)

2.	12/31/2015			12/31/2014			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss carrybacks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 2,319,896	XXX	XXX	\$ 2,261,357	XXX	XXX	\$ 58,539
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP 101. Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

3.	12/31/2015	12/31/2014
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	22371%	22841%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$ 15,446,168	\$ 15,060,943

**4. Tax Planning Strategies**

a. There is no financial impact of the Company's tax planning strategies.

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [ ] No [ X ]

B. The Company does not have any deferred tax liabilities that are not recognized for amounts described in Accounting Standards Codification 740, *Income Tax*.

## NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

	<b>12/31/2015</b>	<b>12/31/2014</b>	<b>Change</b>
1. Current Income Tax			
(a) Federal	\$ 192,904	\$ 189,030	\$ 3,874
(b) Foreign	0	0	0
(c) Subtotal	\$ 192,904	\$ 189,030	\$ 3,874
(d) Federal income tax on net capital gains	5,250	4,852	398
(e) Utilization of capital loss carry-forwards	0	0	0
(f) Other	0	0	0
(g) Federal and foreign income taxes incurred	\$ 198,154	\$ 193,882	\$ 4,272
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	0	0	0
(2) Unearned premium reserve	0	0	0
(3) Policyholder reserve	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed Assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables – nonadmitted	0	0	0
(11) Net operating loss carry-forward	0	0	0
(12) Tax credit carry-forward	0	0	0
(13) Other (including items <5% of total ordinary tax assets)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 0	\$ 0	\$ 0
(e) Capital:			
(1) Investments	0	0	0
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other (including items <5% of total ordinary tax assets)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2d + 2h)	\$ 0	\$ 0	\$ 0
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	0	0	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premium	0	0	0
(4) Policyholder reserves	0	0	0
(5) Other (including items <5% of total ordinary tax assets)	0	0	0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(b) Capital:			
(1) Investments	19,805	14,769	5,036
(2) Real estate	0	0	0
(3) Other (including items <5% of total ordinary tax assets)	0	0	0
(99) Subtotal	\$ 19,805	\$ 14,769	\$ 5,036
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 19,805	\$ 14,769	\$ 5,036
4. Net deferred tax assets/liabilities (2i – 3c)	\$ (19,805)	\$ (14,769)	\$ (5,036)

The change in net deferred income taxes is comprised of the following, exclusive of non-admitted assets:

	<b>12/31/2015</b>	<b>12/31/2014</b>	<b>Change</b>
Adjusted gross deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	19,805	14,769	5,036
Net deferred tax assets (liabilities)	\$ (19,805)	\$ (14,769)	\$ (5,036)
Tax effect of unrealized gains (losses)		0	0
Tax effect of pension liability		0	0
Change in net deferred income tax			<u>\$ (5,036)</u>

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## NOTES TO FINANCIAL STATEMENTS

### D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The significant items causing difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	<u>12/31/2015</u>	
	<u>Tax</u>	<u>Rate</u>
Tax provision at statutory rate	\$ 205,945	35.0%
Tax exempt income deduction	(2,755)	-0.5%
Non-admitted assets	0	0.0%
<b>Total</b>	<b><u>\$ 203,190</u></b>	<b><u>34.5%</u></b>

	<u>12/31/2015</u>	
	<u>Tax</u>	<u>Rate</u>
Federal income taxes incurred	\$ 192,904	32.7%
Realized capital gains tax	5,250	0.9%
Change in net deferred income taxes	5,036	0.9%
<b>Total statutory income taxes</b>	<b><u>\$ 203,190</u></b>	<b><u>34.5%</u></b>

### E. Operating Loss and Tax Credit Carryforwards

1. At the end of the current reporting period, the Company has no net operating loss carryforwards, no capital loss carryforwards, and no alternative minimum tax credits, which have no expiration date.
2. The Company has the following federal income taxes which are available for recoupment in the event of future losses:

For the tax year 2014: \$ 0  
 For the tax year 2015: \$ 0

3. At the end of the current reporting period, the Company has no deposits under section 6603 of the Internal Revenue Service Code.

### F. Consolidated Federal Income Tax Return

1. The Company's Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC	Hanover Texas Insurance Management Company, Inc.
AIX Holdings, Inc.	Massachusetts Bay Insurance Company
AIX, Inc.	NOVA American Group, Inc.
AIX Insurance Services of California, Inc.	NOVA Casualty Company
AIX Specialty Insurance Company	NOVA Insurance Group, Inc.
Allmerica Financial Alliance Insurance Company	Opus Investment Management, Inc.
Allmerica Financial Benefit Insurance Company	Professionals Direct, Inc.
Allmerica Plus Insurance Agency, Inc.	Professionals Direct Insurance Company
Campania Holding Company, Inc.	Professionals Direct Insurance Services, Inc.
Campania Insurance Agency, Inc.	Professional Underwriters Agency, Inc.
Campania Management Company, Inc.	The Hanover American Insurance Company
Campmed Casualty & Indemnity Co. Inc.	The Hanover Insurance Company
Citizens Insurance Company of America	The Hanover Insurance Group, Inc.
Citizens Insurance Company of Illinois	The Hanover National Insurance Company
Citizens Insurance Company of the Midwest	The Hanover New Jersey Insurance Company
Educators Insurance Agency, Inc.	VeraVest Investments, Inc.
Hanover Lloyd's Insurance Company	Verlan Fire Insurance Company
Hanover Specialty Insurance Brokers, Inc.	Verlan Holdings, Inc.

2. The Board of Directors has delegated to Company Management, the development and maintenance of appropriate Federal Income Tax allocation policies and procedures, which are subject to written agreement between the companies. The Federal Income tax for all subsidiaries in the consolidated return of The Hanover Insurance Group, Inc. ("THG") is calculated on a separate return basis. Any current tax liability is paid to THG. Tax benefits resulting from taxable operating losses or credits of THG's subsidiaries are reimbursed to the subsidiary when such losses or credits can be utilized on a consolidated return basis.

- G. The Company has no federal or foreign income tax loss contingencies, for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

### 10. Information Concerning Parent, Subsidiaries and Affiliates

#### A. Nature of Relationships

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

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

Not applicable

#### C. Change in Terms of Intercompany Arrangements

Not applicable

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## NOTES TO FINANCIAL STATEMENTS

### D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$2,209 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

### E. Guarantees or Contingencies for Related Parties

Not applicable

### F. Management, Service Contracts, Cost Sharing Arrangements

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

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

### G. Nature of Relationships that Could Affect Operations

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

### H. Amount Deducted for Investment in Upstream Company

Not applicable

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

Not applicable

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

Not applicable

### K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

### L. Detail of Investments in Downstream Noninsurance Holding Companies

Not applicable

## 11. Debt

Not applicable

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

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

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

Not applicable

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

### 1. Outstanding Shares

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

### 2. Dividend Rate of Preferred Stock

Not applicable

### 3-6. Dividend Restrictions

Pursuant to Ohio's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Ohio Insurance Commissioner, is limited to 10% of such insurer's statutory policyholder surplus as of the preceding December 31. Accordingly, the maximum dividend that may be paid at January 1, 2016 without prior approval from the Ohio Commissioner of Insurance is \$1,544,617. Dividends or distributions made within the preceding twelve months were considered in the above computations.

### 7. Mutual Surplus Advances

Not applicable

### 8. Company Stock Held for Special Purposes

Not applicable

### 9. Changes in Special Surplus Funds

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**NOTES TO FINANCIAL STATEMENTS**

10. Changes in Unassigned Funds

Not applicable

11. Surplus Notes

Not applicable

12. & 13. Quasi Reorganizations

Not applicable

**14. Liabilities, Contingencies and Assessments**

A. Contingent Commitments

Not applicable

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

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

Not applicable

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. All Other Contingencies

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

**15. Leases**

The Company has no material lease obligations at this time.

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

Not applicable

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

A. Transfers of Receivables Reported as Sales

Not applicable

B. Transfers and Servicing of Financial Assets

Not applicable

C. Wash Sales

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

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

Not applicable

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

Not applicable

**20. Fair Value Measurements**

A.

1. Fair Value Measurements at Reporting Date

a. There were no assets carried at Fair Value at the end of the current reporting period.

b. The Company does not have liabilities carried at Fair Value at the end of the current reporting period.

## NOTES TO FINANCIAL STATEMENTS

2. The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the current reporting period.
3. The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.
4. For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available; otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

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

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

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

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

5. Not applicable

B. Not applicable

C.

Type of Financial Instrument	Aggregate Fair Value		Admitted Assets		Not Practicable (Carrying Value)	
	(Level 1)	(Level 2)	(Level 3)			
Bonds	\$ 15,642,776	\$ 15,076,835	\$ 2,013,803	\$ 13,226,426	\$ 402,547	\$ 0
Cash and Short Term Investments	248,883	248,883	248,883	0	0	0
Total	<u>\$ 15,891,659</u>	<u>\$ 15,325,718</u>	<u>\$ 2,262,686</u>	<u>\$ 13,226,426</u>	<u>\$ 402,547</u>	<u>\$ 0</u>

D. Not applicable

### 21. Other Items

A. Extraordinary Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## NOTES TO FINANCIAL STATEMENTS

### C. Other Disclosures and Unusual Items

IBNR loss and loss adjustment expense reserves are allocated to the Company based on the proportion of the Company's earned premiums and case loss reserves relative to other affiliates in the Hanover Insurance Group. Fluctuations by affiliate and state may occur as a result of this re-estimation process.

The Company elected to use rounding to the nearest dollar in reporting amounts in the Statement, except as otherwise directed by instructions.

### D. Business Interruption Insurance Recoveries

Not applicable

### E. State Transferable Tax Credits and Non-transferable Tax Credits

Not applicable

### F. Subprime-Mortgage-Related Risk Exposure

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

## 22. Events Subsequent

Not applicable

## 23. Reinsurance

### A. Unsecured Reinsurance Recoverables

A summary for reinsurance recoverable from individual companies that are individually in excess of 3% of statutory surplus is as follows:

NAIC	Federal ID	Reinsurer	Recoverable
31534	38-0421730	CITIZENS INSURANCE COMPANY OF AMERICA	\$ 18,301,000

### B. Reinsurance Recoverables in Dispute

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

### C. Reinsurance Assumed and Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at the end of the current reporting period.

	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	(1) Premium Reserve	(2) Commission Equity	(3) Premium Reserve	(4) Commission Equity	(5) Premium Reserve	(6) Commission Equity
a. Affiliates	\$ 0	\$ 0	\$ 6,915,911	\$ 0	\$ (6,915,911)	\$ 0
b. All Other	66,944	20,512	0	0	66,944	20,512
c. Total	<u>\$ 66,944</u>	<u>\$ 20,512</u>	<u>\$ 6,915,911</u>	<u>\$ 0</u>	<u>\$ (6,848,967)</u>	<u>\$ 20,512</u>

d. Direct Unearned Premium Reserve \$ 6,848,967

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

2. Not applicable

3. Not applicable

D., E., F., G., H., I.

Not applicable

## 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

## 25. Change in Incurred Loss and Loss Adjustment Expenses

Not applicable

## 26. Intercompany Pooling Arrangements

Not applicable

## 27. Structured Settlements

Not applicable

## 28. Health Care Receivables

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**NOTES TO FINANCIAL STATEMENTS**

**29. Participating Policies**

Not applicable

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves: \$0
2. Date of the most recent evaluation of this liability: 12/31/2015
3. Was anticipated investment income utilized in the calculation? Yes

**31. High Deductibles**

Not applicable

**32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not applicable

**33. Asbestos/Environmental Reserves**

Not applicable

**34. Subscriber Savings Accounts**

Not applicable

**35. Multiple Peril Crop Insurance**

Not applicable

**36. Financial Guaranty Insurance**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
	If yes, complete Schedule Y, Parts 1, 1A and 2							
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ]						
1.3	State Regulating? .....	Ohio						
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
2.2	If yes, date of change: .....							
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made. ....	12/31/2014						
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....	12/31/2011						
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....	09/24/2012						
3.4	By what department or departments? ....							
	Ohio Department of Insurance. The Company is currently being examined.							
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
3.6	Have all of the recommendations within the latest financial examination report been complied with? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.11 sales of new business? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.12 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.21 sales of new business? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.22 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name of Entity</th> <th style="text-align: center; width: 33.33%;">2 NAIC Company Code</th> <th style="text-align: center; width: 33.33%;">3 State of Domicile</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>		1 Name of Entity	2 NAIC Company Code	3 State of Domicile	.....	.....	.....	
1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
.....	.....	.....						
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
6.2	If yes, give full information: .....							
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
7.2	If yes,							
	7.21 State the percentage of foreign control; .....	0.0 %						
	7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">1 Nationality</th> <th style="text-align: center; width: 50%;">2 Type of Entity</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> </tr> </tbody> </table>		1 Nationality	2 Type of Entity	.....	.....			
1 Nationality	2 Type of Entity							
.....	.....							

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company: \_\_\_\_\_

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ X ] No [ ]  
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 PricewaterhouseCoopers LLP, 125 High Street, Boston, MA 02110

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption: \_\_\_\_\_

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption: \_\_\_\_\_

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain: \_\_\_\_\_

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Gary Bujacius, Vice President and Lead Reserving Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]

12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved ..... 0  
 12.13 Total book/adjusted carrying value ..... \$ 0

12.2 If, yes provide explanation: \_\_\_\_\_

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ ] No [ ] N/A [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain: \_\_\_\_\_

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s). \_\_\_\_\_

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). \_\_\_\_\_

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			0

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....	0
20.12 To stockholders not officers.....	\$ .....	0
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....	0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....	0
20.22 To stockholders not officers.....	\$ .....	0
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....	0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....	0
21.22 Borrowed from others.....	\$ .....	0
21.23 Leased from others .....	\$ .....	0
21.24 Other .....	\$ .....	0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	0	
22.22 Amount paid as expenses .....	\$ .....	0
22.23 Other amounts paid .....	\$ .....	0

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

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

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) ..... Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) .....

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. ..... \$ .....
 0 |

24.06 If answer to 24.04 is no, report amount of collateral for other programs. ..... \$ .....
 0 |

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ ..... 0
25.22 Subject to reverse repurchase agreements .....	\$ ..... 0
25.23 Subject to dollar repurchase agreements .....	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
25.25 Placed under option agreements .....	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ ..... 0
25.27 FHLB Capital Stock .....	\$ ..... 0
25.28 On deposit with states .....	\$ ..... 299,696
25.29 On deposit with other regulatory bodies .....	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ ..... 0
25.32 Other .....	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]  N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ ..... 0

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

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

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon .....	225 Liberty Street, New York, NY 10286 .....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? .....  Yes [ ]  No [ X ]

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

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**GENERAL INTERROGATORIES**

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [ X ]  
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	15,077,634	15,643,575	565,941
30.2 Preferred stocks .....	0	0	0
30.3 Totals .....	15,077,634	15,643,575	565,941

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analysis.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]  
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]  
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....  
 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]  
 32.2 If no, list exceptions:  
 .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....0

34.1 Amount of payments for legal expenses, if any? .....\$ .....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U. S. business only. ....	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ....	\$ 0
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ 0
1.6	Individual policies:	Most current three years: 1.61 Total premium earned ..... \$ 0 1.62 Total incurred claims ..... \$ 0 1.63 Number of covered lives ..... 0
1.7	Group policies:	All years prior to most current three years 1.64 Total premium earned ..... \$ 0 1.65 Total incurred claims ..... \$ 0 1.66 Number of covered lives ..... 0
2.	Health Test:	Most current three years: 1.71 Total premium earned ..... \$ 0 1.72 Total incurred claims ..... \$ 0 1.73 Number of covered lives ..... 0
		All years prior to most current three years 1.74 Total premium earned ..... \$ 0 1.75 Total incurred claims ..... \$ 0 1.76 Number of covered lives ..... 0
3.1	Does the reporting entity issue both participating and non-participating policies? .....	Yes [ X ] No [ ]
3.2	If yes, state the amount of calendar year premiums written on:	3.21 Participating policies ..... \$ 37,118 3.22 Non-participating policies ..... \$ 14,794,860
4.	For mutual reporting Entities and Reciprocal Exchanges Only:	
4.1	Does the reporting entity issue assessable policies? .....	Yes [ ] No [ ]
4.2	Does the reporting entity issue non-assessable policies? .....	Yes [ ] No [ ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....	% 0.0
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....	\$ 0
5.	For Reciprocal Exchanges Only:	
5.1	Does the Exchange appoint local agents? .....	Yes [ ] No [ ]
5.2	If yes, is the commission paid: .....	5.21 Out of Attorney's-in-fact compensation..... Yes [ ] No [ ] N/A [ ] 5.22 As a direct expense of the exchange..... Yes [ ] No [ ] N/A [ ]
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....	
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....	Yes [ ] No [ ]
5.5	If yes, give full information .....	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
The Company cedes 100% of its business to Citizens Insurance Company of America (CICA). CICA maintains workers' compensation coverage under its casualty excess of loss reinsurance agreement. ....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  
The Company uses multiple models including RMS v15.0 and AIR Touchstone v3 Catastrophe Modeling software packages to estimate the Company's probable maximum loss. These exposures are a combination of personal and commercial property risks. The major concentration of losses is in the Midwest. ....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
The Company cedes 100% of its business to CICA. CICA purchases catastrophe reinsurance in the amount of \$900 million excess \$200 million for all perils to protect itself. ....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? .... Yes [ ] No [ X ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.  
The Company cedes 100% of its business to CICA. ....

7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)? .... Yes [ ] No [ X ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions: ..... 0

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? .... Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? .... Yes [ ] No [ X ]

8.2 If yes, give full information  
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. .... Yes [ ] No [ X ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. .... Yes [ ] No [ X ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? .... Yes [ ] No [ X ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, .... Yes [ ] No [ X ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or .... Yes [ X ] No [ ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. .... Yes [ ] No [ X ]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? .... Yes [ X ] No [ ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]

11.2 If yes, give full information  
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
12.11 Unpaid losses ..... \$ ..... 0  
12.12 Unpaid underwriting expenses (including loss adjustment expenses) ..... \$ ..... 0

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds ..... \$ ..... 0

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ X ] N/A [ ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
12.41 From ..... 0.0 %  
12.42 To ..... 0.0 %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of the current year:  
12.61 Letters of credit ..... \$ ..... 0  
12.62 Collateral and other funds ..... \$ ..... 0

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$ ..... 0

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ..... 1

14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:  
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]

15.2 If yes, give full information  
.....

16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....	.0	0	0	.0	0
16.12 Products .....	.0	0	0	.0	0
16.13 Automobile .....	.0	0	0	.0	0
16.14 Other* .....	0	0	0	0	0

\* Disclose type of coverage:  
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 .....	\$ ..... 0
17.12 Unfunded portion of Interrogatory 17.11 .....	\$ ..... 0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 .....	\$ ..... 0
17.14 Case reserves portion of Interrogatory 17.11 .....	\$ ..... 0
17.15 Incurred but not reported portion of Interrogatory 17.11 .....	\$ ..... 0
17.16 Unearned premium portion of Interrogatory 17.11 .....	\$ ..... 0
17.17 Contingent commission portion of Interrogatory 17.11 .....	\$ ..... 0

Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 .....	\$ ..... 0
17.19 Unfunded portion of Interrogatory 17.18 .....	\$ ..... 0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 .....	\$ ..... 0
17.21 Case reserves portion of Interrogatory 17.18 .....	\$ ..... 0
17.22 Incurred but not reported portion of Interrogatory 17.18 .....	\$ ..... 0
17.23 Unearned premium portion of Interrogatory 17.18 .....	\$ ..... 0
17.24 Contingent commission portion of Interrogatory 17.18 .....	\$ ..... 0

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

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	3,654,284	4,279,874	4,589,083	5,749,179	5,615,885
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	319,242	362,130	457,019	782,635	717,108
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	11,094,326	11,924,258	13,844,656	15,693,956	13,193,597
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	15,067,852	16,566,262	18,890,758	22,225,770	19,526,590
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	0	0
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14. Net investment gain or (loss) (Line 11)	583,165	564,814	573,196	601,914	633,353
15. Total other income (Line 15)	0	0	0	0	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	192,904	189,030	194,558	204,699	194,980
18. Net income (Line 20)	390,261	375,784	378,638	397,215	438,373
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	15,468,182	15,079,162	14,702,347	14,323,047	13,977,410
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	22,014	18,219	14,455	13,855	64,558
22. Losses (Page 3, Line 1)	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	15,446,168	15,060,943	14,687,892	14,309,192	13,912,852
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	376,283	380,716	387,351	345,803	457,288
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	15,446,168	15,060,943	14,687,892	14,309,192	13,912,852
29. Authorized control level risk-based capital	69,045	65,938	61,978	64,643	70,443
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3 x100.0</b>					
30. Bonds (Line 1)	98.4	99.6	99.5	98.7	99.2
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	1.6	0.4	0.5	1.3	0.8
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO**  
**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	.0	0	0	.0	0
52. Dividends to stockholders (Line 35) .....	0	0	0	.0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	385,225	373,051	378,700	396,340	427,150
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	2,040,162	2,007,230	2,288,784	2,539,298	3,251,045
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	92,525	116,176	231,300	318,172	266,330
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	5,337,655	6,785,104	10,279,376	13,764,567	10,882,577
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	.0	0	0	.0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	7,470,343	8,908,510	12,799,460	16,622,036	14,399,952
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	0	0	0	.0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	.0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	(1)	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	.0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	0	0	0	(1)	0
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	.0	.0	.0	.0	.0
68. Loss expenses incurred (Line 3) .....	.0	.0	.0	.0	.0
69. Other underwriting expenses incurred (Line 4) .....	.0	.0	.0	.0	.0
70. Net underwriting gain (loss) (Line 8) .....	.0	.0	.0	.0	.0
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	.0	.0	.0	.0	.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	.0	.0	.0	.0	.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	.0	.0	.0	.0	.0
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	.0	.0	.0	.0	.0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....	.0	.0	.0	.0	.0
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	.0	.0	.0	.0	.0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	.0	.0	.0	.0	.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes  No

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	83	83	7	7	1	1	0	0	XXX	
2. 2006	15,306	15,306	0	6,691	6,691	311	311	1,310	1,310	0	0	XXX	
3. 2007	12,289	12,289	0	5,087	5,087	260	260	1,196	1,196	0	0	XXX	
4. 2008	11,021	11,021	0	6,640	6,640	185	185	1,391	1,391	0	0	XXX	
5. 2009	10,527	10,527	0	5,276	5,276	225	225	930	930	0	0	XXX	
6. 2010	13,027	13,027	0	9,063	9,063	277	277	1,542	1,542	0	0	XXX	
7. 2011	17,583	17,583	0	15,453	15,453	213	213	2,163	2,163	0	0	XXX	
8. 2012	21,070	21,070	0	16,850	16,850	413	413	1,726	1,726	0	0	XXX	
9. 2013	20,401	20,401	0	10,280	10,280	200	200	1,168	1,168	0	0	XXX	
10. 2014	17,538	17,538	0	7,236	7,236	135	135	1,475	1,475	0	0	XXX	
11. 2015	15,908	15,908	0	4,455	4,455	98	98	1,102	1,102	0	0	XXX	
12. Totals	XXX	XXX	XXX	87,115	87,115	2,325	2,325	14,005	14,005	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	676	676	1,464	1,464	0	0	142	142	21	21	0	0	XXX			
2. 2006	47	47	83	83	0	0	25	25	2	2	0	0	XXX			
3. 2007	21	21	86	86	0	0	23	23	0	0	0	0	XXX			
4. 2008	22	22	59	59	0	0	24	24	3	3	0	0	XXX			
5. 2009	30	30	90	90	0	0	26	26	2	2	0	0	XXX			
6. 2010	275	275	119	119	0	0	38	38	14	14	0	0	XXX			
7. 2011	18	18	155	155	0	0	57	57	3	3	0	0	XXX			
8. 2012	871	871	161	161	0	0	82	82	9	9	0	0	XXX			
9. 2013	564	564	248	248	0	0	119	119	25	25	0	0	XXX			
10. 2014	1,171	1,171	269	269	0	0	196	196	61	61	0	0	XXX			
11. 2015	2,323	2,323	1,339	1,339	0	0	263	263	158	158	0	0	XXX			
12. Totals	6,020	6,020	4,072	4,072	0	0	995	995	298	298	0	0	XXX			

	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
	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. 2006	8,469	8,469	0	55.3	55.3	0.0	0	0	0.0	0	0
3. 2007	6,673	6,673	0	54.3	54.3	0.0	0	0	0.0	0	0
4. 2008	8,326	8,326	0	75.5	75.5	0.0	0	0	0.0	0	0
5. 2009	6,580	6,580	0	62.5	62.5	0.0	0	0	0.0	0	0
6. 2010	11,327	11,327	0	87.0	87.0	0.0	0	0	0.0	0	0
7. 2011	18,063	18,063	0	102.7	102.7	0.0	0	0	0.0	0	0
8. 2012	20,111	20,111	0	95.4	95.4	0.0	0	0	0.0	0	0
9. 2013	12,604	12,604	0	61.8	61.8	0.0	0	0	0.0	0	0
10. 2014	10,543	10,543	0	60.1	60.1	0.0	0	0	0.0	0	0
11. 2015	9,738	9,738	0	61.2	61.2	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Schedule P - Part 2 - Summary

**N O N E**

Schedule P - Part 3 - Summary

**N O N E**

Schedule P - Part 4 - Summary

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama .....	AL	N	0	0	0	0	0	0	0
2. Alaska .....	AK	N	0	0	0	0	0	0	0
3. Arizona .....	AZ	N	0	0	0	0	0	0	0
4. Arkansas .....	AR	N	0	0	0	0	0	0	0
5. California .....	CA	N	0	0	0	0	0	0	0
6. Colorado .....	CO	N	0	0	0	0	0	0	0
7. Connecticut .....	CT	N	0	0	0	0	0	0	0
8. Delaware .....	DE	N	0	0	0	0	0	0	0
9. District of Columbia .....	DC	N	0	0	0	0	0	0	0
10. Florida .....	FL	N	0	0	0	0	0	0	0
11. Georgia .....	GA	N	0	0	0	0	0	0	0
12. Hawaii .....	HI	N	0	0	0	0	0	0	0
13. Idaho .....	ID	N	0	0	0	0	0	0	0
14. Illinois .....	IL	N	0	0	0	0	0	0	0
15. Indiana .....	IN	N	0	0	0	0	0	0	0
16. Iowa .....	IA	N	0	0	0	0	0	0	0
17. Kansas .....	KS	N	0	0	0	0	0	0	0
18. Kentucky .....	KY	N	0	0	0	0	0	0	0
19. Louisiana .....	LA	N	0	0	0	0	0	0	0
20. Maine .....	ME	N	0	0	0	0	0	0	0
21. Maryland .....	MD	N	0	0	0	0	0	0	0
22. Massachusetts .....	MA	N	0	0	0	0	0	0	0
23. Michigan .....	MI	L	3,190,294	3,523,755	0	1,873,848	2,123,455	6,699,167	8,528
24. Minnesota .....	MN	N	0	0	0	0	0	0	0
25. Mississippi .....	MS	N	0	0	0	0	0	0	0
26. Missouri .....	MO	N	0	0	0	0	0	0	0
27. Montana .....	MT	N	0	0	0	0	0	0	0
28. Nebraska .....	NE	N	0	0	0	0	0	0	0
29. Nevada .....	NV	N	0	0	0	0	0	0	0
30. New Hampshire .....	NH	N	0	0	0	0	0	0	0
31. New Jersey .....	NJ	N	0	0	0	0	0	0	0
32. New Mexico .....	NM	N	0	0	0	0	0	0	0
33. New York .....	NY	N	0	0	0	0	0	0	0
34. North Carolina .....	NC	N	0	0	0	0	0	0	0
35. North Dakota .....	ND	N	0	0	0	0	0	0	0
36. Ohio .....	OH	L	11,641,684	12,141,004	0	5,446,084	4,614,003	2,600,480	53,939
37. Oklahoma .....	OK	N	0	0	0	0	0	0	0
38. Oregon .....	OR	N	0	0	0	0	0	0	0
39. Pennsylvania .....	PA	N	0	0	0	0	0	0	0
40. Rhode Island .....	RI	N	0	0	0	0	0	0	0
41. South Carolina .....	SC	N	0	0	0	0	0	0	0
42. South Dakota .....	SD	N	0	0	0	0	0	0	0
43. Tennessee .....	TN	N	0	0	0	0	0	0	0
44. Texas .....	TX	N	0	0	0	0	0	0	0
45. Utah .....	UT	N	0	0	0	0	0	0	0
46. Vermont .....	VT	N	0	0	0	0	0	0	0
47. Virginia .....	VA	N	0	0	0	0	0	0	0
48. Washington .....	WA	N	0	0	0	0	0	0	0
49. West Virginia .....	WV	N	0	0	0	0	0	0	0
50. Wisconsin .....	WI	N	0	0	0	0	0	0	0
51. Wyoming .....	WY	N	0	0	0	0	0	0	0
52. American Samoa .....	AS	N	0	0	0	0	0	0	0
53. Guam .....	GU	N	0	0	0	0	0	0	0
54. Puerto Rico .....	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N	0	0	0	0	0	0	0
57. Canada .....	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien ..	OT	XXX	0	0	0	0	0	0	0
59. Totals .....	(a)	2	14,831,978	15,664,759	0	7,319,933	6,737,458	9,299,647	62,467
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

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

Explanation of basis of allocation of premiums by states, etc.

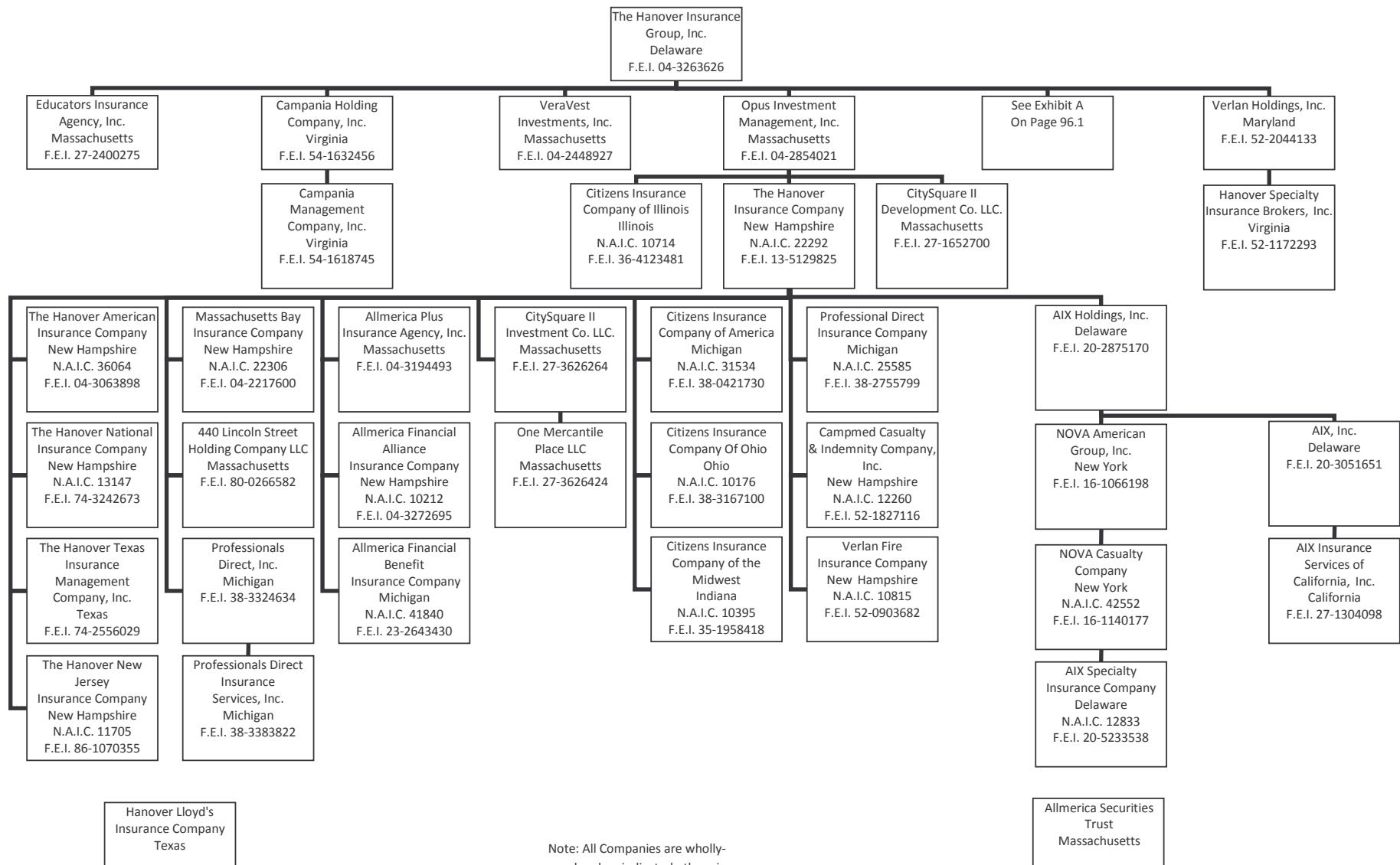
Fire, Allied Lines, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Earthquake, Glass, Burglary, Boiler and Machinery - location of property insured. Ocean Marine - state contract was negotiated. Inland Marine, Credit, Accident and Health - location of insured. Liability other than auto - location of insured plant. Auto liability and physical damage - place of principal garaging. Aircraft - location of principal airport. Workers' Compensation - state in which work is performed. Fidelity: forgery bonds - location of insured; U.S. Government Emp. Bonds - location of employer; All Other - location of employer. Surety: Judicial bonds - location of court; License bonds - location of obligee; Contracts - location of work; Supply bonds - location of contractors; All other - location of principal.

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

## PART 1 – ORGANIZATIONAL CHART



Affiliated Lloyd's plan company, controlled by  
Underwriters for the benefit of The Hanover  
Insurance Company

Affiliated Lloyd's plan company, controlled by  
Underwriters for the benefit of The Hanover  
Insurance Company

Note: All Companies are wholly-owned, unless indicated otherwise.

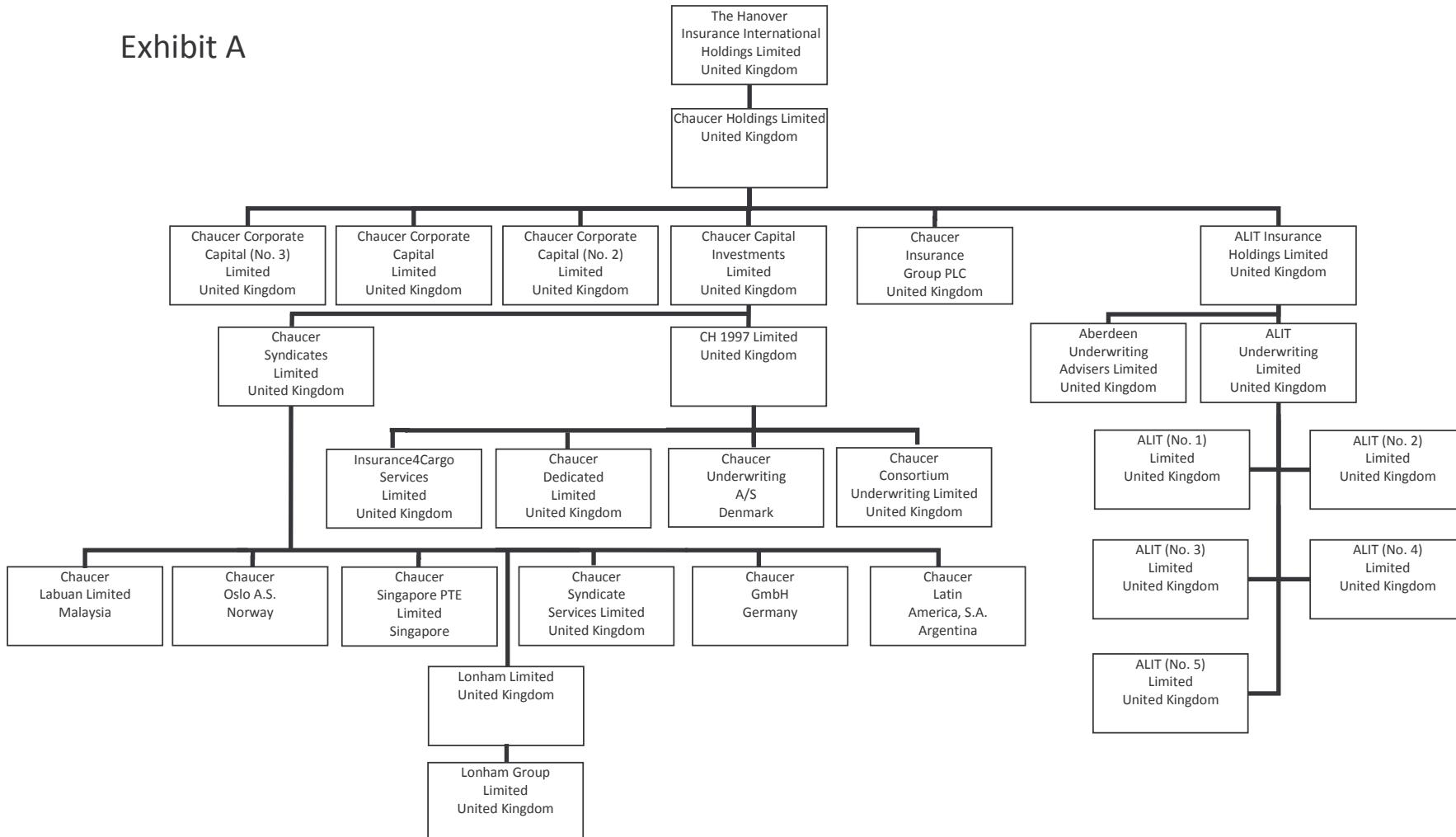
Affiliated Investment Management  
Company

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Exhibit A



Note: All Companies are wholly-owned, unless indicated otherwise.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

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