



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 (Current)	0088 (Prior)	NAIC Company Code	10176	Employer's ID Number	38-3167100
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Incorporated/Organized	11/17/1994		Commenced Business	02/13/1995		
Statutory Home Office	1300 East 9th Street, Suite 1010 (Street and Number)		Cleveland , OH, US 44114-1506 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1300 East 9th Street, Suite 1010 (Street and Number)		216-621-4270 (Area Code) (Telephone Number)			
	Cleveland , OH, US 44114-1506 (City or Town, State, Country and Zip Code)		216-621-4270 (Area Code) (Telephone Number)			
Mail Address	808 North Highlander Way (Street and Number or P.O. Box)		Howell , MI, US 48843-1070 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	440 Lincoln Street (Street and Number)		508-853-7200 8554476 (Area Code) (Telephone Number)			
	Worcester , MA, US 01653-0002 (City or Town, State, Country and Zip Code)		508-853-7200 8554476 (Area Code) (Telephone Number)			
Internet Website Address	WWW.HANOVER.COM					
Statutory Statement Contact	Kathleen B. Edwards (Name)		508-853-7200-8554476 (Area Code) (Telephone Number)			
	KEDWARDS@HANOVER.COM (E-mail Address)		508-855-6417 (FAX Number)			

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Massachusetts
County of Worcester SS:

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

Frederick Henry Eppinger
President

Charles Frederick Cronin
Secretary

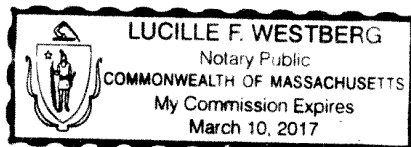
Andrew Christopher Furman
Vice President & Treasurer

Subscribed and sworn to before me this
5th day of February, 2016

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

Yes [X] No []

Lucille F. Westberg
Notary
March 10, 2017





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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2015 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4. Private crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	3,190,294	3,523,755	.0	972,654	1,873,848	2,123,455	6,699,167	154,758	124,923	432,546	301,441	47,590
17.1 Other Liability - occurrence .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability - claims made .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3 Commercial auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	3,190,294	3,523,755	0	972,654	1,873,848	2,123,455	6,699,167	154,758	124,923	432,546	301,441	47,590
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 8,528
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2015 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	19	19	.0	.0	.0	(1,380)	4,933	.0	(384)	.7	.3	.0
2.1 Allied lines	52	52	.0	(1)	.0	(105)	277	.0	(34)	1	10	.1
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4. Private crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	10,219,541	10,668,511	.0	5,199,821	4,754,379	3,963,233	1,732,238	80,545	113,500	382,305	1,546,518	213,300
5.1 Commercial multiple peril (non-liability portion)	530,448	539,466	.0	266,306	145,737	132,906	32,365	898	176	10,366	95,168	11,015
5.2 Commercial multiple peril (liability portion)	344,337	338,135	.0	170,570	438,098	368,874	553,808	127,793	131,345	138,469	60,673	7,140
6. Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	225,386	234,609	.0	111,973	83,232	93,473	11,697	.0	(31)	12	35,385	4,677
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	42,734	46,547	.0	21,722	.0	.0	.0	.0	.0	.0	6,588	900
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.1 Other Liability - occurrence	142,110	155,006	.0	75,417	.0	42,292	233,023	.0	1,634	20,679	24,726	2,928
17.2 Other Liability - claims made	121	119	.0	32	.0	.0	.0	.0	16	17	22	3
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability .....	.0	.0	.0	.0	.0	(15)	(201)	.0	25	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	48,603	51,735	.0	11,659	378	(7,202)	11,306	10,379	8,029	6,806	6,737	991
19.3 Commercial auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	37,282	48,658	.0	6,188	14,967	20,235	19,773	.0	(416)	3,699	6,805	773
21.1 Private passenger auto physical damage	40,847	43,253	.0	9,711	53	(2,904)	(296)	.0	(78)	190	5,783	828
21.2 Commercial auto physical damage	10,204	14,893	.0	2,915	9,240	4,639	1,599	.0	(5)	.57	1,855	211
22. Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft .....	.0	.0	.0	.0	.0	(42)	(42)	.0	4	4	.0	.0
27. Boiler and machinery .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	11,641,684	12,141,004	0	5,876,314	5,446,084	4,614,003	2,600,480	219,614	253,782	562,612	1,790,273	242,767
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 53,939
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2015

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	19	19	.0	.0	.0	(1,380)	4,933	.0	(384)	.7	.3	.0
2.1 Allied lines	52	52	.0	(1)	.0	(105)	277	.0	(34)	1	10	.1
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4. Private crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	10,219,541	10,668,511	.0	5,199,821	4,754,379	3,963,233	1,732,238	80,545	113,500	382,305	1,546,518	213,300
5.1 Commercial multiple peril (non-liability portion)	530,448	539,466	.0	266,306	145,737	132,906	32,365	898	176	10,366	95,168	11,015
5.2 Commercial multiple peril (liability portion)	344,337	338,135	.0	170,570	438,098	368,874	553,808	127,793	131,345	138,469	60,673	7,140
6. Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	225,386	234,609	.0	111,973	83,232	93,473	11,697	.0	(31)	12	35,385	4,677
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	42,734	46,547	.0	21,722	.0	.0	.0	.0	.0	.0	6,588	900
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	3,190,294	3,523,755	.0	972,654	1,873,848	2,123,455	6,699,167	154,758	124,923	432,546	301,441	47,590
17.1 Other Liability - occurrence	142,110	155,006	.0	75,417	.0	42,292	233,023	.0	1,634	20,679	24,726	2,928
17.2 Other Liability - claims made	121	119	.0	32	.0	.0	.0	.0	16	17	22	3
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability .....	.0	.0	.0	.0	.0	(15)	(201)	.0	25	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	48,603	51,735	.0	11,659	378	(7,202)	11,306	10,379	8,029	6,806	6,737	991
19.3 Commercial auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	37,282	48,658	.0	6,188	14,967	20,235	19,773	.0	(416)	3,699	6,805	773
21.1 Private passenger auto physical damage	40,847	43,253	.0	9,711	53	(2,904)	(296)	.0	(78)	190	5,783	828
21.2 Commercial auto physical damage	10,204	14,893	.0	2,915	9,240	4,639	1,599	.0	(5)	.57	1,855	211
22. Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft .....	.0	.0	.0	.0	.0	(42)	(42)	.0	4	4	.0	.0
27. Boiler and machinery .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	14,831,978	15,664,759	0	6,848,967	7,319,933	6,737,458	9,299,647	374,372	378,705	995,158	2,091,714	290,357
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 62,467

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

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

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
0499999. Total - U.S. Non-Pool				0	0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates				0	0	0	0	0	0	0	0	0	0	0
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000				0	0	0	0	0	0	0	0	0	0	0
0999999. Total Other U.S. Unaffiliated Insurers				0	0	0	0	0	0	0	0	0	0	0
AA-9992114	00000	MICHIGAN PLACEMENT FACILITY	MI	236	0	357	357	0	0	67	0	0	0	0
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools				0	0	0	0	0	0	0	0	0	0	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				236	0	357	357	0	0	67	0	0	0	0
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools				0	0	0	0	0	0	0	0	0	0	0
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				0	0	0	0	0	0	0	0	0	0	0
1299999. Total - Pools and Associations				236	0	357	357	0	0	67	0	0	0	0
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000				0	0	0	0	0	0	0	0	0	0	0
1399999. Total Other Non-U.S. Insurers				0	0	0	0	0	0	0	0	0	0	0
9999999 Totals				236	0	357	357	0	0	67	0	0	0	0

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

SCHEDULE F - PART 2

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

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
		NONE			

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

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	
0399999.		Total Authorized - Affiliates - U.S. Non-Pool - Other			15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	
0499999.		Total Authorized - Affiliates - U.S. Non-Pool			15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	
0799999.		Total Authorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999.		Total Authorized - Affiliates			15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	
0999998.		Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0999999.		Total Authorized - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299998.		Total Authorized - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299999.		Total Authorized - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1399999.		Total Authorized			15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	
1799999.		Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2099999.		Total Unauthorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999.		Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299998.		Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999.		Total Unauthorized - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599998.		Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599999.		Total Unauthorized - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2699999.		Total Unauthorized			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3099999.		Total Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3399999.		Total Certified - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499999.		Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599998.		Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999.		Total Certified - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899998.		Total Certified - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899999.		Total Certified - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3999999.		Total Certified			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4099999.		Total Authorized, Unauthorized and Certified			15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	
4199999.		Total Protected Cells			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999		Totals			15,068	0	0	6,020	0	4,072	1,293	6,916	0	18,301	0	0	18,301	0	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.
The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1.	0.000	0
2.	0.000	0
3.	0.000	0
4.	0.000	0
5.	0.000	0

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1. CITIZENS INS CO OF AMERICA	18,301,000	15,068,000	Yes [X] No []
2.	0	0	Yes [] No []
3.	0	0	Yes [] No []
4.	0	0	Yes [] No []
5.	0	0	Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	15,325,730	0	15,325,730
2. Premiums and considerations (Line 15)	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5. Other assets	142,452	0	142,452
6. Net amount recoverable from reinsurers	0	18,301,000	18,301,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	15,468,182	18,301,000	33,769,182
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	11,385,000	11,385,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	19,805	0	19,805
11. Unearned premiums (Line 9)	0	6,916,000	6,916,000
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15. Funds held by company under reinsurance treaties (Line 13)	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17. Provision for reinsurance (Line 16)	0	0	0
18. Other liabilities	2,209	0	2,209
19. Total liabilities excluding protected cell business (Line 26)	22,014	18,301,000	18,323,014
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	15,446,168	XXX	15,446,168
22. Totals (Line 38)	15,468,182	18,301,000	33,769,182

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [X] No []

If yes, give full explanation: The Company ceded 100% of its insurance business to The Citizens Insurance Company of America, an affiliated insurer.

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

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

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(1)	(1)	0	0	0	0	0	0	XXX
2. 2006.....	1,659	1,659	0	839	839	10	10	147	147	0	0	293
3. 2007.....	1,574	1,574	0	689	689	5	5	107	107	0	0	225
4. 2008.....	2,103	2,103	0	2,600	2,600	21	21	332	332	0	0	766
5. 2009.....	3,501	3,501	0	3,189	3,189	142	142	257	257	0	0	648
6. 2010.....	6,724	6,724	0	6,415	6,415	119	119	582	582	0	0	1,200
7. 2011.....	10,473	10,473	0	12,713	12,713	107	107	1,125	1,125	0	0	2,534
8. 2012.....	13,749	13,749	0	13,895	13,895	130	130	1,235	1,235	0	0	2,914
9. 2013.....	14,211	14,211	0	8,410	8,410	110	110	791	791	0	0	1,763
10. 2014.....	11,705	11,705	0	5,981	5,981	50	50	809	809	0	0	1,265
11. 2015.....	10,669	10,669	0	3,592	3,592	32	32	681	681	0	0	928
12. Totals	XXX	XXX	XXX	58,322	58,322	725	725	6,065	6,065	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	38	38	21	21	0	0	11	11	2	2	0	0	1
2. 2006.....	0	0	4	4	0	0	3	3	0	0	0	0	0
3. 2007.....	0	0	4	4	0	0	4	4	0	0	0	0	0
4. 2008.....	0	0	4	4	0	0	5	5	0	0	0	0	0
5. 2009.....	15	15	5	5	0	0	8	8	2	2	0	0	1
6. 2010.....	0	0	11	11	0	0	12	12	2	2	0	0	1
7. 2011.....	0	0	9	9	0	0	25	25	0	0	0	0	0
8. 2012.....	25	25	15	15	0	0	41	41	2	2	0	0	1
9. 2013.....	47	47	34	34	0	0	62	62	12	12	0	0	6
10. 2014.....	268	268	42	42	0	0	84	84	16	16	0	0	8
11. 2015.....	339	339	851	851	0	0	130	130	83	83	0	0	41
12. Totals	732	732	1,000	1,000	0	0	382	382	119	119	0	0	59

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	1,004	1,004	0	60.5	60.5	0.0	0	0	0.0	0	0
3. 2007.....	808	808	0	51.4	51.4	0.0	0	0	0.0	0	0
4. 2008.....	2,962	2,962	0	140.8	140.8	0.0	0	0	0.0	0	0
5. 2009.....	3,617	3,617	0	103.3	103.3	0.0	0	0	0.0	0	0
6. 2010.....	7,142	7,142	0	106.2	106.2	0.0	0	0	0.0	0	0
7. 2011.....	13,978	13,978	0	133.5	133.5	0.0	0	0	0.0	0	0
8. 2012.....	15,343	15,343	0	111.6	111.6	0.0	0	0	0.0	0	0
9. 2013.....	9,465	9,465	0	66.6	66.6	0.0	0	0	0.0	0	0
10. 2014.....	7,249	7,249	0	61.9	61.9	0.0	0	0	0.0	0	0
11. 2015.....	5,707	5,707	0	53.5	53.5	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	1,555	1,555	0	1,218	1,218	19	19	125	125	0	0	218
3. 2007.....	1,088	1,088	0	296	296	31	31	111	111	0	0	146
4. 2008.....	750	750	0	138	138	0	0	58	58	0	0	71
5. 2009.....	457	457	0	177	177	7	7	32	32	0	0	51
6. 2010.....	327	327	0	50	50	1	1	19	19	0	0	19
7. 2011.....	217	217	0	310	310	0	0	18	18	0	0	25
8. 2012.....	176	176	0	92	92	17	17	19	19	0	0	32
9. 2013.....	130	130	0	10	10	0	0	8	8	0	0	8
10. 2014.....	71	71	0	21	21	0	0	4	4	0	0	7
11. 2015.....	52	52	0	1	1	0	0	1	1	0	0	2
12. Totals	XXX	XXX	XXX	2,313	2,313	74	74	397	397	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	0	0	0	0	1	1	0	0	0	0	0
8. 2012.....	0	0	0	0	0	0	1	1	0	0	0	0	0
9. 2013.....	0	0	1	1	0	0	2	2	0	0	0	0	0
10. 2014.....	0	0	3	3	0	0	1	1	0	0	0	0	0
11. 2015.....	0	0	7	7	0	0	1	1	0	0	0	0	0
12. Totals	0	0	11	11	0	0	7	7	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	1,362	1,362	0	87.6	87.6	0.0	0	0	0.0	0	0
3. 2007.....	438	438	0	40.2	40.2	0.0	0	0	0.0	0	0
4. 2008.....	196	196	0	26.1	26.1	0.0	0	0	0.0	0	0
5. 2009.....	217	217	0	47.6	47.6	0.0	0	0	0.0	0	0
6. 2010.....	70	70	0	21.4	21.4	0.0	0	0	0.0	0	0
7. 2011.....	328	328	0	151.3	151.3	0.0	0	0	0.0	0	0
8. 2012.....	129	129	0	73.5	73.5	0.0	0	0	0.0	0	0
9. 2013.....	22	22	0	16.7	16.7	0.0	0	0	0.0	0	0
10. 2014.....	29	29	0	41.1	41.1	0.0	0	0	0.0	0	0
11. 2015.....	11	11	0	21.3	21.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	620	620	0	49	49	13	13	42	42	0	0	34
3. 2007.....	336	336	0	25	25	11	11	27	27	0	0	20
4. 2008.....	235	235	0	4	4	2	2	4	4	0	0	4
5. 2009.....	220	220	0	11	11	0	0	10	10	0	0	8
6. 2010.....	135	135	0	7	7	0	0	9	9	0	0	4
7. 2011.....	38	38	0	14	14	0	0	10	10	0	0	6
8. 2012.....	67	67	0	11	11	0	0	4	4	0	0	3
9. 2013.....	56	56	0	2	2	0	0	2	2	0	0	2
10. 2014.....	53	53	0	15	15	0	0	7	7	0	0	5
11. 2015.....	49	49	0	0	0	0	0	4	4	0	0	1
12. Totals	XXX	XXX	XXX	137	137	26	26	121	121	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012.....	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2013.....	0	0	1	1	0	0	1	1	0	0	0	0	0
10. 2014.....	8	8	3	3	0	0	2	2	0	0	0	0	1
11. 2015.....	0	0	5	5	0	0	(1)	(1)	0	0	0	0	0
12. Totals	8	8	12	12	0	0	4	4	0	0	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	104	104	0	16.8	16.8	0.0	0	0	0.0	0	0
3. 2007.....	63	63	0	18.6	18.6	0.0	0	0	0.0	0	0
4. 2008.....	12	12	0	4.9	4.9	0.0	0	0	0.0	0	0
5. 2009.....	21	21	0	9.7	9.7	0.0	0	0	0.0	0	0
6. 2010.....	16	16	0	11.7	11.7	0.0	0	0	0.0	0	0
7. 2011.....	25	25	0	65.1	65.1	0.0	0	0	0.0	0	0
8. 2012.....	17	17	0	25.5	25.5	0.0	0	0	0.0	0	0
9. 2013.....	6	6	0	11.3	11.3	0.0	0	0	0.0	0	0
10. 2014.....	35	35	0	66.2	66.2	0.0	0	0	0.0	0	0
11. 2015.....	8	8	0	16.0	16.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.84	.84	.4	.4	(1)	(1)	.0	.0	XXX
2. 2006.....	7,050	7,050	.0	3,058	3,058	103	103	607	607	.0	.0	682
3. 2007.....	6,520	6,520	.0	3,311	3,311	182	182	780	780	.0	.0	728
4. 2008.....	6,247	6,247	.0	2,938	2,938	146	146	898	898	.0	.0	671
5. 2009.....	5,165	5,165	.0	1,708	1,708	81	81	588	588	.0	.0	589
6. 2010.....	4,533	4,533	.0	2,408	2,408	131	131	887	887	.0	.0	591
7. 2011.....	5,128	5,128	.0	1,513	1,513	98	98	935	935	.0	.0	538
8. 2012.....	5,042	5,042	.0	1,936	1,936	95	95	376	376	.0	.0	477
9. 2013.....	4,213	4,213	.0	1,528	1,528	88	88	316	316	.0	.0	417
10. 2014.....	4,126	4,126	.0	1,003	1,003	86	86	608	608	.0	.0	488
11. 2015.....	3,767	3,767	0	646	646	11	11	376	376	0	0	367
12. Totals	XXX	XXX	XXX	20,134	20,134	1,026	1,026	6,371	6,371	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	604	604	1,422	1,422	0	0	105	105	13	13	0	0	8
2. 2006.....	47	47	73	73	0	0	15	15	2	2	0	0	1
3. 2007.....	21	21	79	79	0	0	15	15	0	0	0	0	0
4. 2008.....	22	22	50	50	0	0	14	14	3	3	0	0	2
5. 2009.....	15	15	80	80	0	0	12	12	0	0	0	0	0
6. 2010.....	275	275	87	87	0	0	17	17	12	12	0	0	7
7. 2011.....	18	18	124	124	0	0	21	21	3	3	0	0	2
8. 2012.....	846	846	111	111	0	0	25	25	7	7	0	0	4
9. 2013.....	517	517	159	159	0	0	32	32	13	13	0	0	8
10. 2014.....	891	891	139	139	0	0	79	79	43	43	0	0	26
11. 2015.....	1,639	1,639	270	270	0	0	96	96	68	68	0	0	41
12. Totals	4,897	4,897	2,595	2,595	0	0	433	433	164	164	0	0	99

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	0	XXX	.0	0
2. 2006.....	3,906	3,906	.0	55.4	55.4	0.0	.0	0	0.0	.0	0
3. 2007.....	4,389	4,389	.0	67.3	67.3	0.0	.0	0	0.0	.0	0
4. 2008.....	4,072	4,072	.0	65.2	65.2	0.0	.0	0	0.0	.0	0
5. 2009.....	2,485	2,485	.0	48.1	48.1	0.0	.0	0	0.0	.0	0
6. 2010.....	3,817	3,817	.0	84.2	84.2	0.0	.0	0	0.0	.0	0
7. 2011.....	2,712	2,712	.0	52.9	52.9	0.0	.0	0	0.0	.0	0
8. 2012.....	3,396	3,396	.0	67.4	67.4	0.0	.0	0	0.0	.0	0
9. 2013.....	2,654	2,654	.0	63.0	63.0	0.0	.0	0	0.0	.0	0
10. 2014.....	2,850	2,850	.0	69.1	69.1	0.0	.0	0	0.0	.0	0
11. 2015.....	3,107	3,107	0	82.5	82.5	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	3	3	2	2	0	0	XXX
2. 2006.....	2,217	2,217	0	891	891	167	167	258	258	0	0	219
3. 2007.....	1,375	1,375	0	370	370	31	31	77	77	0	0	87
4. 2008.....	755	755	0	641	641	16	16	62	62	0	0	59
5. 2009.....	446	446	0	36	36	(5)	(5)	14	14	0	0	14
6. 2010.....	543	543	0	59	59	22	22	22	22	0	0	23
7. 2011.....	662	662	0	150	150	2	2	19	19	0	0	28
8. 2012.....	818	818	0	619	619	172	172	39	39	0	0	42
9. 2013.....	850	850	0	54	54	0	0	22	22	0	0	26
10. 2014.....	941	941	0	119	119	0	0	31	31	0	0	31
11. 2015.....	878	878	0	154	154	55	55	30	30	0	0	27
12. Totals	XXX	XXX	XXX	3,092	3,092	463	463	576	576	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20					
	Direct and Assumed		Direct and Assumed		Direct and Assumed		Direct and Assumed		Direct and Assumed				
	Ceded		Ceded	Ceded	Ceded	Ceded	Ceded	Ceded	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed	
1. Prior.....	34	34	19	19	0	0	25	25	6	6	0	0	6
2. 2006.....	0	0	5	5	0	0	6	6	0	0	0	0	0
3. 2007.....	0	0	2	2	0	0	4	4	0	0	0	0	0
4. 2008.....	0	0	4	4	0	0	5	5	0	0	0	0	0
5. 2009.....	0	0	5	5	0	0	6	6	0	0	0	0	0
6. 2010.....	0	0	8	8	0	0	8	8	0	0	0	0	0
7. 2011.....	0	0	10	10	0	0	10	10	0	0	0	0	0
8. 2012.....	0	0	10	10	0	0	11	11	0	0	0	0	0
9. 2013.....	0	0	16	16	0	0	18	18	0	0	0	0	0
10. 2014.....	5	5	32	32	0	0	24	24	1	1	0	0	1
11. 2015.....	335	335	102	102	0	0	31	31	6	6	0	0	6
12. Totals	374	374	213	213	0	0	149	149	13	13	0	0	13

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	1,327	1,327	0	59.9	59.9	0.0	0	0	0.0	0	0
3. 2007.....	485	485	0	35.3	35.3	0.0	0	0	0.0	0	0
4. 2008.....	727	727	0	96.4	96.4	0.0	0	0	0.0	0	0
5. 2009.....	55	55	0	12.3	12.3	0.0	0	0	0.0	0	0
6. 2010.....	119	119	0	21.8	21.8	0.0	0	0	0.0	0	0
7. 2011.....	190	190	0	28.8	28.8	0.0	0	0	0.0	0	0
8. 2012.....	852	852	0	104.1	104.1	0.0	0	0	0.0	0	0
9. 2013.....	110	110	0	12.9	12.9	0.0	0	0	0.0	0	0
10. 2014.....	212	212	0	22.6	22.6	0.0	0	0	0.0	0	0
11. 2015.....	714	714	0	81.4	81.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2013	1	1	0	0	0	0	0	0	0	0	0	XXX
10. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	634	634	0	0	0	0	0	16	16	0	0	3
3. 2007.....	371	371	0	3	3	0	0	26	26	0	0	2
4. 2008.....	267	267	0	0	0	0	0	0	0	0	0	0
5. 2009.....	245	245	0	0	0	0	0	0	0	0	0	0
6. 2010.....	275	275	0	0	0	0	0	0	0	0	0	0
7. 2011.....	444	444	0	425	425	3	3	16	16	0	0	5
8. 2012.....	470	470	0	2	2	0	0	22	22	0	0	10
9. 2013.....	349	349	0	0	0	0	0	0	0	0	0	0
10. 2014.....	248	248	0	0	0	0	0	0	0	0	0	0
11. 2015.....	155	155	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	429	429	3	3	80	80	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	1	1	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	13	13	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	13	13	0	0	1	1	0	0	0	0	0
8. 2012.....	0	0	24	24	0	0	2	2	0	0	0	0	0
9. 2013.....	0	0	37	37	0	0	4	4	0	0	0	0	0
10. 2014.....	0	0	49	49	0	0	5	5	0	0	0	0	0
11. 2015.....	0	0	95	95	0	0	6	6	0	0	0	0	0
12. Totals	0	0	233	233	0	0	21	21	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	16	16	0	2.6	2.6	0.0	0	0	0.0	0	0
3. 2007.....	29	29	0	7.8	7.8	0.0	0	0	0.0	0	0
4. 2008.....	1	1	0	0.2	0.2	0.0	0	0	0.0	0	0
5. 2009.....	1	1	0	0.2	0.2	0.0	0	0	0.0	0	0
6. 2010.....	14	14	0	4.9	4.9	0.0	0	0	0.0	0	0
7. 2011.....	457	457	0	103.1	103.1	0.0	0	0	0.0	0	0
8. 2012.....	50	50	0	10.7	10.7	0.0	0	0	0.0	0	0
9. 2013.....	41	41	0	11.8	11.8	0.0	0	0	0.0	0	0
10. 2014.....	54	54	0	21.9	21.9	0.0	0	0	0.0	0	0
11. 2015.....	101	101	0	65.1	65.1	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2014.....	0	0	0	595.7	595.7	0.0	0	0	0.0	0	0
11. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2014	323	323	0	69	69	0	0	13	13	0	0	XXX
3. 2015	281	281	0	63	63	0	0	9	9	0	0	XXX
4. Totals	XXX	XXX	XXX	132	132	0	0	21	21	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015	10	10	7	7	0	0	0	0	1	1	0	0	1
4. Totals	10	10	7	7	0	0	0	0	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2014	82	82	0	25.4	25.4	0.0	0	0	0.0	0	0
3. 2015	89	89	0	31.8	31.8	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2014.....	71	71	.....0	.....27	.....27	.....0	.....0	.....3	.....3	.....0	.....0	12
3. 2015.....	58	58	0	0	0	0	0	0	0	0	0	2
4. Totals	XXX	XXX	XXX	28	28	0	0	3	3	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015	0	0	1	1	0	0	0	0	0	0	0	0	0
4. Totals	0	0	1	1	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2014.....	31	31	0	43.7	43.7	0.0	0	0	0.0	0	0
3. 2015.....	1	1	0	2.3	2.3	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

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

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	2	2	0	0	0	0	0	0	0	0	0	0
4. 2008.....	3	3	0	0	0	0	0	0	0	0	0	0
5. 2009.....	2	2	0	0	0	0	0	0	0	0	0	0
6. 2010.....	1	1	0	0	0	0	0	0	0	0	0	0
7. 2011.....	(1)	(1)	0	0	0	0	0	0	0	0	0	0
8. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2008.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2009.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2010.....	0	0	0	5.7	5.7	0.0	0	0	0.0	0	0
7. 2011.....	0	0	0	16.5	16.5	0.0	0	0	0.0	0	0
8. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

NONE

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

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

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

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.5	.0
2. 2006.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	224	.69
3. 2007.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	185	.40
4. 2008.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	621	145
5. 2009.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	494	153
6. 2010.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	929	270
7. 2011.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	2,001	533
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	2,260	653
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	1,277	480
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	885	372
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	620	267

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.20	.0
2. 2006.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	148	.70
3. 2007.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	112	.34
4. 2008.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	55	16
5. 2009.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	40	11
6. 2010.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	18	.1
7. 2011.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	22	.3
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	28	.4
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.6	.2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.5	.2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	1	1

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	12	.0
2. 2006.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	.11
3. 2007.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	10	10
4. 2008.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.2	.2
5. 2009.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.6	.2
6. 2010.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.4	.0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.5	.1
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.3	.0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.2	.0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.2	.2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0	1

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	175	.0
2. 2006.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	447	234
3. 2007.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	551	177
4. 2008.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	465	204
5. 2009.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	335	254
6. 2010.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	363	221
7. 2011.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	312	224
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	299	174
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	225	184
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	217	245
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	105	221

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	.0
2. 2006.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	141	.78
3. 2007.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	48	.39
4. 2008.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	39	.20
5. 2009.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	12	.2
6. 2010.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	14	.9
7. 2011.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	15	.13
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	23	.19
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	16	.10
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	18	.12
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	15	.6

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000										XXX	XXX
2. 2006.....											XXX	XXX
3. 2007.....	XXX										XXX	XXX
4. 2008.....	XXX	XXX									XXX	XXX
5. 2009.....	XXX	XXX	XXX								XXX	XXX
6. 2010.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....	.000	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3
3. 2007.....	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....1	.....1
4. 2008.....	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2009.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2010.....	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....1	.....4
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....2	.....8
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0	.....0	.....0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0

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

1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000		.0	.0	.0
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	10	2
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2006											XXX	XXX
3. 2007	XXX										XXX	XXX
4. 2008	XXX	XXX									XXX	XXX
5. 2009	XXX	XXX	XXX								XXX	XXX
6. 2010	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 3T - Warranty

NONE

Schedule P - Part 4A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

Schedule P - Part 4G - Special Liability

NONE

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

NONE

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

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 4M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4T - Warranty

N O N E

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	38	4	1	0	0	0	0	0	0	0
2. 2006.....	186	224	224	224	224	224	224	224	224	224
3. 2007.....	XXX	138	185	185	185	185	185	185	185	185
4. 2008.....	XXX	XXX	540	616	617	620	620	621	621	621
5. 2009.....	XXX	XXX	XXX	409	487	491	491	493	494	494
6. 2010.....	XXX	XXX	XXX	XXX	797	916	924	927	928	929
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,753	1,990	1,996	1,999	2,001
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,991	2,243	2,257	2,260
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,135	1,265	1,277
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	814	885
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	620

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	10	7	3	2	2	1	1	1	1	1
2. 2006.....	33	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	27	0	0	0	0	0	0	0	0
4. 2008.....	XXX	XXX	30	1	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	52	4	4	3	1	0	1
6. 2010.....	XXX	XXX	XXX	XXX	80	8	5	3	0	1
7. 2011.....	XXX	XXX	XXX	XXX	XXX	72	4	4	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	101	5	1	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	14	6
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	8
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	25	4	1	0	0	0	0	0	0	0
2. 2006.....	272	293	293	293	293	293	293	293	293	293
3. 2007.....	XXX	195	224	225	225	225	225	225	225	225
4. 2008.....	XXX	XXX	693	759	760	765	765	766	766	766
5. 2009.....	XXX	XXX	XXX	562	641	646	646	647	647	648
6. 2010.....	XXX	XXX	XXX	XXX	1,103	1,187	1,196	1,197	1,198	1,200
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2,264	2,522	2,530	2,531	2,534
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,667	2,896	2,911	2,914
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,625	1,756	1,763
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,197	1,265
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	928

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	65	13	3	0	4	0	0	0	0	0
2. 2006.....	113	138	148	148	148	148	148	148	148	148
3. 2007.....	XXX	81	102	111	112	112	112	112	112	112
4. 2008.....	XXX	XXX	43	53	54	55	55	55	55	55
5. 2009.....	XXX	XXX	XXX	23	34	40	40	40	40	40
6. 2010.....	XXX	XXX	XXX	XXX	16	17	17	17	18	18
7. 2011.....	XXX	XXX	XXX	XXX	XXX	16	20	22	22	22
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	19	26	27	28
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	17	7	1	3	0	0	0	0	0	0
2. 2006.....	36	10	0	0	0	0	0	0	0	0
3. 2007.....	XXX	28	9	2	1	1	1	0	0	0
4. 2008.....	XXX	XXX	14	4	1	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	10	5	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	1	1	1	1	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3	0	0	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4	1	1	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	44	5	1	2	1	0	0	0	0	0
2. 2006.....	201	217	218	218	218	218	218	218	218	218
3. 2007.....	XXX	128	141	144	146	146	146	146	146	146
4. 2008.....	XXX	XXX	66	71	71	71	71	71	71	71
5. 2009.....	XXX	XXX	XXX	41	48	51	51	51	51	51
6. 2010.....	XXX	XXX	XXX	XXX	18	19	19	19	19	19
7. 2011.....	XXX	XXX	XXX	XXX	XXX	21	23	25	25	25
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	27	31	32	32
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8	8
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	8	8	3	0	1	0	0	0	0	0
2. 2006.....	19	22	23	23	23	23	23	23	23	23
3. 2007.....	XXX	8	10	10	10	10	10	10	10	10
4. 2008.....	XXX	XXX	1	1	2	2	2	2	2	2
5. 2009.....	XXX	XXX	XXX	5	6	6	6	6	6	6
6. 2010.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4
7. 2011.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2	3	3	3
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	14	6	1	2	1	2	0	0	0	0
2. 2006.....	7	7	0	0	0	0	0	0	0	0
3. 2007.....	XXX	2	1	1	0	0	0	0	0	0
4. 2008.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	33	4	2	1	0	1	(2)	0	0	0
2. 2006.....	31	34	34	34	34	34	34	34	34	34
3. 2007.....	XXX	12	19	20	20	20	20	20	20	20
4. 2008.....	XXX	XXX	2	2	4	4	4	4	4	4
5. 2009.....	XXX	XXX	XXX	7	8	8	8	8	8	8
6. 2010.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4
7. 2011.....	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3	3
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	203	87	34	28	14	2	4	5	1	0
2. 2006.....	254	404	426	438	442	444	444	446	447	447
3. 2007.....	XXX	355	491	527	532	544	549	551	551	551
4. 2008.....	XXX	XXX	331	431	443	457	460	463	463	465
5. 2009.....	XXX	XXX	XXX	228	316	331	332	335	335	335
6. 2010.....	XXX	XXX	XXX	XXX	229	327	348	357	363	363
7. 2011.....	XXX	XXX	XXX	XXX	XXX	204	296	300	307	312
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	200	279	295	299
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	209	225
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	217
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	160	92	68	43	41	28	19	17	10	8
2. 2006.....	143	31	17	10	3	1	3	1	1	1
3. 2007.....	XXX	170	53	23	18	2	2	0	0	0
4. 2008.....	XXX	XXX	109	24	19	5	4	2	4	2
5. 2009.....	XXX	XXX	XXX	108	17	6	5	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	100	37	17	9	5	7
7. 2011.....	XXX	XXX	XXX	XXX	XXX	91	16	12	6	2
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	87	19	8	4
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	21	8
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	26
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	196	36	22	12	15	(10)	(3)	3	(6)	(2)
2. 2006.....	580	653	672	679	679	679	681	681	682	682
3. 2007.....	XXX	636	706	720	721	721	726	728	728	728
4. 2008.....	XXX	XXX	596	653	662	664	667	669	671	671
5. 2009.....	XXX	XXX	XXX	542	580	585	589	589	589	589
6. 2010.....	XXX	XXX	XXX	XXX	503	579	584	587	589	591
7. 2011.....	XXX	XXX	XXX	XXX	XXX	476	534	535	537	538
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	407	466	471	477
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	358	413	417
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	423	488
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	367

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	26	6	6	7	4	0	0	0	0	0
2. 2006.....	123	139	139	139	140	141	141	141	141	141
3. 2007.....	XXX	35	46	46	48	48	48	48	48	48
4. 2008.....	XXX	XXX	26	37	39	39	39	39	39	39
5. 2009.....	XXX	XXX	XXX	11	12	12	12	12	12	12
6. 2010.....	XXX	XXX	XXX	XXX	10	13	13	14	14	14
7. 2011.....	XXX	XXX	XXX	XXX	XXX	13	15	15	15	15
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	19	21	21	23
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	16	16
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	18
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	64	19	17	11	2	3	2	3	5	6
2. 2006.....	12	3	2	2	3	1	0	0	0	0
3. 2007.....	XXX	12	0	5	0	0	0	0	0	0
4. 2008.....	XXX	XXX	7	2	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	2	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	4	1	1	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	5	3	4	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	53	14	9	5	3	2	(1)	1	2	2
2. 2006.....	204	217	218	218	220	220	219	219	219	219
3. 2007.....	XXX	71	81	86	86	86	86	87	87	87
4. 2008.....	XXX	XXX	47	59	59	59	59	59	59	59
5. 2009.....	XXX	XXX	XXX	14	14	14	14	14	14	14
6. 2010.....	XXX	XXX	XXX	XXX	21	23	23	23	23	23
7. 2011.....	XXX	XXX	XXX	XXX	XXX	23	28	28	28	28
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	32	41	42	42
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	26	26
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	31
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

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

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

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

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

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

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

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SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	7	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	0	1	1	1	1	1	1	1	1
4. 2008.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	0	0	1	1	1
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	2	0	0	0	0	0	0	0	0
4. 2008.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 2006.....	3	3	3	3	3	3	3	3	3	3
3. 2007.....	XXX	2	2	2	2	2	2	2	2	2
4. 2008.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	4	4	5	5	5
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10	10
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

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SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	620	620	620	620	620	620	620	620	620	620	0
3. 2007.....	XXX	336	336	336	336	336	336	336	336	336	0
4. 2008.....	XXX	XXX	235	235	235	235	235	235	235	235	0
5. 2009.....	XXX	XXX	XXX	220	220	220	220	220	220	220	0
6. 2010.....	XXX	XXX	XXX	XXX	135	135	135	135	135	135	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	38	38	38	38	38	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	67	67	67	67	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56	56	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	53	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	49
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49
13. Earned Premiums (Sch P-Pt. 1)	620	336	235	220	135	38	67	56	53	49	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	620	620	620	620	620	620	620	620	620	620	0
3. 2007.....	XXX	336	336	336	336	336	336	336	336	336	0
4. 2008.....	XXX	XXX	235	235	235	235	235	235	235	235	0
5. 2009.....	XXX	XXX	XXX	220	220	220	220	220	220	220	0
6. 2010.....	XXX	XXX	XXX	XXX	135	135	135	135	135	135	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	38	38	38	38	38	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	67	67	67	67	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56	56	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	53	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	49
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49
13. Earned Premiums (Sch P-Pt. 1)	620	336	235	220	135	38	67	56	53	49	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	(84)	(16)	0	0	0	0	0	0	0	0	0
2. 2006.....	7,134	7,247	7,253	7,253	7,253	7,253	7,253	7,253	7,253	7,253	0
3. 2007.....	XXX	6,422	6,653	6,654	6,646	6,646	6,646	6,646	6,646	6,646	0
4. 2008.....	XXX	XXX	6,010	6,012	5,996	5,996	5,996	5,996	5,996	5,996	0
5. 2009.....	XXX	XXX	XXX	5,163	5,079	5,076	5,076	5,076	5,076	5,076	0
6. 2010.....	XXX	XXX	XXX	XXX	4,640	4,647	4,648	4,648	4,648	4,648	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	5,124	5,210	5,214	5,214	5,214	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,955	5,031	5,025	5,021	(4)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,153	4,148	(5)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,121	10
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	3,766
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,767
13. Earned Premiums (Sch P-Pt. 1)	7,050	6,520	6,247	5,165	4,533	5,128	5,042	4,213	4,126	3,767	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	(84)	(16)	0	0	0	0	0	0	0	0	0
2. 2006.....	7,134	7,247	7,253	7,253	7,253	7,253	7,253	7,253	7,253	7,253	0
3. 2007.....	XXX	6,422	6,653	6,654	6,646	6,646	6,646	6,646	6,646	6,646	0
4. 2008.....	XXX	XXX	6,010	6,012	5,996	5,996	5,996	5,996	5,996	5,996	0
5. 2009.....	XXX	XXX	XXX	5,163	5,079	5,076	5,076	5,076	5,076	5,076	0
6. 2010.....	XXX	XXX	XXX	XXX	4,640	4,647	4,648	4,648	4,648	4,648	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	5,124	5,210	5,214	5,214	5,214	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,955	5,031	5,025	5,021	(4)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,153	4,148	(5)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,121	10
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	3,766
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,767
13. Earned Premiums (Sch P-Pt. 1)	7,050	6,520	6,247	5,165	4,533	5,128	5,042	4,213	4,126	3,767	XXX

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	69	(19)	0	0	0	0	0	0	0	0	0
2. 2006.....	2, 147	2, 180	2, 164	2, 164	2, 164	2, 164	2, 164	2, 164	2, 164	2, 164	0
3. 2007.....	XXX	1, 361	1, 340	1, 339	1, 339	1, 339	1, 339	1, 339	1, 339	1, 339	0
4. 2008.....	XXX	XXX	792	791	791	791	791	791	791	791	0
5. 2009.....	XXX	XXX	XXX	448	449	448	448	448	448	448	0
6. 2010.....	XXX	XXX	XXX	XXX	543	541	541	541	541	541	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	664	665	665	665	665	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	817	821	821	821	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846	846	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	941	(1)
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	879
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	878
13. Earned Premiums (Sch P-Pt. 1)	2, 217	1, 375	755	446	543	662	818	850	941	878	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	69	(19)	0	0	0	0	0	0	0	0	0
2. 2006.....	2, 147	2, 180	2, 164	2, 164	2, 164	2, 164	2, 164	2, 164	2, 164	2, 164	0
3. 2007.....	XXX	1, 361	1, 340	1, 339	1, 339	1, 339	1, 339	1, 339	1, 339	1, 339	0
4. 2008.....	XXX	XXX	792	791	791	791	791	791	791	791	0
5. 2009.....	XXX	XXX	XXX	448	449	448	448	448	448	448	0
6. 2010.....	XXX	XXX	XXX	XXX	543	541	541	541	541	541	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	664	665	665	665	665	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	817	821	821	821	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846	846	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	941	(1)
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	879
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	878
13. Earned Premiums (Sch P-Pt. 1)	2, 217	1, 375	755	446	543	662	818	850	941	878	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	4	0	0	0	0	0	0	0	0	0	0
2. 2006.....	630	620	620	620	620	620	620	620	620	620	0
3. 2007.....	XXX	381	379	379	379	379	379	379	379	379	0
4. 2008.....	XXX	XXX	268	268	268	268	268	268	268	268	0
5. 2009.....	XXX	XXX	XXX	245	245	245	245	245	245	245	0
6. 2010.....	XXX	XXX	XXX	XXX	275	275	275	275	275	275	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	444	444	444	444	444	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	470	470	470	470	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	350	350	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	246	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	155
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155
13. Earned Premiums (Sch P-Pt. 1)	634	371	267	245	275	444	470	349	248	155	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	4	0	0	0	0	0	0	0	0	0	0
2. 2006.....	630	620	620	620	620	620	620	620	620	620	0
3. 2007.....	XXX	381	379	379	379	379	379	379	379	379	0
4. 2008.....	XXX	XXX	268	268	268	268	268	268	268	268	0
5. 2009.....	XXX	XXX	XXX	245	245	245	245	245	245	245	0
6. 2010.....	XXX	XXX	XXX	XXX	275	275	275	275	275	275	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	444	444	444	444	444	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	470	470	470	470	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	350	350	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	246	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	155
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155
13. Earned Premiums (Sch P-Pt. 1)	634	371	267	245	275	444	470	349	248	155	XXX

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SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2008.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2008.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2009.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2010.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	2	1	1	1	1	1	1	1	1	0
4. 2008.....	XXX	XXX	4	4	4	4	4	4	4	4	0
5. 2009.....	XXX	XXX	XXX	2	2	2	2	2	2	2	0
6. 2010.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	2	3	2	1	(1)	0	0	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	XXX	2	1	1	1	1	1	1	1	1	0
4. 2008.....	XXX	XXX	4	4	4	4	4	4	4	4	0
5. 2009.....	XXX	XXX	XXX	2	2	2	2	2	2	2	0
6. 2010.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)	0
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	2	3	2	1	(1)	0	0	0	0	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE P INTERROGATORIES

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior	0	0
1.602	2006	0	0
1.603	2007	0	0
1.604	2008	0	0
1.605	2009	0	0
1.606	2010	0	0
1.607	2011	0	0
1.608	2012	0	0
1.609	2013	0	0
1.610	2014	0	0
1.611	2015	0	0
1.612	Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “ Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity0
5.2 Surety0
6. Claim count information is reported per claim or per claimant (Indicate which).per claimant.....
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 (An extended statement may be attached.)
Starting in 2010, a portion of Adjusting and Other expense payments, representing costs not associated with the settlement of claim reserves, were allocated to the current accident year.
The remainder of Adjusting and Other expenses were allocated to the years in which the losses were incurred based on claim counts.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Total							

NONE

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.0088	The Hanover Insurance Group	12833	80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-2875170				Aberdeen Underwriting Advisers Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						AIX Holdings, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						AIX Insurance Services of California, Inc.							
	The Hanover Insurance Group		27-1304098					CA	NIA	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Insurance Holdings Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 1) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 2) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	10212	04-3272695				ALIT (No. 3) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 4) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT (No. 5) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						ALIT Underwriting Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Allmerica Financial Alliance Insurance Co.							
	The Hanover Insurance Group		04-3194493				Allmerica Financial Benefit Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Allmerica Plus Insurance Agency, Inc.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		54-1618745				Campania Management Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						CH 1997 Limited	GBR	NIA	Chaucer Capital Investments Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Capital Investments Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Consortium Underwriting Limited	GBR	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 2) Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 3) Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Dedicated Limited	GBR	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer GmbH	DEU	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Holdings Limited	GBR	NIA	The Hanover Insurance International Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	31534	38-0421730				Chaucer Insurance Group PLC	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Labuan Limited	MYS	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Latin America, S.A.	ARG	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Oslo A.S.	NOR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Singapore PTE Limited	SGP	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicates Limited	GBR	NIA	Chaucer Capital Investments Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Syndicate Services Limited	GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Chaucer Underwriting A/S	DNK	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		36-4123481				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		38-3167100				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of Ohio	OH	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-1652700				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-3626264				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-400275				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group									The Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		75-1827351				Hanover Lloyd's Insurance Co.	TX	IA					
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Insurance4Cargo Services Limited	GBR	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group													

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
.0088	The Hanover Insurance Group	.22306	04-2217600				Lonham Group Limited	.GBR	.NIA	Lonham Limited	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Lonham Limited	.GBR	.NIA	Chaucer Syndicates Limited	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Massachusetts Bay Insurance Company	.NH	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.42552	16-1066198				NOVA American Group, Inc.	.NY	.NIA	AIX, Holdings, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						NOVA Casualty Company	.NY	.IA	Nova American Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						One Mercantile Place, L.L.C.	.MA	.NIA	CitySquare II Investment Co. LLC	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.25585	27-3626424				Opus Investment Management, Inc.	.MA	.UIP	The Hanover Insurance Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Professionals Direct Insurance Company	.MI	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Professionals Direct Insurance Services, Inc.	.MI	.NIA	Professionals Direct, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.36064	38-3383822				Professionals Direct, Inc.	.MI	.NIA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						The Hanover American Insurance Company	.NH	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						The Hanover Insurance Company	.NH	.UDP	Opus Investment Management, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.22292	13-5129825			New York Stock Exchange	The Hanover Insurance Company							
	The Hanover Insurance Group						The Hanover Insurance Group, Inc.	.DE	.UIP			.0.000		
	The Hanover Insurance Group						The Hanover Insurance International Holdings Limited	.GBR	.NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.13147	74-3242673				The Hanover National Insurance Company	.NH	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						The Hanover New Jersey Insurance Company	.NH	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						The Hanover Texas Insurance Management Company, Inc.	.TX	.NIA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.10815	74-2556029				VeraVest Investments, Inc.	.MA	.NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Verlan Fire Insurance Company	.NH	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Verlan Holdings, Inc.	.MD	.NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
.0088	The Hanover Insurance Group	.10815	04-2448927				Verlan Fire Insurance Company	.NH	.IA	The Hanover Insurance Company	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Verlan Holdings, Inc.	.MD	.NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group						Verlan Holdings, Inc.	.MD	.NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	.100.000	The Hanover Insurance Group, Inc.	

Asterisk	Explanation

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	(3,000,000)	0	0	0	0	0		0	(3,000,000)	143,965,728
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	0	0	0	0	0		0	0	131,580,760
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	2,000,000	0	0	0	(52,019,182)		0	(50,019,182)	423,906,745
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	0	0	0	0	0	0		0	0	19,439,617
	54-1632456	Campania Holding Company, Inc.	0	212,595	0	0	0	0		0	212,595	0
	31-1810317	Campania Insurance Agency, Inc.	0	(212,595)	0	0	0	0		0	(212,595)	0
		Chaucer Holdings PLC	(108,500,000)	0	0	0	0	0		65,000,000	(43,500,000)	0
31534	38-0421730	Citizens Insurance Co. of America	(63,000,000)	0	(65,309,946)	0	153,037,855	8,186,767		(34,700,000)	(1,785,324)	(28,044,352)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	0	0	0	0		0	0	39,721,168
10176	38-3167100	Citizens Insurance Co. of Ohio	0	0	0	0	0	0		0	0	18,300,852
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	2,000,000	0	0	0	(114,542,130)		0	(112,542,130)	646,401,167
	27-1652700	CitySquare II Development Co., L.L.C	0	(1,075,000)	0	0	0	0		0	(1,075,000)	0
	27-2400275	Educators Insurance Agency, Inc.	(500,000)	(880,000)	0	0	0	0		0	(1,380,000)	0
36064	04-3063898	The Hanover American Insurance Co.	0	0	0	0	0	(48,256,904)		0	(48,256,904)	248,170,149
22292	13-5129825	The Hanover Insurance Company	63,000,000	(4,000,000)	65,309,946	0	(66,413,156)	391,884,163		(133,000,000)	316,780,953	(2,967,657,914)
11705	86-1070355	Hanover New Jersey Insurance Company	0	0	0	0	0	0		0	0	501,113
	52-1172293	Hanover Specialty Insurance Brokers, Inc.	0	500,000	0	0	0	0		0	500,000	0
	74-2556029	The Hanover Texas Insurance Management Co.	0	0	0	0	0	0		0	0	40,776,653
22306	04-2217600	Massachusetts Bay Insurance Company	0	0	0	0	0	(150,515,766)		0	(150,515,766)	762,160,471
	16-1066198	NOVA American Group, Inc.	0	159,756	0	0	0	0		0	159,756	0
42552	16-1140177	NOVA Casualty Co.	3,000,000	0	0	0	0	0		0	3,000,000	451,656,575
	06-1276047	NOVA Insurance Group, Inc.	0	0	0	0	0	0		0	0	0
	04-2854021	Opus Investment Management, Inc.	(1,850,000)	1,350,000	0	0	0	0		0	(500,000)	0
	22-3015617	Professional Underwriters Agency, Inc.	0	(159,756)	0	0	0	0		0	(159,756)	0
25585	38-2755799	Professionals Direct Insurance Company	0	0	0	0	0	0		0	0	18,772,283
	04-3263626	The Hanover Insurance Group, Inc.	110,850,000	(2,291,743)	0	0	(86,624,699)	0		102,700,000	124,633,558	0
		The Hanover Insurance International Holdings Limited	0	2,396,743	0	0	0	0		0	2,396,743	0
10815	52-0903682	Verlan Fire Insurance Co.	0	0	0	0	0	(34,736,948)		0	(34,736,948)	50,348,985
	52-2044133	Verlan Holdings Inc.	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES











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

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

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





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

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Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15.	Supplement A to Schedule T [Document Identifier 455]	
16.	Trusteed Surplus Statement [Document Identifier 490]	
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	
21.	Reinsurance Attestation Supplement [Document Identifier 399]	
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

NONE

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