



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

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

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

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

Statutory Home Office 4400 Easton Commons Way, Suite 125, Columbia, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 440 Lincoln Street, Worcester, MA, US 01653-0002
(Street and Number) (City or Town, State, Country and Zip Code)

Mail Address 440 Lincoln Street, Worcester, MA, US 01653-0002
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Kathleen B. Edwards, 508-853-7200-8554476
(Name) (Area Code) (Telephone Number)
KEDWARDS@HANOVER.COM, 508-853-6332
(E-mail Address) (FAX Number)

OFFICERS

President <u>Joseph Michael Zubretsky</u>	Vice President & Treasurer <u>Craig Wilson Leslie #</u>
Secretary <u>Charles Frederick Cronin</u>	

OTHER

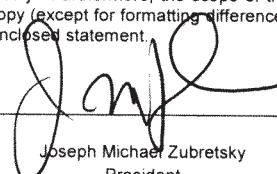
Mark Leo Berthiaume #, Executive Vice President	Jeffrey Mark Farber, Executive Vice President & CFO	J. Kendall Huber, Executive Vice President & GC
Mark Lowell Keim, Executive Vice President	Richard William Lavey, Executive Vice President	Christine Bilotti-Peterson #, Executive Vice President
John Conner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

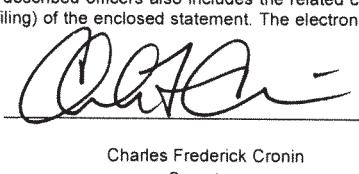
DIRECTORS OR TRUSTEES

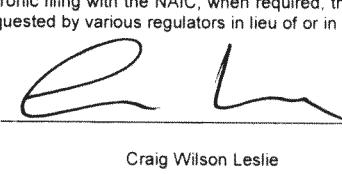
George Kusi Agyen	Mark Leo Berthiaume	Jeffrey Mark Farber
J. Kendall Huber	Mark Lowell Keim	Craig Wilson Leslie #
Christine Bilotti-Peterson	John Conner Roche	Ann Kirkpatrick Tripp
Mark Joseph Welzenbach	Joseph Michael Zubretsky	

State of Massachusetts SS:
County of Worcester

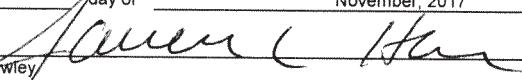
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

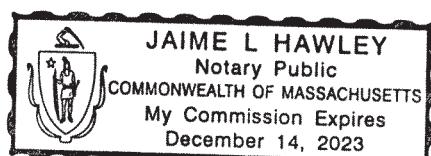

Charles Frederick Cronin
Secretary


Craig Wilson Leslie
Vice President & Treasurer

Subscribed and sworn to before me this
3rd day of November, 2017


Jaime L. Hawley
Notary
December 14, 2023

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



STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	14,460,894	0	14,460,894	15,499,718
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$142,305), cash equivalents (\$0) and short-term investments (\$803)	143,108	0	143,108	218,003
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	2,906
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	14,604,002	0	14,604,002	15,720,627
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	124,555	0	124,555	138,096
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	9,346	0	9,346	4,320
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,737,903	0	14,737,903	15,863,043
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	14,737,903	0	14,737,903	15,863,043
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	25,835	21,269
8. Borrowed money \$ 0 and interest thereon \$ 0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 6,361,478 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ 0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	1,687	1,982
20. Derivatives	0	0
21. Payable for securities	100,000	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ 0 and interest thereon \$ 0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	127,522	23,251
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	127,522	23,251
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	7,535,850	7,535,850
35. Unassigned funds (surplus)	6,074,531	7,303,942
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0)	0	0
36.2 0 shares preferred (value included in Line 31 \$ 0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	14,610,381	15,839,792
38. Totals (Page 2, Line 28, Col. 3)	14,737,903	15,863,043
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 9,727,894)	9,616,828	10,105,206	13,275,154
1.2 Assumed (written \$ (17,874))	16,091	150,197	200,395
1.3 Ceded (written \$ 9,710,020)	9,632,919	10,255,403	13,475,549
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct	2,907,710	5,165,036	6,773,622
2.2 Assumed	13,448	14,260	5,791
2.3 Ceded	2,921,158	5,179,296	6,779,413
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	404,168	461,027	594,271
10. Net realized capital gains (losses) less capital gains tax of \$ 1,103	2,857	(1,998)	(11,283)
11. Net investment gain (loss) (Lines 9 + 10)	407,025	459,029	582,988
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	407,025	459,029	582,988
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	407,025	459,029	582,988
19. Federal and foreign income taxes incurred	131,870	148,850	187,900
20. Net income (Line 18 minus Line 19)(to Line 22)	275,155	310,179	395,088
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	15,839,792	15,446,168	15,446,168
22. Net income (from Line 20)	275,155	310,179	395,088
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(4,566)	(3,687)	(1,464)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	(1,500,000)	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	(1,229,411)	306,492	393,624
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	14,610,381	15,752,660	15,839,792
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	0	0	0
2. Net investment income	400,546	421,547	544,936
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	400,546	421,547	544,936
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$1,103 tax on capital gains (losses)	137,999	156,770	210,856
10. Total (Lines 5 through 9)	137,999	156,770	210,856
11. Net cash from operations (Line 4 minus Line 10)	262,547	264,777	334,080
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,879,513	3,098,362	3,700,602
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	102,906	12	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,982,419	3,098,374	3,700,602
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,819,566	3,183,774	4,062,441
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	2,894
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,819,566	3,183,774	4,065,335
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,162,853	(85,400)	(364,733)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	1,500,000	0	0
16.6 Other cash provided (applied)	(295)	(242)	(227)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(1,500,295)	(242)	(227)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(74,895)	179,135	(30,880)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	218,003	248,883	248,883
19.2 End of period (Line 18 plus Line 19.1)	143,108	428,018	218,003

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

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	<u>SSAP#</u>	<u>F/S Page</u>	<u>F/S Line#</u>	<u>09/30/2017</u>	<u>12/31/2016</u>
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 275,155	\$ 395,088
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP				0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 275,155</u>	<u>\$ 395,088</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 14,610,381	\$ 15,839,792
(6) State Prescribed Practices that increase/(decrease) NAIC SAP				0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP				0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 14,610,381</u>	<u>\$ 15,839,792</u>

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

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

C. Accounting Policies

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

D. Going Concern

Not applicable

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combinations and Goodwill

Not applicable

NOTES TO FINANCIAL STATEMENTS

4. Discontinued Operations

Not applicable

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company does not own any mortgage loans.

B. Restructured Debt

The Company did not have any restructured debt.

C. Reverse Mortgages

The Company does not own any reverse mortgages.

D. Loan-backed Securities

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

2. Not applicable

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

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

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 11
2. 12 Months or longer	\$ 3,901

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

1. Less than 12 Months	\$ 21,959
2. 12 Months or longer	\$ 213,681

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

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Real Estate

Not applicable

G. Low income Housing Tax Credits

Not applicable

H. Restricted Assets

1. Restricted Assets (Including Pledged)

No change

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

Not applicable

3. Detail of Other Restricted Assets

Not applicable

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable

I. Working Capital Finance Investments

Not applicable

J. Offsetting and Netting of Assets and Liabilities

Not applicable

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

K. Structured Notes

Not applicable

L. 5* Securities

Not applicable

M. Short Sales

Not applicable

N. Prepayment Penalties and Acceleration Fees

Not required

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

7. Investment Income

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

8. Derivative Instruments

Not applicable

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of Relationships

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

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

The Company declared an ordinary common stock dividend to the Parent Company, Hanover on May 17, 2017 totaling \$1,500,000, which was settled on June 5, 2017 in cash.

C. Change in Terms of Intercompany Arrangements

Not applicable

D. Amounts Due to or from Related Parties

No change

E. Guarantees or Contingencies for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

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

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

G. Nature of Relationships that Could Affect Operations

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

H. Amount Deducted for Investment in Upstream Company

Not applicable

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

Not applicable

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

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

NOTES TO FINANCIAL STATEMENTS

L. Detail of Investments in Downstream Noninsurance Holding Companies

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAs

Not applicable

11. Debt

Not applicable

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

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

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

Not applicable

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

1. Outstanding Shares

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

2. Dividend Rate of Preferred Stock

Not applicable

3-6. Dividend Restrictions

Pursuant to Ohio's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Ohio Insurance Commissioner, is limited to greater of 10% of such insurer's statutory policyholder surplus as of the preceding December 31 or prior year net income. The Company declared an ordinary dividend of \$1,500,000 on May 17, 2017. Accordingly, the maximum dividend that may be declared payable for the remainder of 2017, without prior approval from the Ohio Commissioner of Insurance, is \$83,979.

7. Mutual Surplus Advances

Not applicable

8. Company Stock Held for Special Purposes

Not applicable

9. Changes in Special Surplus Funds

Not applicable

10. Changes in Unassigned Funds

Not applicable

11. Surplus Notes

Not applicable

12. & 13. Quasi Reorganizations

Not applicable

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not applicable

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

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

Not applicable

NOTES TO FINANCIAL STATEMENTS

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. All Other Contingencies

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

15. Leases

The Company has no material lease obligations at this time.

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

Not applicable

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

A. Transfers of Receivables Reported as Sales

Not applicable

B. Transfers and Servicing of Financial Assets

Not applicable

C. Wash Sales

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

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

Not applicable

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

Not applicable

20. Fair Value Measurements

A.

1. Fair Value Measurements at Reporting Date

- a. There were no assets carried at Fair Value at the end of the current reporting period.
- b. The Company does not have liabilities carried at Fair Value at the end of the current reporting period.

2. The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the current reporting period.

3. The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.

4. For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available; otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

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

- U.S. government – determination of direct versus indirect government support and whether any contingencies exist with respect to the timely payment of principal and interest.
- All other governments – estimates of appropriate market spread versus underlying related sovereign treasury curves dependent on liquidity and direct or contingent support.
- Corporate bonds, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the level and variability of: economic sensitivity; liquidity; corporate financial policies; management quality; regulatory environment; competitive position; ownership restrictive covenants; and security or collateral.

NOTES TO FINANCIAL STATEMENTS

- Municipal bonds, which are included in States; territories and possessions; Political subdivisions of states, territories and possessions; and Special revenue and special assessment obligations - overall credit quality, including assessments of the level and variability of: sources of payment such as income, sales or property taxes, levies or user fees; credit support such as insurance; state or local economic and political base; natural resource availability; and susceptibility to natural or man-made catastrophic events such as hurricanes, earthquakes or acts of terrorism.
- Residential mortgage-backed securities, U.S. agency pass-thrus and collateralized mortgage obligations ("CMOs") which are included in U.S. governments and Special revenue and special assessment obligations - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; and delinquency/default trends.
- Residential mortgage-backed securities, non-agency CMOs, which are included in Industrial and miscellaneous - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; delinquency/default trends; and severity of loss upon default and length of time to recover proceeds following default.
- Commercial mortgage-backed securities, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the value and supply/demand characteristics of: collateral type such as office, retail, residential, lodging, or other; geographic concentration by region, state, metropolitan statistical area and locale; vintage year; historical collateral performance including defeasance, delinquency, default and special servicer trends; and capital structure support features.
- Asset-backed securities, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the underlying collateral type such as credit card receivables, auto loan receivables and equipment lease receivables; geographic diversification; vintage year; historical collateral performance including delinquency, default and casualty trends; economic conditions influencing use rates and resale values; and contract structural support features.

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

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

5. Not applicable

B. Not applicable

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 14,776,897	\$ 14,460,894	\$ 868,272	\$ 13,441,411	\$ 467,214	\$ 0
Cash and Short Term Investments	143,108	143,108	143,108	0	0	0
Total	<u>\$ 14,920,005</u>	<u>\$ 14,604,002</u>	<u>\$ 1,011,380</u>	<u>\$ 13,441,411</u>	<u>\$ 467,214</u>	<u>\$ 0</u>

D. Not applicable

21. Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures

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

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

D. Business Interruption Insurance Recoveries

Not applicable

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

Not applicable

F. Subprime-Mortgage-Related Risk Exposure

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

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

Not applicable

23. Reinsurance

A. Unsecured Reinsurance Recoverables

No change

B. Reinsurance Recoverables in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

No change

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

Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

25. Change in Incurred Loss and Loss Adjustment Expenses

Not applicable

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

Not applicable

28. Health Care Receivables

Not applicable

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$0

2. Date of the most recent evaluation of this liability: 09/30/2017

3. Was anticipated investment income utilized in the calculation? Yes

31. High Deductibles

Not applicable

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

Not applicable

33. Asbestos/Environmental Reserves

Not applicable

34. Subscriber Savings Accounts

Not applicable

35. Multiple Peril Crop Insurance

Not applicable

36. Financial Guaranty Insurance

Not applicable

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
 In July, 2017, The Hanover Insurance Group, Inc. acquired SLE Holdings Pty Ltd. and its subsidiaries, Pacific Underwriting Corporation Pty Ltd. and SLE Worldwide Pty Limited. As part of this acquisition, The Hanover Insurance Group, Inc. formed Hanover Australia HoldCo Pty Ltd. and Hanover Australia BidCo Pty Ltd, which are indirect and direct parent companies of SLE Holdings Pty Ltd.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/09/2015

6.4 By what department or departments?
 Ohio Department of Insurance.

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
 13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 0	\$ 0
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 0	\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

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

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Opus Investment Management, Inc.	A.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107569	Opus Investment Management, Inc. .....	.....	Securities and Exchange Commission ...	DS.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] No []

18.2 If no, list exceptions:

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD			10 IBNR	11 TOTAL
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE		
.....	.....0.0	.....0.000	0	0	0	0	0	0	0	0
			TOTAL	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent 0.000 %

5.2 A&H cost containment percent 0.000 %

5.3 A&H expense percent excluding cost containment expenses 0.000 %

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0
5. California	CA	N	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0
23. Michigan	MI	L	1,077,393	1,157,425	1,595,159	1,900,056	5,841,132
24. Minnesota	MN	N	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0
36. Ohio	OH	L	8,650,500	8,194,027	3,153,077	3,185,594	2,118,580
37. Oklahoma	OK	N	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a) 2	9,727,893	9,351,452	4,748,236	5,085,650	7,959,712	9,379,032
DETAILS OF WRITE-INS		XXX					
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0

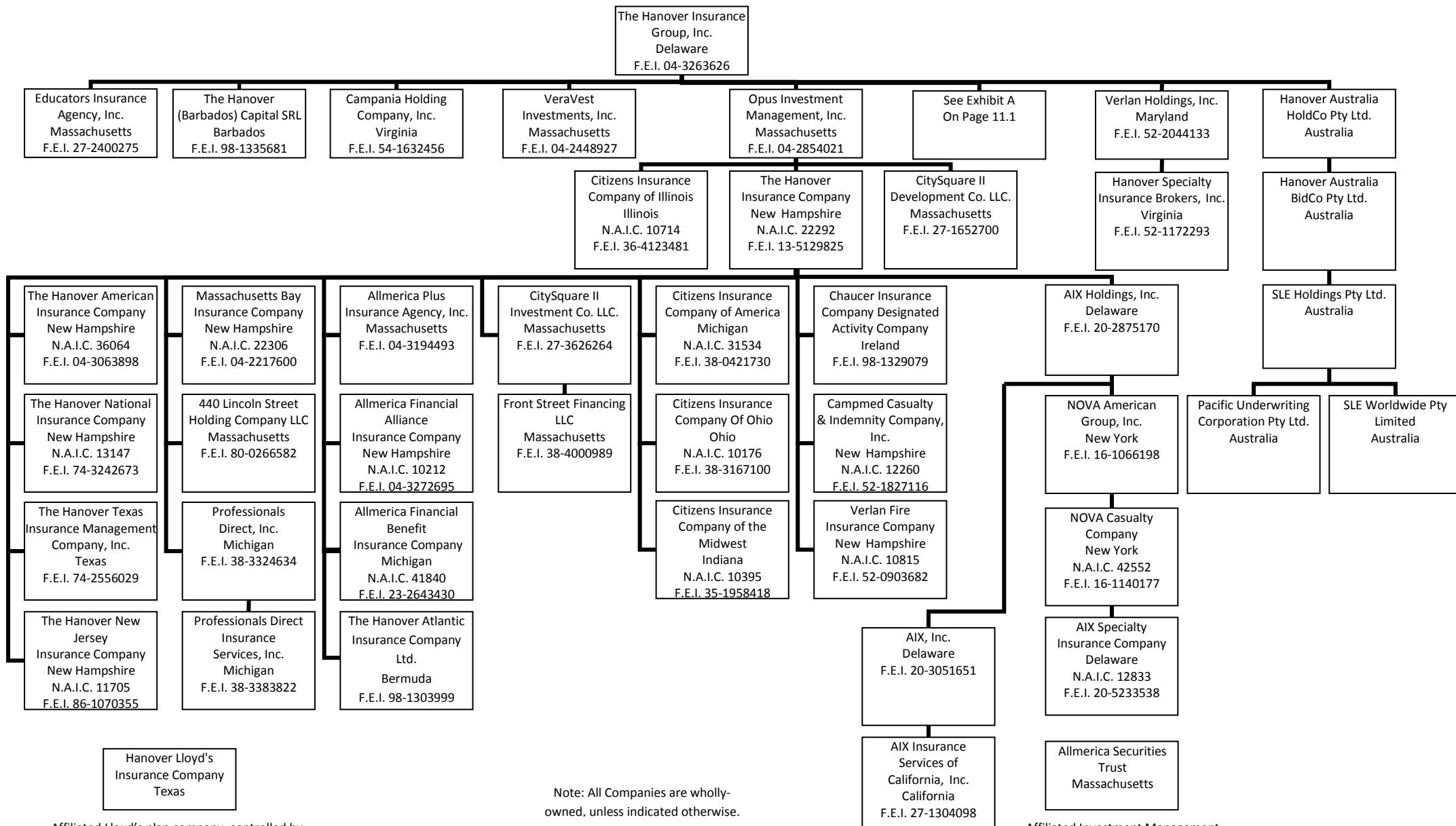
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

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

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

PART 1 – ORGANIZATIONAL CHART



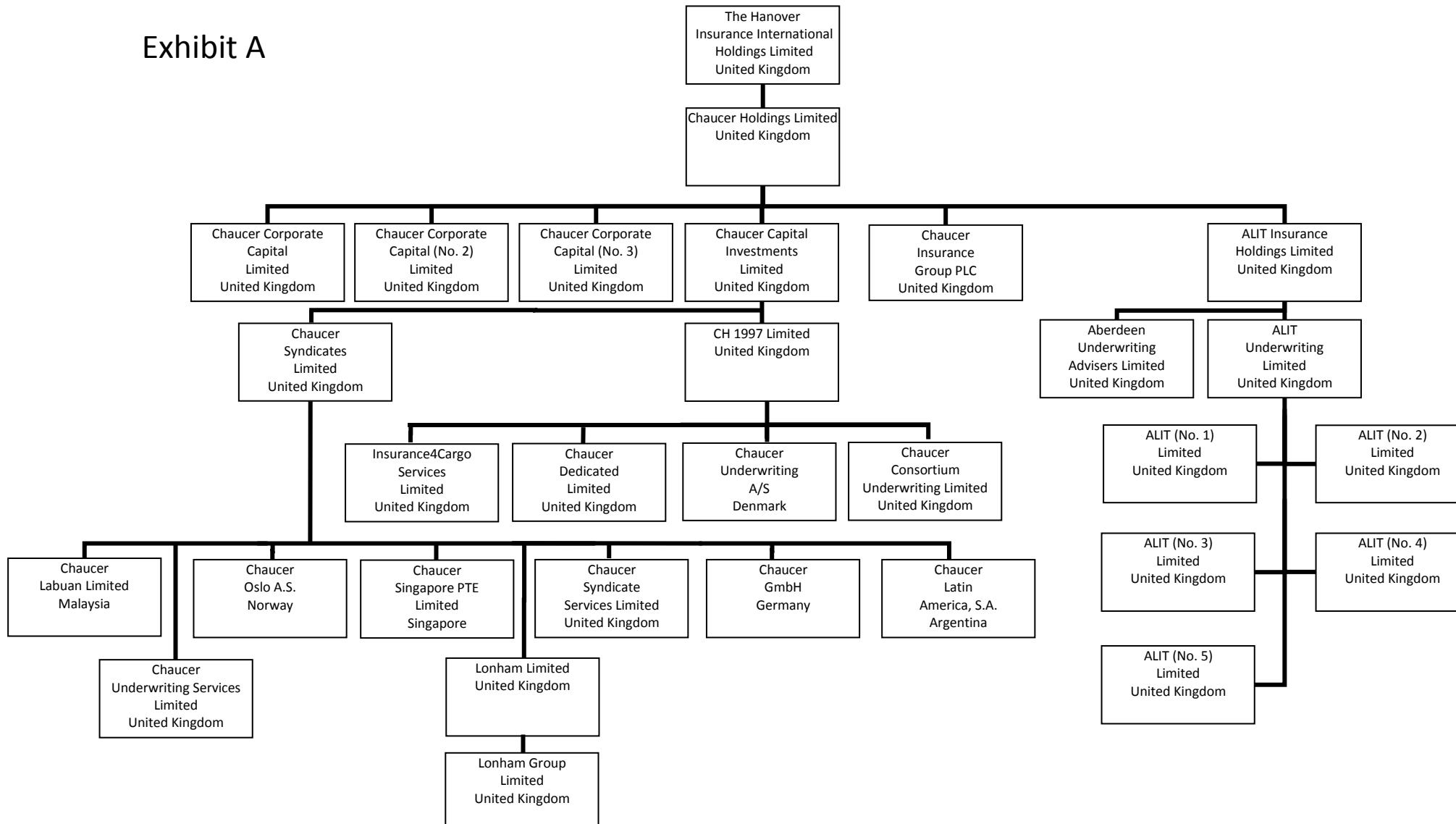
Affiliated Lloyd's plan company, controlled by
Underwriters for the benefit of The Hanover
Insurance Company

Affiliated Investment Management
Company

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Exhibit A



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

STATEMENT AS OF SEPTEMBER 30, 2017 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	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	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.	N	
	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				Campden 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				Chaucer 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						Hanover Australia BidCo Pty Ltd.	AUS	N/A	Hanover Australia HoldCo Pty Ltd.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Hanover Australia HoldCo Pty Ltd.	AUS	N/A	The Hanover Insurance Group, Inc.	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	Verlan 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	

STATEMENT AS OF SEPTEMBER 30, 2017 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	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
	The Hanover Insurance Group					Lonham Group Limited	GBR..NIA..	Lonham Limited		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group					Lonham Limited	GBR..NIA..	Chaucer Syndicates Limited		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
..0088	The Hanover Insurance Group	22306	04-2217600			Massachusetts Bay Insurance Company	NH..IA..	The Hanover Insurance Company		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		16-1066198			NOVA American Group, Inc.	NY..NIA..	AIX, Holdings, Inc.		Ownership, Board, Management	100.00	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	100.00	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	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group					Pacific Underwriting Corporation Pty Ltd.	AUS..NIA..	SLE Holdings Pty, Ltd.		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group					Professionals Direct Insurance Services, Inc.	MI..NIA..	Professionals Direct, Inc.		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		38-3383822			Professionals Direct, Inc.	MI..NIA..	The Hanover Insurance Company		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		38-3324634			SLE Holdings Pty Ltd.	AUS..NIA..	Hanover Australia BidCo Pty Ltd.		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group					SLE Worldwide Pty Limited	AUS..NIA..	SLE Holdings Pty, Ltd.		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
..0088	The Hanover Insurance Group	36064	04-3063898			The Hanover American Insurance Company	NH..IA..	The Hanover Insurance Company		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		98-1303999			The Hanover Atlantic Insurance Company Ltd.	BMU..IA..	The Hanover Insurance Company		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	Y		
..0088	The Hanover Insurance Group	22292	98-1335681			The Hanover (Barbados) Capital SRL	BRB..NIA..	The Hanover Insurance Group, Inc.		Ownership, Board, Management	100.00	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	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		04-3263626			The Hanover Insurance Group, Inc.	DE..UIP..			0.00			N		
	The Hanover Insurance Group					The Hanover Insurance International Holdings Limited	GBR..NIA..	The Hanover Insurance Group, Inc.		Ownership, Board, Management	100.00	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	100.00	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	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group					The Hanover Texas Insurance Management Company, Inc.	TX..NIA..	The Hanover Insurance Company		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		74-2556029			VeraVest Investments, Inc.	MA..NIA..	The Hanover Insurance Group, Inc.		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		04-2448927			Verian Fire Insurance Company	NH..IA..	The Hanover Insurance Company		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
..0088	The Hanover Insurance Group	10815	52-0903682			Verian Holdings, Inc.	MD..NIA..	The Hanover Insurance Group, Inc.		Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		52-2044133												

NONE

Asterisk	
	Explanation

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	0	0	0.0	0.0
2. Allied Lines	0	0	0.0	26,900.0
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	7,625,382	2,502,920	32.8	47.9
5. Commercial multiple peril	600,826	225,343	37.5	10.5
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	175,495	66,232	37.7	25.9
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability - occurrence	0	0	0.0	0.0
11.2 Medical professional liability - claims-made	0	0	0.0	0.0
12. Earthquake	28,032	0	0.0	0.0
13. Group accident and health	0	0	0.0	0.0
14. Credit accident and health	0	0	0.0	0.0
15. Other accident and health	0	0	0.0	0.0
16. Workers' compensation	1,008,412	94,765	9.4	97.3
17.1 Other liability - occurrence	99,296	17,862	18.0	(67.1)
17.2 Other liability - claims-made	103	(48)	(46.6)	22.4
17.3 Excess workers' compensation	0	0	0.0	0.0
18.1 Products liability - occurrence	148	0	0.0	0.0
18.2 Products liability - claims-made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	24,051	(427)	(1.8)	(2.6)
19.3,19.4 Commercial auto liability	24,818	495	2.0	13.4
21. Auto physical damage	30,265	568	1.9	12.7
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	0	0	0.0	0.0
24. Surety	0	0	0.0	0.0
26. Burglary and theft	0	0	0.0	0.0
27. Boiler and machinery	0	0	0.0	0.0
28. Credit	0	0	0.0	0.0
29. International	0	0	0.0	0.0
30. Warranty	0	0	0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	9,616,828	2,907,710	30.2	51.1
DETAILS OF WRITE-INS				
3401.	0	0	0.0	0.0
3402.	0	0	0.0	0.0
3403.	0	0	0.0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
			Line of Business	
1. Fire	0	0	0	
2. Allied Lines	0	0	0	
3. Farmowners multiple peril	0	0	0	
4. Homeowners multiple peril	2,604,236	7,766,217	7,273,626	
5. Commercial multiple peril	157,552	508,792	557,469	
6. Mortgage guaranty	0	0	0	
8. Ocean marine	0	0	0	
9. Inland marine	61,453	187,644	168,750	
10. Financial guaranty	0	0	0	
11.1 Medical professional liability - occurrence	0	0	0	
11.2 Medical professional liability - claims-made	0	0	0	
12. Earthquake	10,661	24,937	30,325	
13. Group accident and health	0	0	0	
14. Credit accident and health	0	0	0	
15. Other accident and health	0	0	0	
16. Workers' compensation	317,356	1,076,101	1,156,412	
17.1 Other liability - occurrence	22,748	85,334	72,273	
17.2 Other liability - claims-made	0	139	132	
17.3 Excess workers' compensation	0	0	0	
18.1 Products liability - occurrence	3,314	3,314	0	
18.2 Products liability - claims-made	0	0	0	
19.1,19.2 Private passenger auto liability	4,286	19,709	28,522	
19.3,19.4 Commercial auto liability	(11)	28,265	31,251	
21. Auto physical damage	4,560	27,442	32,692	
22. Aircraft (all perils)	0	0	0	
23. Fidelity	0	0	0	
24. Surety	0	0	0	
26. Burglary and theft	0	0	0	
27. Boiler and machinery	0	0	0	
28. Credit	0	0	0	
29. International	0	0	0	
30. Warranty	0	0	0	
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	
34. Aggregate write-ins for other lines of business	0	0	0	
35. Totals	3,186,155	9,727,894	9,351,452	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2017 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2014 + Prior													
2. 2015													
3. Subtotals 2015 + Prior													
4. 2016													
5. Subtotals 2016 + Prior													
6. 2017	XXX	XXX	XXX	XXX		XXX					XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

NONE

STATEMENT AS OF SEPTEMBER 30, 2017 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. 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 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.

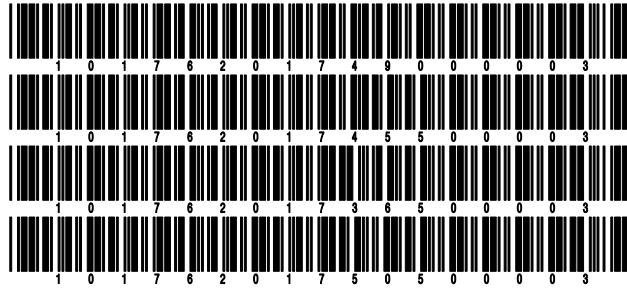
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,499,718	15,076,835
2. Cost of bonds and stocks acquired	1,819,566	4,062,441
3. Accrual of discount	26,481	66,116
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	3,960	7,584
6. Deduct consideration for bonds and stocks disposed of	2,879,513	3,700,602
7. Deduct amortization of premium	9,318	12,656
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)	14,460,894	15,499,718
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	14,460,894	15,499,718

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	10,899,362	547,764	434,044	(94,041)	12,173,153	10,899,362	10,919,041	11,909,647
2. NAIC 2 (a)	3,432,262	279,213	268,409	99,590	3,482,017	3,432,262	3,542,656	3,590,870
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	14,331,624	826,977	702,453	5,549	15,655,170	14,331,624	14,461,697	15,500,517
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	14,331,624	826,977	702,453	5,549	15,655,170	14,331,624	14,461,697	15,500,517

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 803 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	803	XXX	803	4	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	799	799
2. Cost of short-term investments acquired	4	0
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	0
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	803	799
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	803	799

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of cash equivalents acquired	1,199,729	0
3. Accrual of discount	271	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	1,200,000	0
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
912828-T9-1	U.S. Treasury Notes 1.625% 10/31/23 .....		.08/04/2017	Citigroup		146,643	.150,000		.656 1.....
0599999. Subtotal - Bonds - U.S. Governments						146,643	.150,000		.656 XXX
3130AB-UH-7	FHLB Notes 3.050% 07/27/28 .....		.07/18/2017	Vining Sparks		100,000	.100,000		.0 1FE.....
3133EH-C3-5	FFCB Notes 2.970% 10/04/27 .....		.09/26/2017	Vining Sparks		100,000	.100,000		.0 1FE.....
451174-AD-8	Idaho Energy Resources Auth. Taxable - Revenue Bonds 2.952% 09/01/26 .....		.09/12/2017	Bank of America		100,000	.100,000		.0 1FE.....
3199999. Subtotal - Bonds - U.S. Special Revenues						300,000	.300,000		.0 XXX
00206R-EL-2	AT&T Inc. Senior Notes 3.400% 08/14/24 .....		.07/28/2017	JP Morgan .....		.74,874	.75,000		.0 2FE.....
501044-DJ-7	Kroger Co. Senior Notes 3.700% 08/01/27 .....		.08/25/2017	Citigroup		100,112	.100,000		.370 2FE.....
571903-AW-3	Marriott Int'l Inc. Senior Notes 3.750% 03/15/25 .....		.09/13/2017	Citigroup		104,227	.100,000		.0 2FE.....
68389X-AP-0	Oracle Corp. Senior Notes 2.500% 10/15/22 .....		.08/17/2017	Goldman Sachs		101,120	.100,000		.882 1FE.....
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						380,333	.375,000		.1,252 XXX
8399997. Total - Bonds - Part 3						826,976	.825,000		.1,908 XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						826,976	.825,000		.1,908 XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX		0 XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX		0 XXX
9799997. Total - Common Stocks - Part 3						0	XXX		0 XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX		0 XXX
9899999. Total - Preferred and Common Stocks						0	XXX		0 XXX
9999999 - Totals						826,976	XXX		.1,908 XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
.018100-CT-2	Allen TX Cnty Dev. Taxable - Revenue Bonds 5.25% 09/01/22		09/01/2017	Call 100,000		300,000	300,000	299,785	299,439	0	.57	0	.57	0	299,496	0	.504	.504	15,750	09/01/2022	1FE	
.31335A-U3-0	Freddie Mac FGG60602 3.500% 11/01/43		09/01/2017	Paydown		6,380	6,380	6,735	6,743	0	-.364	0	-.364	0	6,380	0	0	0	149	11/01/2043	1FE	
.647200-V3-5	New Mexico Mtg Fin. Auth. Tax-Exempt - Revenue Bonds 3.750% 03/01/43		09/01/2017	Call 100,000		5,000	5,000	5,294	5,185	0	-.18	0	-.18	0	5,166	0	-.166	-.166	188	03/01/2043	1FE	
.83755N-EW-8	South Dakota Hsg Dev. Tax-Exempt - Revenue Bonds 4.000% 05/01/26		08/15/2017	Call 100,000		5,000	5,000	5,000	5,000	0	0	0	0	0	5,000	0	0	0	158	05/01/2026	1FE	
3199999. Subtotal - Bonds - U.S. Special Revenues						316,380	316,380	315,814	316,367	0	-.325	0	-.325	0	316,042	0	.338	.338	16,245	XXX	XXX	
.00206R-CS-9	AT&T Inc. Senior Notes 3.600% 02/17/23		07/28/2017	WFS		77,623	75,000	78,002	77,740	0	-.249	0	-.249	0	77,491	0	.132	.132	2,588	02/17/2023	2FE	
.391164-AJ-9	Great Plains Energy Inc. Senior Notes 3.900% 04/01/27		07/19/2017	Call 100,000		100,000	100,000	99,848	0	0	.6	0	.6	0	99,854	0	.146	.146	2,408	04/01/2027	2FE	
.501044-DE-8	Kroger Co. Senior Notes 2.650% 10/15/26		08/25/2017	Citigroup		92,694	100,000	90,694	0	0	.370	0	.370	0	91,064	0	.1,630	.1,630	2,407	10/15/2026	2FE	
.65478U-AB-5	Nissan Auto Receivables Owner NAROT2016AA2A 1.060% 02/15/19		09/15/2017	Paydown		18,137	18,137	18,136	0	0	.1	0	.1	0	18,138	0	0	0	.128	02/15/2019	1FE	
.66389X-BK-0	Oracle Corp. Senior Notes 1.900% 09/15/21		08/17/2017	Citigroup		99,460	100,000	99,827	99,842	0	.23	0	.23	0	99,864	0	-.405	-.405	2,137	09/15/2021	1FE	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						387,914	393,137	386,508	195,718	0	151	0	151	0	386,411	0	1,503	1,503	9,668	XXX	XXX	
8399997. Total - Bonds - Part 4						704,294	709,517	702,322	512,085	0	-.174	0	-.174	0	702,453	0	1,841	1,841	25,913	XXX	XXX	
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds						704,294	709,517	702,322	512,085	0	-.174	0	-.174	0	702,453	0	1,841	1,841	25,913	XXX	XXX	
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						704,294	XXX	702,322	512,085	0	-.174	0	-.174	0	702,453	0	1,841	1,841	25,913	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Bank of New York Mellon	New York, NY	0.000	.0	.0	123,766	39,287	142,305	XXX..
0199998. Deposits in ... 0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	XXX
0199999. Totals - Open Depositories		XXX	XXX	0	0	123,766	39,287	142,305
0299998. Deposits in ... 0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	123,766	39,287	142,305
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	0	0	XXX
0599999. Total - Cash		XXX	XXX	0	0	123,766	39,287	142,305

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

NONE

8699999 - Total Cash Equivalents

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