



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

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

Citizens Insurance Company of Ohio

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

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

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

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

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

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

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

Internet Website Address WWW.HANOVER.COM

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

508-855-6417 (FAX Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Massachusetts
County of Worcester SS:

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

Frederick Henry Eppinger
President

Charles Frederick Cronin
Secretary

Andrew Christopher Furman
Vice President & Treasurer

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

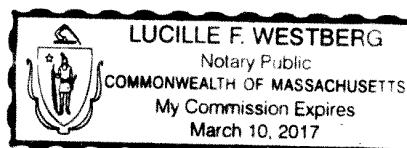
Lucille F. Westberg
Lucille F. Westberg
Notary
March 10, 2017

a. Is this an original filing?

b. If no,

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

Yes [] No []





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

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	1,159	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	0	(42)	(42)	0	4	4	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	1,159	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	0	(42)	(42)	0	4	4	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	9	10	11	12	13	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
0799999. Total - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates					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
0999999. Total Other U.S. Unaffiliated Insurers					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
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools					236	0	357	357	0	0	67	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
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools					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
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
1399999. Total Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0
9999999 Totals					236	0	357	357	0	0	67	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

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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		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	
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 Name of Reinsurer	2 Commission Rate	3 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 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 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

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

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 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		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	104	104	0	16.8	16.8	.00	0	0	0.0	0	0
3. 2007	63	63	0	18.6	18.6	.00	0	0	0.0	0	0
4. 2008	12	12	0	4.9	4.9	.00	0	0	0.0	0	0
5. 2009	21	21	0	9.7	9.7	.00	0	0	0.0	0	0
6. 2010	16	16	0	11.7	11.7	.00	0	0	0.0	0	0
7. 2011	25	25	0	65.1	65.1	.00	0	0	0.0	0	0
8. 2012	17	17	0	25.5	25.5	.00	0	0	0.0	0	0
9. 2013	6	6	0	11.3	11.3	.00	0	0	0.0	0	0
10. 2014	35	35	0	66.2	66.2	.00	0	0	0.0	0	0
11. 2015	8	8	0	16.0	16.0	.00	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	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
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
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
	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	1,327	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
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	1	1	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	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	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 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	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 1I - 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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	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 Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	0	0	0	6	2						
10. 2014	XXX	0	0	5	2							
11. 2015	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	0	0	0	2	0						
10. 2014	XXX	0	0	2	2							
11. 2015	XXX	0	0	1								

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(INCLUDING 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	0	0	0	225	184						
10. 2014	XXX	0	0	217	245							
11. 2015	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	0	0	0	16	10						
10. 2014	XXX	0	0	18	12							
11. 2015	XXX	0	15	6								

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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	.000											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XX								
7. 2011	XXX	XXX	XXX	XX	XXX							
8. 2012	XXX	XXX	XXX	XX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015	XXX	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	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
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	XX						XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XX	XXX	XXX				XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX			XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX			XXX	XXX
11. 2015	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	0	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	0	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	0	1
8. 2012	XXX	XXX	XXX	XXX	0	XXX	0	0	0	0	0	2
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	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	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX	XXX					
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	0	0	XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

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

1. Prior	XXX	000		XXX	XXX						
2. 2014	XXX		XXX	XXX							
3. 2015	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						
10. 2014	XXX			XXX	XXX							
11. 2015	XXX			XXX	XXX							

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	135	135	135	135	135	135	135	0
7. 2011.....	XXX	XXX	XXX	XXX	38	38	38	38	38	38	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	67	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	49	49	0
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	135	135	135	135	135	135	135	0
7. 2011.....	XXX	XXX	XXX	XXX	38	38	38	38	38	38	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	67	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	49	49	0
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	275	275	275	275	275	275	275	0
7. 2011.....	XXX	XXX	XXX	XXX	444	444	444	444	444	444	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	470	470	470	470	470	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	349	349	350	350	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	275	275	275	275	275	275	275	0
7. 2011.....	XXX	XXX	XXX	XXX	444	444	444	444	444	444	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	470	470	470	470	470	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	349	349	350	350	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A**

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
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 Fidelity 0
 5.2 Surety 0

6. Claim count information is reported per claim or per claimant (Indicate which). per claimant
 If not the same in all years, explain in Interrogatory 7.

- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

- 7.2 (An extended statement may be attached.)
 Starting in 2010, a portion of Adjusting and Other expense payments, representing costs not associated with the settlement of claim reserves, were allocated to the current accident year.
 The remainder of Adjusting and Other expenses were allocated to the years in which the losses were incurred based on claim counts.

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*		
	The Hanover Insurance Group		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						Aberdeen Underwriting Advisers Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group		20-2875170				AIX Holdings, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
							AIX Insurance Services of California, Inc.									
	The Hanover Insurance Group		27-1304098					CA	NIA	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
..0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
							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.			
	The Hanover Insurance Group						ALIT (No. 3) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group						ALIT (No. 4) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group						ALIT (No. 5) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group						ALIT Underwriting Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group	10212	04-3272695					NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
..0088	The Hanover Insurance Group	41840	23-2643430					MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group		04-3194493					MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
								MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group							VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
..0088	The Hanover Insurance Group	54-1632456	54-1618745					VA	NIA	Campania Holding Company, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group	12260	52-1827116					VA	NIA	Campania Management Company, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
								NH	IA	Campaned Casualty & Indemnity Co. Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group							GBR	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
								GBR	NIA	Chaucer Capital Investments Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group							GBR	NIA	Chaucer Capital Investments Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
								GBR	NIA	Chaucer Consortium Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group							GBR	NIA	Chaucer Corporate Capital Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
								GBR	NIA	Chaucer Corporate Capital (No. 2) Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group							GBR	NIA	Chaucer Corporate Capital (No. 3) Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
								GBR	NIA	Chaucer Dedicated Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group							DEU	NIA	Chaucer GmbH	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group									Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
										Chaucer Insurance Group PLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group									Chaucer Labuan Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
										Chaucer Latin America, S.A.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group									Chaucer Oslo A.S.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
										Chaucer Singapore PTE Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group									Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
										Chaucer Syndicate Services Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group									Chaucer Underwriting A/S	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
..0088	The Hanover Insurance Group	31534	38-0421730							DNK	Chaucer Syndicates Limited	100.000	The Hanover Insurance Group, Inc.			
										CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.			
	The Hanover Insurance Group	10714	36-4123481							MI	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
										IL	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group	10176	38-3167100							OH	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
										IN	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group	10395	35-1958418							MA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
										MA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group									MA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
										MA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group									MA	Educators Insurance Agency, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
										TX	The Hanover Lloyd's Insurance Co.	Company, Inc.	Attorney-In-Fact	100.000	The Hanover Insurance Group, Inc.	
..0088	The Hanover Insurance Group	41602	75-1827351							VA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
										GBR	Insurance4Cargo Services Limited	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		52-1172293													
	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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	The Hanover Insurance Group					Lonham Group Limited	Lonham Group Limited	GBR	NIA	Lonham Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group					Lonham Limited	Chaucer Syndicates Limited	GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	22306	04-2217600			Massachusetts Bay Insurance Company	Nova American Group, Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		16-1066198			NOVA American Group, Inc.	NOVA Casualty Company	NY	NIA	AIX Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	42552	16-1140177			NOVA Casualty Company	One Mercantile Place, L.L.C.	NY	IA	Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		27-3626424			One Mercantile Place, L.L.C.	Opus Investment Management, Inc.	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		04-2854021			Opus Investment Management, Inc.	Professionals Direct Insurance Company	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	25585	38-2755799			Professionals Direct Insurance Company	Professionals Direct Insurance Services, Inc.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		38-3383822			Professionals Direct, Inc.	New York Stock Exchange	MI	NIA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
	The Hanover Insurance Group		38-3324634			The Hanover American Insurance Company	The Hanover Insurance Company	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	
0088	The Hanover Insurance Group	36064	04-3063898			The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		22292	13-5129825		The Hanover Insurance Group, Inc.	The Hanover Insurance International Holdings Limited	DE	UIP			0.000		
0088	The Hanover Insurance Group		04-3263626			The Hanover Insurance International Holdings Limited	GBR	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		13147	74-3242673		The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	11705	86-1070355			The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		74-2556029			The Hanover Texas Insurance Management Company, Inc.	TX	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		04-2448927			VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
0088	The Hanover Insurance Group	10815	52-0903682			Verian Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		
	The Hanover Insurance Group		52-2044133			Verian Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.		

Asterisk		Explanation

NONE

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

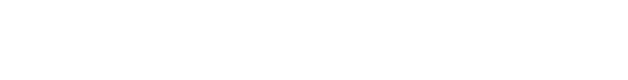
SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 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	*	.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	0
04-2854021	Opus Investment Management, Inc.	(1,850,000)	1,350,000	.0	0	0	0	0	*	.0	(500,000)	0
22-3015617	Professional Underwriters Agency, Inc.	0	(159,756)	.0	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	*	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 Trusted 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	
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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13.		
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Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 0 1 7 6 2 0 1 5 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 0 1 7 6 2 0 1 5 2 4 0 0 0 0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 0 0 1 7 6 2 0 1 5 3 6 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 0 0 1 7 6 2 0 1 5 4 5 5 0 0 0 0 0
16.	Trusted Surplus Statement [Document Identifier 490]	 1 0 0 1 7 6 2 0 1 5 4 9 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 0 1 7 6 2 0 1 5 3 6 5 0 0 0 0 0
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 0 1 7 6 2 0 1 5 3 8 5 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 0 1 7 6 2 0 1 5 3 9 9 0 0 0 0 0
21.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 0 1 7 6 2 0 1 5 4 0 0 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 0 1 7 6 2 0 1 5 3 6 5 0 0 0 0 0

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]



24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



25. Relief from the five-year rotation requirement for lead audit partner
[Document Identifier 224]



26. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]



27. Relief from the Requirements for Audit Committees [Document Identifier 226]



28. Credit Insurance Experience Exhibit [Document Identifier 230]



29. Long-Term Care Experience Reporting Forms [Document Identifier 306]



30. Accident and Health Policy Experience Exhibit [Document Identifier 210]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CITIZENS INSURANCE COMPANY OF OHIO
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NONE

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