



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

NAIC Group Code	0088 (Current)	0088 (Prior)	NAIC Company Code	10176	Employer's ID Number	38-3167100
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Incorporated/Organized	11/17/1994		Commenced Business	02/13/1995		
Statutory Home Office	1300 East 9th Street, Suite 1010 (Street and Number)		Cleveland, OH, US 44114-1506 (City or Town, State, Country and Zip Code)			
Main Administrative Office	440 Lincoln Street (Street and Number)		Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code)			
			508-853-7200 (Area Code) (Telephone Number)			
Mail Address	440 Lincoln Street (Street and Number or P.O. Box)		Worcester, MA, US 01653-0002 (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 (City or Town, State, Country and Zip Code)			
			508-853-7200 8554476 (Area Code) (Telephone Number)			
Internet Website Address	WWW.HANOVER.COM					
Statutory Statement Contact	Kathleen B. Edwards (Name)		508-853-7200-8554476 (Area Code) (Telephone Number)			
	KEDWARDS@HANOVER.COM (E-mail Address)		508-853-6332 (FAX Number)			

OFFICERS

President Joseph Michael Zubretsky # Assistant Treasurer, CFO,
Secretary Charles Frederick Cronin & Executive Vice President Jeffrey Mark Farber #

OTHER

Mark Leo Berthiaume, Senior Vice President J. Kendall Huber, Executive Vice President & GC Mark Lowell Keim #, Executive Vice President
Richard William Lavey, Executive Vice President Christine Bilotti-Peterson, Senior Vice President John Conner Roche, Executive Vice President
Mark Joseph Welzenbach, Senior Vice President

DIRECTORS OR TRUSTEES

DRAFTING STAFF		
George Kusi Agyen	Mark Leo Berthiaume	Jeffrey Mark Farber #
Janet Thomas Heidenthal	J. Kendall Huber	Mark Lowell Keim #
Christine Bilotti-Peterson	John Conner Roche	Ann Kirkpatrick Tripp
Mark Joseph Welzenbach	Joseph Michael Zubretsky #	

State of Massachusetts SS: _____
County of Worcester

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

Joseph Michael Zubretsky
President

Charles Frederick Cronin
Secretary

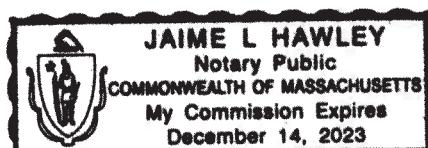
Jeffrey Mark Farber
Assistant Treasurer & CFO

Subscribed and sworn to before me this
6th day of February, 2017

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

Yes [X] No []

Jaime L. Hawley
Notary
December 14, 2023





ANNUAL STATEMENT FOR THE YEAR 2016 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 2016							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
2.1 Allied lines		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
2.3 Federal flood		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
2.5 Private flood		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
4. Homeowners multiple peril		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
5.2 Commercial multiple peril (liability portion)		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
8. Ocean marine		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
10. Financial guaranty		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
12. Earthquake		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
14. Credit accident and health (group and individual)		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
15.2 Non-cancellable accident and health(b)		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
15.4 Non-renewable for stated reasons only (b)		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
15.6 Medicare Title XVIII exempt from state taxes or fees		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
15.8 Federal employees health benefits plan premium (b)		0	0		0	0	0	0	0	0	0	0	0
16. Workers' compensation		1,481,551	1,963,509		490,696	2,141,591	2,783,954	7,341,530	113,687	56,852	375,711	176,055	47,353
17.1 Other Liability - occurrence		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
17.3 Excess workers' compensation		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
19.1 Private passenger auto no-fault (personal injury protection)		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
19.3 Commercial auto no-fault (personal injury protection)		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
21.1 Private passenger auto physical damage		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
22. Aircraft (all perils)		0	0		0	0	0	0	0	0	0	0	0
23. Fidelity		0	0		0	0	0	0	0	0	0	0	0
24. Surety		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
27. Boiler and machinery		0	0		0	0	0	0	0	0	0	0	0
28. Credit		0	0		0	0	0	0	0	0	0	0	0
30. Warranty		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
35. TOTALS (a)		1,481,551	1,963,509	0	490,696	2,141,591	2,783,954	7,341,530	113,687	56,852	375,711	176,055	47,353
DETAILS OF WRITE-INS													
3401.		0	0		0	0	0	0	0	0	0	0	0
3402.		0	0		0	0	0	0	0	0	0	0	0
3403.		0	0		0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page		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

(a) Finance and service charges not included in Lines 1 to 35 \$ 6,075

(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 2016 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 2016							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	(4,933)	0	0	(7)	0	0	0
2.1 Allied lines		0	0		0	0	(277)	0	0	(1)	0	0	0
2.2 Multiple peril crop		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
2.4. Private crop		0	0		0	0	0	0	0	0	0	0	0
2.5 Private flood		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
4. Homeowners multiple peril	9,815,097	9,931,051	0		5,083,867	3,949,957	3,826,812	1,609,093	102,900	(119,984)	159,420	1,513,753	199,476
5.1 Commercial multiple peril (non-liability portion)	538,818	540,580	0		264,543	91,560	149,592	90,397	699	2,349	12,016	.90,981	.10,824
5.2 Commercial multiple peril (liability portion)	306,147	321,282	0		155,436	26,977	(1,484)	525,347	44,221	55,713	149,960	51,877	6,082
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	224,975	222,418	0		114,530	57,351	108,064	62,411	117	1,001	897	.36,111	4,570
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	41,383	42,276	0		20,829	0	0	0	0	0	0	0	6,465
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-cancellable 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	122,704	129,601	0		68,520	0	(86,872)	146,151	0	(15,010)	5,669	.18,778	2,485
17.2 Other Liability - claims made	132	131	0		33	0	58	58	0	0	.75	.78	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	201	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	39,520	41,278	0		9,902	2,406	.811	9,711	0	(3,151)	3,655	5,360	798
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	34,987	36,795	0		4,380	0	(6,974)	12,799	0	2,245	5,945	9,186	712
21.1 Private passenger auto physical damage	34,216	35,515	0		8,412	3,189	6,261	2,776	0	(167)	23	4,860	695
21.2 Commercial auto physical damage	10,372	10,720	0		2,567	0	(1,633)	(35)	0	(36)	20	2,902	211
22. Aircraft (all perils)	0	0	0		0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0		0	0	0	0	0	0	0	0	0
24. Surety	0	0	0		0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0		0	0	42	0	0	0	(4)	0	0
27. Boiler and machinery	0	0	0		0	0	0	0	0	0	0	0	0
28. Credit	0	0	0		0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0		0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0		0	0	0	0	0	0	0	0	0
35. TOTALS (a)	11,168,351	11,311,646	0		5,733,019	4,131,440	3,989,668	2,458,708	147,937	(76,994)	337,680	1,740,351	226,699
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 \$ 49,268

(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 2016 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 2016

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	(4,933)	0	0	(7)	0	0	0
2.1 Allied lines	0	0	(1)	0	0	(277)	0	0	(1)	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
2.5 Private flood	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	9,815,097	9,931,051	0	5,083,867	3,949,957	3,826,812	1,609,093	102,900	(119,984)	159,420	1,513,753	199,476
5.1 Commercial multiple peril (non-liability portion)	538,818	540,580	0	264,543	91,560	149,592	90,397	699	2,349	12,016	.90,981	.10,824
5.2 Commercial multiple peril (liability portion)	306,147	321,282	0	155,436	26,977	(1,484)	525,347	44,221	55,713	149,960	51,877	6,082
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	224,975	222,418	0	114,530	57,351	108,064	62,411	117	1,001	897	.36,111	4,570
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	41,383	42,276	0	20,829	0	0	0	0	0	0	6,465	843
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-cancellable 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	1,481,551	1,963,509	0	490,696	2,141,591	2,783,954	7,341,530	113,687	.56,852	375,711	.176,055	.47,353
17.1 Other Liability - occurrence	122,704	129,601	0	68,520	0	(86,872)	146,151	0	(15,010)	5,669	.18,778	.2,485
17.2 Other Liability - claims made	132	131	0	33	0	58	58	0	58	.75	.78	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	201	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	39,520	41,278	0	9,902	2,406	.811	9,711	0	(3,151)	3,655	5,360	798
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	34,987	36,795	0	4,380	0	(6,974)	12,799	0	2,245	5,945	9,186	712
21.1 Private passenger auto physical damage	34,216	35,515	0	8,412	3,189	6,261	2,776	0	(167)	23	4,860	695
21.2 Commercial auto physical damage	10,372	10,720	0	2,567	0	(1,633)	(35)	0	(36)	20	2,902	211
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	42	0	0	0	(4)	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	12,649,902	13,275,155	0	6,223,715	6,273,031	6,773,622	9,800,238	261,624	(20,142)	713,391	1,916,406	274,052
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 \$ 55,343

(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 2016 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 WC PLACEMENT FACILITY ..MI				194	0	342	342	0	0	61	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					194	0	342	342	0	0	61	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					194	0	342	342	0	0	61	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					194	0	342	342	0	0	61	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
.38-0421730	.31534	CITIZENS INS CO OF AMERICA	MI		12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	0	
0399999		Total Authorized - Affiliates - U.S. Non-Pool - Other			12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	0	
0499999		Total Authorized - Affiliates - U.S. Non-Pool			12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	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			12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	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			12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	0	
1799999		Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2099999		Total Unauthorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999		Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299998		Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999		Total Unauthorized - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599998		Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599999		Total Unauthorized - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2699999		Total Unauthorized			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3099999		Total Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3399999		Total Certified - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499999		Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599998		Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999		Total Certified - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899998		Total Certified - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899999		Total Certified - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3999999		Total Certified			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4099999		Total Authorized, Unauthorized and Certified			12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	0	
4199999		Total Protected Cells			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999		Totals			12,844	0	0	8,195	0	2,272	978	6,284	0	17,729	0	0	17,729	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	17,729,000	12,844,000	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 2016 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)	15,720,627	0	15,720,627
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	142,416	0	142,416
6. Net amount recoverable from reinsurers	0	17,729,000	17,729,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	15,863,043	17,729,000	33,592,043
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	11,445,000	11,445,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	21,269	0	21,269
11. Unearned premiums (Line 9)	0	6,284,000	6,284,000
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 liabilities1,982	0	1,982
19. Total liabilities excluding protected cell business (Line 26)	23,251	17,729,000	17,752,251
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	15,839,792	XXX	15,839,792
22. Totals (Line 38)	15,863,043	17,729,000	33,592,043

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 2016 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	39	39	0	0	0	0	0	0	XXX	
2. 2007	1,574	1,574	0	689	689	5	5	107	107	0	0	225	
3. 2008	2,103	2,103	0	2,600	2,600	21	21	332	332	0	0	766	
4. 2009	3,501	3,501	0	3,225	3,225	148	148	257	257	0	0	648	
5. 2010	6,724	6,724	0	6,425	6,425	120	120	582	582	0	0	1,200	
6. 2011	10,473	10,473	0	12,735	12,735	107	107	1,126	1,126	0	0	2,537	
7. 2012	13,749	13,749	0	13,893	13,893	130	130	1,235	1,235	0	0	2,914	
8. 2013	14,211	14,211	0	8,436	8,436	125	125	792	792	0	0	1,764	
9. 2014	11,705	11,705	0	6,170	6,170	78	78	815	815	0	0	1,276	
10. 2015	10,669	10,669	0	4,134	4,134	37	37	720	720	0	0	996	
11. 2016	9,931	9,931	0	3,086	3,086	47	47	511	511	0	0	676	
12. Totals	XXX	XXX	XXX	61,433	61,433	818	818	6,477	6,477	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	10	10	0	0	4	4	0	0	0	0	0
2. 2007	0	0	3	3	0	0	1	1	0	0	0	0	0
3. 2008	0	0	2	2	0	0	1	1	0	0	0	0	0
4. 2009	0	0	2	2	0	0	2	2	0	0	0	0	0
5. 2010	0	0	2	2	0	0	3	3	0	0	0	0	0
6. 2011	0	0	2	2	0	0	5	5	0	0	0	0	0
7. 2012	0	0	1	1	0	0	7	7	0	0	0	0	0
8. 2013	40	40	4	4	0	0	13	13	3	3	0	0	2
9. 2014	75	75	2	2	0	0	24	24	1	1	0	0	1
10. 2015	37	37	9	9	0	0	43	43	7	7	0	0	5
11. 2016	786	786	635	635	0	0	56	56	72	72	0	0	49
12. Totals	937	937	672	672	0	0	159	159	84	84	0	0	57

	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. 2007	805	805	0	51.1	51.1	0.0	0	0	0.0	0	0
3. 2008	2,956	2,956	0	140.6	140.6	0.0	0	0	0.0	0	0
4. 2009	3,635	3,635	0	103.8	103.8	0.0	0	0	0.0	0	0
5. 2010	7,133	7,133	0	106.1	106.1	0.0	0	0	0.0	0	0
6. 2011	13,975	13,975	0	133.4	133.4	0.0	0	0	0.0	0	0
7. 2012	15,266	15,266	0	111.0	111.0	0.0	0	0	0.0	0	0
8. 2013	9,414	9,414	0	66.2	66.2	0.0	0	0	0.0	0	0
9. 2014	7,165	7,165	0	61.2	61.2	0.0	0	0	0.0	0	0
10. 2015	4,987	4,987	0	46.7	46.7	0.0	0	0	0.0	0	0
11. 2016	5,192	5,192	0	52.3	52.3	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 2016 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. 2007	1,088	1,088	0	296	296	31	31	111	111	0	0	146	
3. 2008	750	750	0	138	138	0	0	58	58	0	0	71	
4. 2009	457	457	0	177	177	7	7	32	32	0	0	51	
5. 2010	327	327	0	50	50	1	1	19	19	0	0	19	
6. 2011	217	217	0	310	310	0	0	18	18	0	0	25	
7. 2012	176	176	0	92	92	17	17	19	19	0	0	32	
8. 2013	130	130	0	10	10	0	0	8	8	0	0	8	
9. 2014	71	71	0	21	21	0	0	4	4	0	0	7	
10. 2015	52	52	0	1	1	0	0	1	1	0	0	2	
11. 2016	41	41	0	2	2	0	0	3	3	0	0	6	
12. Totals	XXX	XXX	XXX	1,098	1,098	56	56	275	275	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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013	0	0	0	0	0	0	1	1	0	0	0	0	0
9. 2014	0	0	1	1	0	0	1	1	0	0	0	0	0
10. 2015	0	0	1	1	0	0	1	1	0	0	0	0	0
11. 2016	3	3	5	5	0	0	1	1	1	1	0	0	1
12. Totals	3	3	7	7	0	0	4	4	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 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. 2007	.438	438	0	.40.2	40.2	.0.0	0	0	0.0	0	0
3. 2008	.196	196	0	.26.1	26.1	.0.0	0	0	0.0	0	0
4. 2009	.217	217	0	.47.5	47.5	.0.0	0	0	0.0	0	0
5. 2010	.70	70	0	.21.3	21.3	.0.0	0	0	0.0	0	0
6. 2011	.328	328	0	.151.2	151.2	.0.0	0	0	0.0	0	0
7. 2012	.128	128	0	.73.0	73.0	.0.0	0	0	0.0	0	0
8. 2013	.20	20	0	.15.3	15.3	.0.0	0	0	0.0	0	0
9. 2014	.26	26	0	.36.8	36.8	.0.0	0	0	0.0	0	0
10. 2015	.5	5	0	.9.7	9.7	.0.0	0	0	0.0	0	0
11. 2016	14	14	0	34.6	34.6	.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 2016 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. 2007	336	336	0	25	25	11	11	27	27	0	0	20	
3. 2008	235	235	0	4	4	2	2	4	4	0	0	4	
4. 2009	220	220	0	11	11	0	0	10	10	0	0	8	
5. 2010	135	135	0	7	7	0	0	9	9	0	0	4	
6. 2011	38	38	0	14	14	0	0	10	10	0	0	6	
7. 2012	67	67	0	11	11	0	0	4	4	0	0	3	
8. 2013	56	56	0	2	2	0	0	2	2	0	0	2	
9. 2014	53	53	0	15	15	0	0	8	8	0	0	5	
10. 2015	49	49	0	0	0	0	0	4	4	0	0	1	
11. 2016	37	37	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	88	88	13	13	80	80	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	2	2	0	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2014	0	0	2	2	0	0	1	1	0	0	0	0	0
10. 2015	0	0	3	3	0	0	2	2	0	0	0	0	0
11. 2016	0	0	4	4	0	0	1	1	0	0	0	0	0
12. Totals	0	0	13	13	0	0	6	6	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. 2007	63	63	0	18.7	18.7	0.0	0	0	0.0	0	0
3. 2008	11	11	0	4.9	4.9	0.0	0	0	0.0	0	0
4. 2009	21	21	0	9.8	9.8	0.0	0	0	0.0	0	0
5. 2010	16	16	0	11.7	11.7	0.0	0	0	0.0	0	0
6. 2011	25	25	0	64.9	64.9	0.0	0	0	0.0	0	0
7. 2012	16	16	0	24.0	24.0	0.0	0	0	0.0	0	0
8. 2013	5	5	0	9.7	9.7	0.0	0	0	0.0	0	0
9. 2014	27	27	0	50.7	50.7	0.0	0	0	0.0	0	0
10. 2015	9	9	0	18.1	18.1	0.0	0	0	0.0	0	0
11. 2016	5	5	0	13.5	13.5	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 2016 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	46	46	4	4	1	1	0	0	XXX	
2. 2007	6,520	6,520	0	3,314	3,314	182	182	780	780	0	0	728	
3. 2008	6,247	6,247	0	2,944	2,944	148	148	898	898	0	0	671	
4. 2009	5,165	5,165	0	1,711	1,711	81	81	588	588	0	0	589	
5. 2010	4,533	4,533	0	2,443	2,443	140	140	888	888	0	0	591	
6. 2011	5,128	5,128	0	1,517	1,517	103	103	936	936	0	0	538	
7. 2012	5,042	5,042	0	2,246	2,246	99	99	378	378	0	0	478	
8. 2013	4,213	4,213	0	1,614	1,614	98	98	320	320	0	0	419	
9. 2014	4,126	4,126	0	1,264	1,264	127	127	617	617	0	0	490	
10. 2015	3,767	3,767	0	904	904	34	34	393	393	0	0	378	
11. 2016	2,164	2,164	0	1,260	1,260	15	15	173	173	0	0	149	
12. Totals	XXX	XXX	XXX	19,265	19,265	1,031	1,031	5,971	5,971	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.	597	597	509	509	0	0	127	127	22	22	0	0	8			
2. 2007	14	14	52	52	0	0	16	16	0	0	0	0	0			
3. 2008	16	16	52	52	0	0	14	14	5	5	0	0	2			
4. 2009	9	9	43	43	0	0	12	12	0	0	0	0	0			
5. 2010	143	143	54	54	0	0	15	15	8	8	0	0	3			
6. 2011	11	11	71	71	0	0	17	17	0	0	0	0	0			
7. 2012	20	20	74	74	0	0	21	21	0	0	0	0	0			
8. 2013	209	209	71	71	0	0	24	24	5	5	0	0	2			
9. 2014	200	200	53	53	0	0	31	31	11	11	0	0	4			
10. 2015	1,088	1,088	80	80	0	0	38	38	38	38	0	0	14			
11. 2016	4,486	4,486	158	158	0	0	61	61	73	73	0	0	27			
12. Totals	6,792	6,792	1,216	1,216	0	0	376	376	163	163	0	0	60			

	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. 2007	4,359	4,359	0	66.9	66.9	0.0	0	0	0.0	0	0
3. 2008	4,078	4,078	0	65.3	65.3	0.0	0	0	0.0	0	0
4. 2009	2,444	2,444	0	47.3	47.3	0.0	0	0	0.0	0	0
5. 2010	3,692	3,692	0	81.4	81.4	0.0	0	0	0.0	0	0
6. 2011	2,654	2,654	0	51.8	51.8	0.0	0	0	0.0	0	0
7. 2012	2,838	2,838	0	56.3	56.3	0.0	0	0	0.0	0	0
8. 2013	2,340	2,340	0	55.6	55.6	0.0	0	0	0.0	0	0
9. 2014	2,303	2,303	0	55.8	55.8	0.0	0	0	0.0	0	0
10. 2015	2,575	2,575	0	68.4	68.4	0.0	0	0	0.0	0	0
11. 2016	6,226	6,226	0	287.7	287.7	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 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	2	2	(1)	(1)	0	0	XXX	
2. 2007	1,375	1,375	0	370	370	31	31	.77	.77	0	0	87	
3. 2008	755	755	0	641	641	16	16	.62	.62	0	0	.59	
4. 2009	446	446	0	36	36	(5)	(5)	.14	.14	0	0	14	
5. 2010	543	543	0	59	59	.22	.22	.22	.22	0	0	23	
6. 2011	662	662	0	150	150	.2	.2	.19	.19	0	0	.28	
7. 2012	818	818	0	619	619	.172	.172	.39	.39	0	0	.42	
8. 2013	850	850	0	54	54	0	0	.22	.22	0	0	.26	
9. 2014	941	941	0	122	122	0	0	.32	.32	0	0	.31	
10. 2015	878	878	0	165	165	.97	.97	.35	.35	0	0	.31	
11. 2016	862	862	0	104	104	1	1	.35	.35	0	0	.28	
12. Totals	XXX	XXX	XXX	2,320	2,320	338	338	356	356	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.	24	24	19	19	0	0	17	17	5	5	0	0	5
2. 2007	0	0	14	14	0	0	9	9	0	0	0	0	0
3. 2008	0	0	4	4	0	0	4	4	0	0	0	0	0
4. 2009	0	0	5	5	0	0	4	4	0	0	0	0	0
5. 2010	0	0	7	7	0	0	7	7	0	0	0	0	0
6. 2011	0	0	9	9	0	0	8	8	0	0	0	0	0
7. 2012	0	0	5	5	0	0	9	9	0	0	0	0	0
8. 2013	0	0	9	9	0	0	15	15	0	0	0	0	0
9. 2014	0	0	17	17	0	0	23	23	0	0	0	0	0
10. 2015	300	300	44	44	0	0	33	33	2	2	0	0	2
11. 2016	82	82	76	76	0	0	32	32	7	7	0	0	7
12. Totals	406	406	210	210	0	0	162	162	13	13	0	0	14

	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. 2007	501	501	0	36.5	36.5	0.0	0	0	0.0	0	0
3. 2008	727	727	0	96.3	96.3	0.0	0	0	0.0	0	0
4. 2009	54	54	0	12.1	12.1	0.0	0	0	0.0	0	0
5. 2010	118	118	0	21.7	21.7	0.0	0	0	0.0	0	0
6. 2011	187	187	0	28.2	28.2	0.0	0	0	0.0	0	0
7. 2012	845	845	0	103.3	103.3	0.0	0	0	0.0	0	0
8. 2013	100	100	0	11.8	11.8	0.0	0	0	0.0	0	0
9. 2014	194	194	0	20.6	20.6	0.0	0	0	0.0	0	0
10. 2015	676	676	0	77.1	77.1	0.0	0	0	0.0	0	0
11. 2016	336	336	0	38.9	38.9	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2013	1	1	0	0	0	0	0	0	0	0	0	0	
9. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2016	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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2016	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. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2016	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 2016 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. 2007	371	371	0	3	3	0	0	26	26	0	0	2	
3. 2008	267	267	0	0	0	0	0	0	0	0	0	0	
4. 2009	245	245	0	0	0	0	0	0	0	0	0	0	
5. 2010	275	275	0	0	0	0	0	0	0	0	0	0	
6. 2011	444	444	0	425	425	3	3	16	16	0	0	5	
7. 2012	470	470	0	2	2	0	0	22	22	0	0	10	
8. 2013	349	349	0	0	0	0	0	0	0	0	0	0	
9. 2014	248	248	0	0	0	0	0	0	0	0	0	0	
10. 2015	155	155	0	0	0	0	0	0	0	0	0	0	
11. 2016	130	130	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	429	429	3	3	64	64	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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2009	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2010	0	0	3	3	0	0	0	0	0	0	0	0	0
6. 2011	0	0	5	5	0	0	0	0	0	0	0	0	0
7. 2012	0	0	7	7	0	0	0	0	0	0	0	0	0
8. 2013	0	0	11	11	0	0	1	1	0	0	0	0	0
9. 2014	0	0	17	17	0	0	1	1	0	0	0	0	0
10. 2015	0	0	42	42	0	0	1	1	0	0	0	0	0
11. 2016	0	0	58	58	0	0	2	2	0	0	0	0	0
12. Totals	0	0	146	146	0	0	6	6	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. 2007	29	29	0	7.8	7.8	0.0	0	0	0.0	0	0
3. 2008	1	1	0	0.3	0.3	0.0	0	0	0.0	0	0
4. 2009	1	1	0	0.3	0.3	0.0	0	0	0.0	0	0
5. 2010	3	3	0	1.2	1.2	0.0	0	0	0.0	0	0
6. 2011	449	449	0	101.3	101.3	0.0	0	0	0.0	0	0
7. 2012	31	31	0	6.6	6.6	0.0	0	0	0.0	0	0
8. 2013	12	12	0	3.5	3.5	0.0	0	0	0.0	0	0
9. 2014	19	19	0	7.5	7.5	0.0	0	0	0.0	0	0
10. 2015	43	43	0	27.9	27.9	0.0	0	0	0.0	0	0
11. 2016	60	60	0	45.9	45.9	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 2016 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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2016	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 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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2016	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. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2016	0	0	0	101.7	101.7	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2015	281	281	0	70	70	0	0	9	9	0	0	XXX	
3. 2016	265	265	0	51	51	0	0	15	15	0	0	XXX	
4. Totals	XXX	XXX	XXX	120	120	0	0	23	23	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. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2016	54	54	9	9	0	0	0	0	4	4	0	0	4			
4. Totals	54	54	9	9	0	0	1	1	4	4	0	0	4			

	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. 2015	79	79	0	28.0	28.0	0.0	0	0	0.0	0	0
3. 2016	131	131	0	49.7	49.7	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2015	58	58	0	0	0	0	0	0	0	0	0	2	
3. 2016	46	46	0	3	3	0	0	0	0	0	0	5	
4. Totals	XXX	XXX	XXX	3	3	0	0	1	1	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. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2016	3	3	0	0	0	0	0	0	1	1	0	0	1			
4. Totals	3	3	0	0	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
	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. 2015	0	0	0	0.3	0.3	0.0	0	0	0.0	0	0
3. 2016	7	7	0	15.2	15.2	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 2016 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. 2007	2	2	0	0	0	0	0	0	0	0	0	0	
3. 2008	3	3	0	0	0	0	0	0	0	0	0	0	
4. 2009	2	2	0	0	0	0	0	0	0	0	0	0	
5. 2010	1	1	0	0	0	0	0	0	0	0	0	0	
6. 2011	(1)	(1)	0	0	0	0	0	0	0	0	0	0	
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2016	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 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. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2016	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. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2016	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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000	0	0	0	0	0	0	0	0	0	2	0
2. 2007	0	0	0	0	0	0	0	0	0	0	185	40
3. 2008	XXX	0	0	0	0	0	0	0	0	0	621	145
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	495	153
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	930	270
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2,004	533
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	2,260	654
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1,279	483
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	894	381
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	688	303
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	455	172

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

1. Prior	.000	0	0	0	0	0	0	0	0	0	17	0
2. 2007	0	0	0	0	0	0	0	0	0	0	112	34
3. 2008	XXX	0	0	0	0	0	0	0	0	0	55	16
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	40	11
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	18	1
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	22	3
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	28	4
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	6	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	5	2
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	3

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

1. Prior	.000	0	0	0	0	0	0	0	0	0	.5	0
2. 2007	0	0	0	0	0	0	0	0	0	0	10	10
3. 2008	XXX	0	0	0	0	0	0	0	0	0	2	2
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	6	2
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	4	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	.5	1
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	3	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2	3
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	.0	1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	.000	0	0	0	0	0	0	0	0	0	.133	0
2. 2007	0	0	0	0	0	0	0	0	0	0	551	177
3. 2008	XXX	0	0	0	0	0	0	0	0	0	465	204
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	335	254
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	366	222
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	313	225
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	304	174
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	233	184
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	233	253
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	136	228
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	94	28

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	0	0	0	0	0	0	0	0	0	19	0
2. 2007	0	0	0	0	0	0	0	0	0	0	48	.39
3. 2008	XXX	0	0	0	0	0	0	0	0	0	39	20
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	12	2
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	14	9
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	15	13
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	23	19
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	16	10
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	19	12
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	19	10
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	12	9

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XX	XX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	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. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XX	XX						XXX	XXX
8. 2013	XXX	XXX	XXX	XX	XX	XX					XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XX	XX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2016	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. 2007	0	0	0	0	0	0	0	0	0	0	0	1
3. 2008	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	1
7. 2012	XXX	XXX	XXX	XX	0	0	0	0	0	0	0	2
8. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2016	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. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XX	XX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2016	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. 2015	XXX	0	0	1	1							
3. 2016	XXX	XXX	0	2	2							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX											
2. 2015	XXX											
3. 2016	XXX											

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

1. Prior	XXX	.000	XXX	XXX	XXX	XXX						
2. 2015	XXX	XXX	XXX	XXX	XXX							
3. 2016	XXX	XXX	XXX	XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	42	1	0	0	0	0	0	0	0	1
2. 2007	138	185	185	185	185	185	185	185	185	185
3. 2008	XXX	540	616	617	620	620	621	621	621	621
4. 2009	XXX	XXX	409	487	491	491	493	494	494	495
5. 2010	XXX	XXX	XXX	797	916	924	927	928	929	930
6. 2011	XXX	XXX	XXX	XXX	1,753	1,990	1,996	1,999	2,001	2,004
7. 2012	XXX	XXX	XXX	XXX	XXX	1,991	2,243	2,257	2,260	2,260
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,135	1,265	1,277	1,279
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	814	885	894
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	620	688
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	455

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	7	3	2	2	1	1	1	1	1	0
2. 2007	27	0	0	0	0	0	0	0	0	0
3. 2008	XXX	30	1	0	0	0	0	0	0	0
4. 2009	XXX	XXX	52	4	4	3	1	0	1	0
5. 2010	XXX	XXX	XXX	80	8	5	3	0	1	0
6. 2011	XXX	XXX	XXX	XXX	72	4	4	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	101	5	1	1	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	68	14	6	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	8	1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	5
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	25	1	0	0	0	0	0	0	0	0
2. 2007	195	224	225	225	225	225	225	225	225	225
3. 2008	XXX	693	759	760	765	765	766	766	766	766
4. 2009	XXX	XXX	562	641	646	646	647	647	648	648
5. 2010	XXX	XXX	XXX	1,103	1,187	1,196	1,197	1,198	1,200	1,200
6. 2011	XXX	XXX	XXX	XXX	2,264	2,522	2,530	2,531	2,534	2,537
7. 2012	XXX	XXX	XXX	XXX	XXX	2,667	2,896	2,911	2,914	2,914
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,625	1,756	1,763	1,764
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,197	1,265	1,276
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	928	996
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	676

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**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	38	.13	0	4	0	0	0	0	0	0
2. 2007	81	102	111	112	112	112	112	112	112	112
3. 2008	XXX	.43	.53	.54	.55	.55	.55	.55	.55	.55
4. 2009	XXX	XXX	.23	.34	.40	.40	.40	.40	.40	.40
5. 2010	XXX	XXX	XXX	.16	.17	.17	.17	.18	.18	.18
6. 2011	XXX	XXX	XXX	XXX	.16	.20	.22	.22	.22	.22
7. 2012	XXX	XXX	XXX	XXX	XXX	.19	.26	.27	.28	.28
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.6	.6	.6	.6
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.5	.5	.5
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	17	1	3	0	0	0	0	0	0	0
2. 2007	28	9	2	1	1	1	0	0	0	0
3. 2008	XXX	.14	.4	1	0	0	0	0	0	0
4. 2009	XXX	XXX	10	.5	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	1	1	1	1	0	0	0
6. 2011	XXX	XXX	XXX	XXX	3	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	4	1	.1	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	21	2	2	1	0	0	0	0	0	0
2. 2007	128	141	144	146	146	146	146	146	146	146
3. 2008	XXX	.66	.71	.71	.71	.71	.71	.71	.71	.71
4. 2009	XXX	XXX	41	48	.51	.51	.51	.51	.51	.51
5. 2010	XXX	XXX	XXX	18	.19	.19	.19	.19	.19	.19
6. 2011	XXX	XXX	XXX	XXX	.21	.23	.25	.25	.25	.25
7. 2012	XXX	XXX	XXX	XXX	XXX	.27	.31	.32	.32	.32
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	8	.8	.8	.8
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7	.7	.7
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	11	4	0	1	0	0	0	0	0	0
2. 2007	8	10	10	10	10	10	10	10	10	10
3. 2008	XXX	1	1	2	2	2	2	2	2	2
4. 2009	XXX	XXX	5	6	6	6	6	6	6	6
5. 2010	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2011	XXX	XXX	XXX	XXX	5	5	5	5	5	5
7. 2012	XXX	XXX	XXX	XXX	XXX	2	3	3	3	3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	13	1	2	1	2	0	0	0	0	0
2. 2007	2	1	1	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	1	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	7	2	1	0	1	(2)	0	0	0	0
2. 2007	12	19	20	20	20	20	20	20	20	20
3. 2008	XXX	2	2	4	4	4	4	4	4	4
4. 2009	XXX	XXX	7	8	8	8	8	8	8	8
5. 2010	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2011	XXX	XXX	XXX	XXX	6	6	6	6	6	6
7. 2012	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5	5
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	237	.56	.40	18	4	.4	7	2	0	2
2. 2007	355	491	527	532	544	549	551	551	551	551
3. 2008	XXX	.331	431	443	457	460	463	463	465	465
4. 2009	XXX	XXX	228	316	331	332	335	335	335	335
5. 2010	XXX	XXX	XXX	229	327	348	357	363	363	366
6. 2011	XXX	XXX	XXX	XXX	204	296	300	307	312	313
7. 2012	XXX	XXX	XXX	XXX	XXX	200	279	295	299	304
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	147	209	225	233
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	217	233
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105	136
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	123	.85	.53	44	29	22	.18	11	9	8
2. 2007	.170	.53	.23	18	2	2	0	0	0	0
3. 2008	XXX	109	.24	19	5	.4	2	.4	2	2
4. 2009	XXX	XXX	108	17	6	.5	0	0	0	0
5. 2010	XXX	XXX	XXX	100	.37	17	9	.5	7	3
6. 2011	XXX	XXX	XXX	XXX	.91	16	12	.6	2	0
7. 2012	XXX	XXX	XXX	XXX	XXX	.87	.19	.8	4	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.67	.21	8	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.83	26	4
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	14
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	109	.41	.19	15	(10)	(1)	3	(5)	(2)	1
2. 2007	636	706	720	721	721	726	728	728	728	728
3. 2008	XXX	.596	653	662	664	.667	.669	.671	.671	.671
4. 2009	XXX	XXX	542	580	585	589	.589	.589	.589	.589
5. 2010	XXX	XXX	XXX	503	579	584	587	589	.591	.591
6. 2011	XXX	XXX	XXX	XXX	476	534	.535	.537	.538	.538
7. 2012	XXX	XXX	XXX	XXX	XXX	.407	.466	.471	.477	.478
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.358	.413	.417	.419
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.423	.488	.490
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.367	.378
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	149

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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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	22	6	7	.5	1	.0	0	0	0	0
2. 2007	35	46	46	48	48	48	48	48	48	48
3. 2008	XXX	26	37	39	39	39	39	39	39	39
4. 2009	XXX	XXX	11	12	12	12	12	12	12	12
5. 2010	XXX	XXX	XXX	10	13	13	14	14	14	14
6. 2011	XXX	XXX	XXX	XXX	13	15	15	15	15	15
7. 2012	XXX	XXX	XXX	XXX	XXX	19	21	21	23	23
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	15	16	16	16
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	18	19
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	19
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	22	.19	13	.5	4	.2	3	.5	6	.5
2. 2007	12	0	5	0	0	0	0	0	0	0
3. 2008	XXX	7	2	0	0	0	0	0	0	0
4. 2009	XXX	XXX	2	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	4	1	1	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	.5	3	.4	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7	1	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	2
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	27	.10	.5	.5	2	(2)	1	2	2	(1)
2. 2007	71	.81	.86	86	86	86	87	87	87	.87
3. 2008	XXX	.47	.59	.59	.59	.59	.59	.59	.59	.59
4. 2009	XXX	XXX	14	14	14	14	14	14	14	14
5. 2010	XXX	XXX	XXX	21	23	23	23	23	23	23
6. 2011	XXX	XXX	XXX	XXX	23	28	28	28	28	28
7. 2012	XXX	XXX	XXX	XXX	XXX	32	41	42	42	42
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	23	26	26	26
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.29	31	31
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	31
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2007	0	1	1	1	1	1	1	1	1	1
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	1	1	1	1
7. 2012	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2007	2	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	3	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2007	2	2	2	2	2	2	2	2	2	2
3. 2008	XXX	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	4	4	5	5	5	5
7. 2012	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2016	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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	336	336	336	336	336	336	336	336	336	336	0
3. 2008.....	XXX	235	235	235	235	235	235	235	235	235	0
4. 2009.....	XXX	XXX	220	220	220	220	220	220	220	220	0
5. 2010.....	XXX	XXX	XXX	135	135	135	135	135	135	135	0
6. 2011.....	XXX	XXX	XXX	XXX	38	38	38	38	38	38	0
7. 2012.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	56	56	56	56	56	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	53	53	53	53	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	49	49	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	37
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37
13. Earned Premiums (Sch P-Pt. 1)	336	235	220	135	38	67	56	53	49	37	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	336	336	336	336	336	336	336	336	336	336	0
3. 2008.....	XXX	235	235	235	235	235	235	235	235	235	0
4. 2009.....	XXX	XXX	220	220	220	220	220	220	220	220	0
5. 2010.....	XXX	XXX	XXX	135	135	135	135	135	135	135	0
6. 2011.....	XXX	XXX	XXX	XXX	38	38	38	38	38	38	0
7. 2012.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	56	56	56	56	56	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	53	53	53	53	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	49	49	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	37
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37
13. Earned Premiums (Sch P-Pt. 1)	336	235	220	135	38	67	56	53	49	37	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	.97	.6	0	0	0	0	0	0	0	0	0
2. 2007.....	6,422	6,653	6,654	6,646	6,646	6,646	6,646	6,646	6,646	6,646	0
3. 2008.....	XXX	6,010	6,012	5,996	5,996	5,996	5,996	5,996	5,996	5,996	0
4. 2009.....	XXX	XXX	5,163	5,079	5,076	5,076	5,076	5,076	5,076	5,076	0
5. 2010.....	XXX	XXX	XXX	4,640	4,647	4,648	4,648	4,648	4,648	4,648	0
6. 2011.....	XXX	XXX	XXX	XXX	.5,124	.5,210	.5,214	.5,214	.5,214	.5,214	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	4,955	5,031	5,025	5,021	5,021	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,153	4,148	4,147	(1)
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,121	4,119	(2)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	3,795	29
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,137	2,137
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,164
13. Earned Premiums (Sch P-Pt. 1)	6,520	6,247	5,165	4,533	5,128	5,042	4,213	4,126	3,767	2,164	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	.97	.6	0	0	0	0	0	0	0	0	0
2. 2007.....	6,422	6,653	6,654	6,646	6,646	6,646	6,646	6,646	6,646	6,646	0
3. 2008.....	XXX	6,010	6,012	5,996	5,996	5,996	5,996	5,996	5,996	5,996	0
4. 2009.....	XXX	XXX	5,163	5,079	5,076	5,076	5,076	5,076	5,076	5,076	0
5. 2010.....	XXX	XXX	XXX	4,640	4,647	4,648	4,648	4,648	4,648	4,648	0
6. 2011.....	XXX	XXX	XXX	XXX	.5,124	.5,210	.5,214	.5,214	.5,214	.5,214	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	4,955	5,031	5,025	5,021	5,021	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	4,132	4,153	4,148	4,147	(1)
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,121	4,119	(2)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	3,795	29
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,137	2,137
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,164
13. Earned Premiums (Sch P-Pt. 1)	6,520	6,247	5,165	4,533	5,128	5,042	4,213	4,126	3,767	2,164	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	14	(16)	0	0	0	0	0	0	0	0	0
2. 2007.....	1,361	1,340	1,339	1,339	1,339	1,339	1,339	1,339	1,339	1,339	0
3. 2008.....	XXX	792	791	791	791	791	791	791	791	791	0
4. 2009.....	XXX	XXX	448	449	448	448	448	448	448	448	0
5. 2010.....	XXX	XXX	XXX	543	541	541	541	541	541	541	0
6. 2011.....	XXX	XXX	XXX	XXX	664	665	665	665	665	665	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	817	821	821	821	821	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	846	846	846	846	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	941	941	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	879	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	862	862
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	862
13. Earned Premiums (Sch P-Pt. 1)	1,375	755	446	543	662	818	850	941	878	862	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	14	(16)	0	0	0	0	0	0	0	0	0
2. 2007.....	1,361	1,340	1,339	1,339	1,339	1,339	1,339	1,339	1,339	1,339	0
3. 2008.....	XXX	792	791	791	791	791	791	791	791	791	0
4. 2009.....	XXX	XXX	448	449	448	448	448	448	448	448	0
5. 2010.....	XXX	XXX	XXX	543	541	541	541	541	541	541	0
6. 2011.....	XXX	XXX	XXX	XXX	664	665	665	665	665	665	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	817	821	821	821	821	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	846	846	846	846	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	941	941	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	879	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	862	862
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	862
13. Earned Premiums (Sch P-Pt. 1)	1,375	755	446	543	662	818	850	941	878	862	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	(10)	0	0	0	0	0	0	0	0	0	0
2. 2007.....	381	379	379	379	379	379	379	379	379	379	0
3. 2008.....	XXX	268	268	268	268	268	268	268	268	268	0
4. 2009.....	XXX	XXX	245	245	245	245	245	245	245	245	0
5. 2010.....	XXX	XXX	XXX	275	275	275	275	275	275	275	0
6. 2011.....	XXX	XXX	XXX	XXX	444	444	444	444	444	444	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	470	470	470	470	470	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	349	350	350	350	350	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	246	246	246	246	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	155	155	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	130	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130
13. Earned Premiums (Sch P-Pt. 1)	371	267	245	275	444	470	349	248	155	130	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	(10)	0	0	0	0	0	0	0	0	0	0
2. 2007.....	381	379	379	379	379	379	379	379	379	379	0
3. 2008.....	XXX	268	268	268	268	268	268	268	268	268	0
4. 2009.....	XXX	XXX	245	245	245	245	245	245	245	245	0
5. 2010.....	XXX	XXX	XXX	275	275	275	275	275	275	275	0
6. 2011.....	XXX	XXX	XXX	XXX	444	444	444	444	444	444	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	470	470	470	470	470	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	349	350	350	350	350	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	246	246	246	246	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	155	155	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	130	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130
13. Earned Premiums (Sch P-Pt. 1)	371	267	245	275	444	470	349	248	155	130	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2009.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2010.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2011.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2009.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2010.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2011.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX									
6. 2011.....	XXX	XXX									
7. 2012.....	XXX	XXX									
8. 2013.....	XXX	XXX									
9. 2014.....	XXX	XXX									
10. 2015.....	XXX	XXX									
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX									
6. 2011.....	XXX	XXX									
7. 2012.....	XXX	XXX									
8. 2013.....	XXX	XXX									
9. 2014.....	XXX	XXX									
10. 2015.....	XXX	XXX									
11. 2016.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	2	1	1	1	1	1	1	1	1	1	0
3. 2008.....	XXX	4	4	4	4	4	4	4	4	4	0
4. 2009.....	XXX	XXX	2	2	2	2	2	2	2	2	0
5. 2010.....	XXX	XXX	XXX	1	1	1	1	1	1	1	0
6. 2011.....	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	(1)	0
7. 2012.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	2	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)	(2)	(2)	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)		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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	2	1	1	1	1	1	1	1	1	1	0
3. 2008.....	XXX	4	4	4	4	4	4	4	4	4	0
4. 2009.....	XXX	XXX	2	2	2	2	2	2	2	2	0
5. 2010.....	XXX	XXX	XXX	1	1	1	1	1	1	1	0
6. 2011.....	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	(1)	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	2	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)	(2)	(2)	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)		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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX									
6. 2011.....	XXX	XXX									
7. 2012.....	XXX	XXX									
8. 2013.....	XXX	XXX									
9. 2014.....	XXX	XXX									
10. 2015.....	XXX	XXX									
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX									
6. 2011.....	XXX	XXX									
7. 2012.....	XXX	XXX									
8. 2013.....	XXX	XXX									
9. 2014.....	XXX	XXX									
10. 2015.....	XXX	XXX									
11. 2016.....	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 2016 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 2007	0	0
1.603 2008	0	0
1.604 2009	0	0
1.605 2010	0	0
1.606 2011	0	0
1.607 2012	0	0
1.608 2013	0	0
1.609 2014	0	0
1.610 2015	0	0
1.611 2016	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 2016 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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
	The Hanover Insurance Group	80-0266582					440 Lincoln Street Holding Company LLC	MA	N/A	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Aberdeen Underwriting Advisers Limited	GBR	N/A	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	20-2875170					AIX Holdings, Inc.	DE	N/A	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group	27-1304098					AIX Insurance Services of California, Inc.	CA	N/A	AIX, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	N/A	AIX, Holdings, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 1) Limited	GBR	N/A	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 2) Limited	GBR	N/A	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 3) Limited	GBR	N/A	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 4) Limited	GBR	N/A	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 5) Limited	GBR	N/A	ALIT Underwriting Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT Insurance Holdings Limited	GBR	N/A	Chaucer Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT Underwriting Limited	GBR	N/A	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	N/A	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	N/A	The Hanover Insurance Group, Inc.	Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		54-1632456				Campagna Holding Company, Inc.	VA	N/A	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	12260	52-1827116				Campagna Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						CH 1997 Limited	GBR	N/A	Chaucer Capital Investments Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Capital Investments Limited	GBR	N/A	Chaucer Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Consortium Underwriting Limited	GBR	N/A	CH 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 2) Limited	GBR	N/A	Chaucer Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 3) Limited	GBR	N/A	Chaucer Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Corporate Capital Limited	GBR	N/A	Chaucer Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Dedicated Limited	GBR	N/A	CH 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer GmbH	DEU	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Holdings Limited	GBR	N/A	The Hanover Insurance International Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		98-1329079				Chaucer Insurance Company Designated Activity Company	IRL	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Insurance Group PLC	GBR	N/A	Chaucer Holdings Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group						Chaucer Labuan Limited	MYS	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Latin America, S.A.	ARG	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Oslo A.S.	NOR	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Singapore PTE Limited	SGP	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Syndicate Services Limited	GBR	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Syndicates Limited	GBR	N/A	Chaucer Capital Investments Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Underwriting A/S	DNK	N/A	CH 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Underwriting Services Limited	GBR	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	JL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH	RE	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	N/A	Opus Investment Management, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	N/A	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	N/A	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	N/A	CitySquare II Investment Co., LLC	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		41602	75-1827351			Hanover Lloyd's Insurance Co.	TX	IA	The Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group			52-1172293			Hanover Specialty Insurance Brokers, Inc.	VA	N/A	Verian Holdings, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Insurance4Cargo Services Limited	GBR	N/A	CH 1997 Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Lonham Group Limited	GBR	N/A	Lonham Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Lonham Limited	GBR	N/A	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
.0088	The Hanover Insurance Group	22306	04-2217600			Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group		16-1066198			NOVA American Group, Inc.	NY	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group	42552	16-1140177			NOVA Casualty Company	NY	IA	Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		04-2854021			Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
						Professionals Direct Insurance Services, Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
						Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y		
.0088	The Hanover Insurance Group	36064	04-3063998			The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
						The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y		
						The Hanover (Barbados) Capital SRL	BRB	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group	22292	13-5129825			The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group		04-3263626			The Hanover Insurance Group, Inc.	DE	UIP			0.000		N		
						The Hanover Insurance International Holdings Limited	GBR	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group	13147	74-3242673			The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.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.	N		
						The Hanover Texas Insurance Management Company, Inc.	TX	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y		
						VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group	10815	52-0903682			Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		
						Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N		

Asterisk	Explanation

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 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.	(2,000,000)	0	0	0	0	0		0	(2,000,000)	193,761,189
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	0	0	0	0	0		0	0	149,437,233
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	2,500,000	0	0	0	0	(67,930,412)	0	(65,430,412)	479,191,957
04-3194493		Allmerica Plus Insurance Agency, Inc.	(650,000)	0	0	0	0	0		0	(650,000)	0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	0	0	0	0	0	0		0	0	20,697,598
	54-1632456	Campania Holding Company, Inc.	(26,293)	(218,434)	0	0	0	0		0	(244,727)	0
	54-1618745	Campania Management Company, Inc.	26,293	(81,566)	0	0	0	0		0	(55,273)	0
		Chaucer Holdings PLC	0	0	0	0	0	0		65,000,000	65,000,000	0
31534	38-0421730	Citizens Insurance Co. of America	(70,000,000)	0	(62,385,239)	0	166,597,860	(24,573,223)		0	9,639,398	(29,837,865)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	500,000	0	0	0	0		0	500,000	40,123,684
10176	38-3167100	Citizens Insurance Co. of Ohio	0	0	0	0	0	0		0	0	17,729,605
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	1,500,000	0	0	0	0	(115,165,084)	0	(113,665,084)	703,265,223
27-1652700		CitySquare II Development Co., L.L.C	0	700,000	0	0	0	0		0	700,000	0
27-3626264		CitySquare II Investment Co., L.L.C	0	(200,000)	0	0	0	0		0	(200,000)	0
27-2400275		Educators Insurance Agency, Inc.	(836,000)	(264,000)	0	0	0	0		0	(1,100,000)	0
38-4000989		Front Street Financing L.L.C	0	1,220,000	0	0	0	0		0	1,220,000	0
36064	04-3063898	The Hanover American Insurance Co.	0	0	0	0	0	0		0	0	304,482,596
98-1300399		The Hanover Atlantic Insurance Company	0	45,000,000	44,589,131	0	0	0		0	89,589,131	89,030
22292	13-5129825	The Hanover Insurance Company	(144,282,693)	(47,224,419)	17,796,108	0	(120,282,288)	361,042,291		(190,000,000)	(122,951,001)	(3,290,170,069)
11705	86-1070355	Hanover New Jersey Insurance Company	0	0	0	0	0	0		0	0	409,194
	52-1172293	Hanover Specialty Insurance Brokers, Inc.	0	1,000,000	0	0	0	0		0	1,000,000	0
	74-2556029	The Hanover Texas Insurance Management Co.	0	0	0	0	0	0		0	0	50,684,268
22306	04-2217600	Massachusetts Bay Insurance Company	0	0	0	0	0	0		0	(153,373,572)	827,000,346
42552	16-1140177	NOVA Casualty Co.	2,000,000	0	0	0	0	0		0	2,000,000	469,500,663
	04-2854021	Opus Investment Management, Inc.	0	(1,200,000)	0	0	0	0		0	(1,200,000)	0
	38-3324634	Professionals Direct, Inc	0	5,250,000	0	0	0	0		0	5,250,000	0
25585	38-2755799	Professionals Direct Insurance Company	(3,867,307)	(8,045,581)	0	0	0	0		0	(11,912,888)	0
04-3263626		The Hanover Insurance Group, Inc.	219,636,000	(436,000)	0	0	(46,315,572)	0		125,000,000	297,884,428	0
10815	52-0903682	Verlan Fire Insurance Co.	0	0	0	0	0	0		0	0	63,635,348
9999999	Control Totals		0	0	0	0	0	0		XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

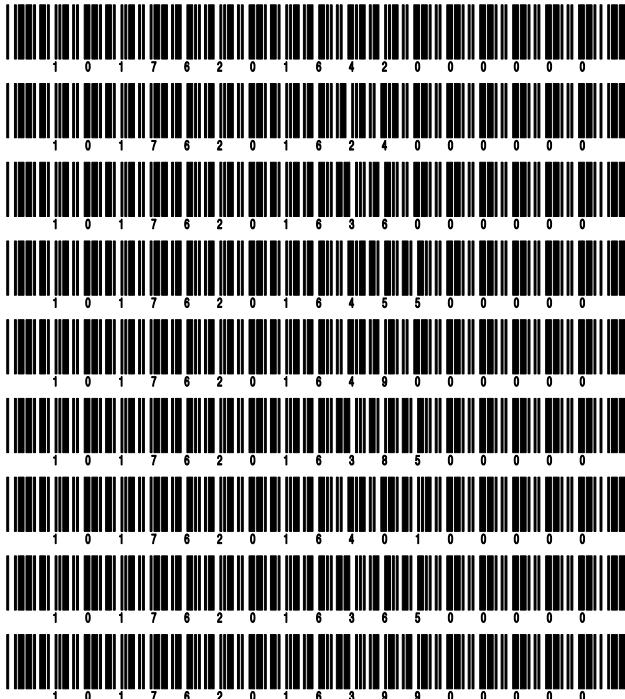
MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and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

Explanations:

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Bar Codes:

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Exceptions to the Reinsurance Attestation Supplement
[Document Identifier 400]



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. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution
Contracts [Document Identifier 555]



29. Credit Insurance Experience Exhibit [Document Identifier 230]



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



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



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



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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

NONE

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