



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

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

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)

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

Primary Location of Books and Records _____ 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002 _____, _____ 508-853-7200 8554476

(City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

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

OFFICERS

President John Conner Roche # Vice President & Treasurer _____ Craig Wilson Leslie #
Secretary Charles Frederick Cronin

OTHER

Mark Leo Berthiaume #, Executive Vice President
Mark Lowell Keim, Executive Vice President
Bryan James Salvatore #, Executive Vice President

Jeffrey Mark Farber, Executive Vice President & CFO
Richard William Lavey, Executive Vice President
Mark Joseph Welzenbach #, Executive Vice President

J. Kendall Huber, Executive Vice President & GC
Christine Bilotto-Peterson #, 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 Bilotto-Peterson	John Conner Roche	Ann Kirkpatrick Tripp
Mark Joseph Welzenbach		

State of Massachusetts County of Worcester SS:

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

J. C. Rose

John Conner Roche
President

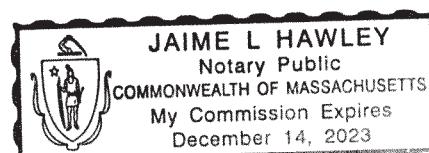
Charles Frederick Cronin
Secretary

Craig Wilson Leslie
Vice President & Treasurer

Subscribed and sworn to before me this
6th day of February, 2018

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

Jaime L. Hawley
Notary
December 14, 2023





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,219,721	1,279,155	0	431,262	1,871,357	(588,778)	4,881,395	56,801	(48,319)	270,591	164,502	(104,610)
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,219,721	1,279,155	0	431,262	1,871,357	(588,778)	4,881,395	56,801	(48,319)	270,591	164,502	(104,610)
DETAILS OF WRITE-INS												
3401.	0	0	0	0	0	0	0	0	0	0	0	0
3402.	0	0	0	0	0	0	0	0	0	0	0	0
3403.	0	0	0	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 5,114

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	10,472,083	10,229,328	0	5,326,621	3,884,988	4,350,779	2,074,884	81,818	58,820	136,422	1,591,299	202,302
5.1 Commercial multiple peril (non-liability portion)	446,828	500,463	0	210,909	203,509	182,603	69,491	1,530	(1,046)	9,440	77,862	8,532
5.2 Commercial multiple peril (liability portion)	269,843	287,156	0	138,123	7,676	110,494	628,165	9,321	126,684	267,323	46,316	5,071
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	247,924	237,361	0	125,094	109,273	66,689	19,826	0	968	1,865	38,529	4,775
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	36,497	37,287	0	20,040	0	0	0	0	0	0	5,423	705
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence	123,565	129,607	0	62,478	0	(12,557)	133,594	0	762	6,432	19,124	2,314
17.2 Other Liability - claims made	139	137	0	35	0	(52)	5	0	(70)	5	.73	3
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	3,314	.976	0	2,338	0	386	386	0	.41	.41	542	.64
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	29,682	31,814	0	7,769	2,035	280	7,956	0	(1,312)	2,343	3,104	574
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	27,727	32,105	0	3	0	(4,302)	8,497	0	(1,481)	4,464	10,805	536
21.1 Private passenger auto physical damage	28,588	29,608	0	7,392	5,382	2,124	(481)	0	(7)	16	4,125	553
21.2 Commercial auto physical damage	7,454	10,020	0	.1	0	(294)	(328)	0	13	33	2,730	144
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	11,693,644	11,525,862	0	5,900,803	4,212,863	4,696,150	2,941,995	92,669	183,372	428,384	1,799,932	225,573
DETAILS OF WRITE-INS												
3401.	0	0	0	0	0	0	0	0	0	0	0	0
3402.	0	0	0	0	0	0	0	0	0	0	0	0
3403.	0	0	0	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 48,953

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	10,472,083	10,229,328	0	5,326,621	3,884,988	4,350,779	2,074,884	81,818	58,820	136,422	1,591,299	202,302
5.1 Commercial multiple peril (non-liability portion)	446,828	500,463	0	210,909	203,509	182,603	69,491	1,530	(1,046)	9,440	77,862	8,532
5.2 Commercial multiple peril (liability portion)	269,843	287,156	0	138,123	7,676	110,494	628,165	9,321	126,684	267,323	46,316	5,071
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	247,924	237,361	0	125,094	109,273	66,689	19,826	0	968	1,865	38,529	4,775
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	36,497	37,287	0	20,040	0	0	0	0	0	0	5,423	705
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,219,721	1,279,155	0	431,262	1,871,357	(588,778)	4,881,395	56,801	(48,319)	270,591	164,502	(104,610)
17.1 Other Liability - occurrence	123,565	129,607	0	62,478	0	(12,557)	133,594	0	762	6,432	19,124	2,314
17.2 Other Liability - claims made	139	137	0	35	0	(52)	5	0	(70)	5	.73	3
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	3,314	.976	0	2,338	0	386	386	0	.41	.41	542	.64
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	29,682	31,814	0	7,769	2,035	280	7,956	0	(1,312)	2,343	3,104	574
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	27,727	32,105	0	3	0	(4,302)	8,497	0	(1,481)	4,464	10,805	536
21.1 Private passenger auto physical damage	28,588	29,608	0	7,392	5,382	2,124	(481)	0	(.7)	16	4,125	553
21.2 Commercial auto physical damage	7,454	10,020	0	.1	0	(294)	(328)	0	13	33	2,730	144
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	12,913,365	12,805,017	0	6,332,065	6,084,220	4,107,372	7,823,390	149,470	135,053	698,975	1,964,434	120,963
DETAILS OF WRITE-INS												
3401.	0	0	0	0	0	0	0	0	0	0	0	0
3402.	0	0	0	0	0	0	0	0	0	0	0	0
3403.	0	0	0	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 54,067

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
0499999. Total - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates					0	0	0	0	0	0	0	0	0	0
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000					0	0	0	0	0	0	0	0	0	0
0999999. Total Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0
AA-9992114 ..00000 ..MICHIGAN WC PLACEMENT FACILITY ..MI				2	0	326	326	0	0	26	0	0	0	0
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools					0	0	0	0	0	0	0	0	0	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools					2	0	326	326	0	0	26	0	0	0
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools					0	0	0	0	0	0	0	0	0	0
1199999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools					0	0	0	0	0	0	0	0	0	0
1299999. Total - Pools and Associations					2	0	326	326	0	0	26	0	0	0
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000					0	0	0	0	0	0	0	0	0	0
1399999. Total Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0
9999999 Totals					2	0	326	326	0	0	26	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NON

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On												18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
.38-0421730	.31534	CITIZENS INS CO OF AMERICA	MI		12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates					12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299999. Total Authorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1399999. Total Authorized					12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2599999. Total Unauthorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2699999. Total Unauthorized					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3099999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3399999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3499999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3599999. Total Certified - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3899999. Total Certified - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3999999. Total Certified					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4099999. Total Authorized, Unauthorized and Certified					12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	
4199999. Total Protected Cells					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999 Totals					12,916	0	0	5,677	153	2,742	729	6,359	0	15,660	0	0	15,660	0	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

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

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables,

Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. CITIZENS INS CO OF AMERICA	15,660,000	12,916,000	Yes [X] No []
2.	0	0	Yes [] No []
3.	0	0	Yes [] No []
4.	0	0	Yes [] No []
5.	0	0	Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	14,596,703	0	14,596,703
2. Premiums and considerations (Line 15)	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5. Other assets	137,947	0	137,947
6. Net amount recoverable from reinsurers	0	15,660,000	15,660,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	14,734,650	15,660,000	30,394,650
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	9,301,000	9,301,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	23,126	0	23,126
11. Unearned premiums (Line 9)	0	6,359,000	6,359,000
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15. Funds held by company under reinsurance treaties (Line 13)	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17. Provision for reinsurance (Line 16)	0	0	0
18. Other liabilities	0	0	0
19. Total liabilities excluding protected cell business (Line 26)	23,126	15,660,000	15,683,126
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	14,711,524	XXX	14,711,524
22. Totals (Line 38)	14,734,650	15,660,000	30,394,650

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

Yes [] No []

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

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(14)	(14)	0	0	0	0	0	0	XXX	
2. 2008	2,103	2,103	0	2,600	2,600	.21	.21	.332	.332	0	0	766	
3. 2009	3,501	3,501	0	3,225	3,225	.149	.149	.257	.257	0	0	648	
4. 2010	6,724	6,724	0	6,425	6,425	.120	.120	.582	.582	0	0	1,200	
5. 2011	10,473	10,473	0	12,736	12,736	.107	.107	1,126	1,126	0	0	2,537	
6. 2012	13,749	13,749	0	13,908	13,908	.130	.130	.1,235	.1,235	0	0	2,914	
7. 2013	14,211	14,211	0	8,436	8,436	.125	.125	.792	.792	0	0	1,764	
8. 2014	11,705	11,705	0	6,233	6,233	.83	.83	.816	.816	0	0	1,277	
9. 2015	10,669	10,669	0	4,158	4,158	.43	.43	.722	.722	0	0	998	
10. 2016	9,931	9,931	0	3,606	3,606	.82	.82	.546	.546	0	0	730	
11. 2017	10,229	10,229	0	3,276	3,276	.36	.36	.656	.656	0	0	877	
12. Totals	XXX	XXX	XXX	64,589	64,589	895	895	7,065	7,065	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Case Basis							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2009	0	0	0	0	0	0	1	1	0	0	0	0	0			
4. 2010	0	0	0	0	0	0	1	1	0	0	0	0	0			
5. 2011	0	0	0	0	0	0	2	2	0	0	0	0	0			
6. 2012	0	0	1	1	0	0	.3	.3	0	0	0	0	0			
7. 2013	40	40	6	6	0	0	6	6	3	3	0	0	2			
8. 2014	.5	.5	1	1	0	0	12	12	2	2	0	0	1			
9. 2015	.25	.25	5	5	0	0	21	21	2	2	0	0	1			
10. 2016	390	390	21	21	0	0	35	35	7	.7	0	0	4			
11. 2017	796	796	783	783	0	0	56	56	72	72	0	0	43			
12. Totals	1,256	1,256	819	819	0	0	136	136	86	86	0	0	51			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	2,953	2,953	0	140.4	140.4	.00	0	0	0.0	0	0
3. 2009	3,631	3,631	0	103.7	103.7	.00	0	0	0.0	0	0
4. 2010	7,129	7,129	0	106.0	106.0	.00	0	0	0.0	0	0
5. 2011	13,971	13,971	0	133.4	133.4	.00	0	0	0.0	0	0
6. 2012	15,278	15,278	0	111.1	111.1	.00	0	0	0.0	0	0
7. 2013	9,410	9,410	0	66.2	66.2	.00	0	0	0.0	0	0
8. 2014	7,152	7,152	0	61.1	61.1	.00	0	0	0.0	0	0
9. 2015	4,976	4,976	0	46.6	46.6	.00	0	0	0.0	0	0
10. 2016	4,686	4,686	0	47.2	47.2	.00	0	0	0.0	0	0
11. 2017	5,676	5,676	0	55.5	55.5	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2008	750	750	0	138	138	0	0	58	58	0	0	71	
3. 2009	457	457	0	177	177	7	7	32	32	0	0	51	
4. 2010	327	327	0	50	50	1	1	19	19	0	0	19	
5. 2011	217	217	0	310	310	0	0	18	18	0	0	25	
6. 2012	176	176	0	92	92	17	17	19	19	0	0	32	
7. 2013	130	130	0	10	10	0	0	8	8	0	0	8	
8. 2014	71	71	0	21	21	0	0	4	4	0	0	7	
9. 2015	52	52	0	1	1	0	0	1	1	0	0	2	
10. 2016	41	41	0	4	4	0	0	3	3	0	0	6	
11. 2017	32	32	0	1	1	0	0	2	2	0	0	3	
12. Totals	XXX	XXX	XXX	804	804	25	25	166	166	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015	0	0	1	1	0	0	0	0	0	0	0	0	0
10. 2016	0	0	1	1	0	0	1	1	0	0	0	0	0
11. 2017	3	3	4	4	0	0	1	1	1	1	0	0	1
12. Totals	3	3	5	5	0	0	2	2	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	196	196	0	26.1	26.1	0.0	0	0	0.0	0	0
3. 2009	217	217	0	47.5	47.5	0.0	0	0	0.0	0	0
4. 2010	70	70	0	21.3	21.3	0.0	0	0	0.0	0	0
5. 2011	328	328	0	151.1	151.1	0.0	0	0	0.0	0	0
6. 2012	128	128	0	72.9	72.9	0.0	0	0	0.0	0	0
7. 2013	19	19	0	14.6	14.6	0.0	0	0	0.0	0	0
8. 2014	25	25	0	35.5	35.5	0.0	0	0	0.0	0	0
9. 2015	4	4	0	7.1	7.1	0.0	0	0	0.0	0	0
10. 2016	9	9	0	20.7	20.7	0.0	0	0	0.0	0	0
11. 2017	11	11	0	34.4	34.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2008	235	235	0	4	4	2	2	4	4	0	0	4	
3. 2009	220	220	0	11	11	0	0	10	10	0	0	8	
4. 2010	135	135	0	7	7	0	0	9	9	0	0	4	
5. 2011	38	38	0	14	14	0	0	10	10	0	0	6	
6. 2012	67	67	0	11	11	0	0	4	4	0	0	3	
7. 2013	56	56	0	2	2	0	0	2	2	0	0	2	
8. 2014	53	53	0	15	15	0	0	8	8	0	0	5	
9. 2015	49	49	0	0	0	0	0	4	4	0	0	1	
10. 2016	37	37	0	0	0	0	0	0	0	0	0	0	
11. 2017	32	32	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	64	64	2	2	53	53	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2015	0	0	2	2	0	0	1	1	0	0	0	0	0
10. 2016	0	0	2	2	0	0	1	1	0	0	0	0	0
11. 2017	0	0	2	2	0	0	2	2	0	0	0	0	0
12. Totals	0	0	8	8	0	0	4	4	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	11	11	0	4.8	4.8	0.0	0	0	0.0	0	0
3. 2009	22	22	0	9.9	9.9	0.0	0	0	0.0	0	0
4. 2010	15	15	0	11.5	11.5	0.0	0	0	0.0	0	0
5. 2011	24	24	0	64.4	64.4	0.0	0	0	0.0	0	0
6. 2012	15	15	0	23.3	23.3	0.0	0	0	0.0	0	0
7. 2013	4	4	0	7.0	7.0	0.0	0	0	0.0	0	0
8. 2014	25	25	0	46.9	46.9	0.0	0	0	0.0	0	0
9. 2015	7	7	0	14.4	14.4	0.0	0	0	0.0	0	0
10. 2016	3	3	0	8.5	8.5	0.0	0	0	0.0	0	0
11. 2017	4	4	0	12.4	12.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	23	23	1	1	0	0	0	0	XXX	
2. 2008	6,247	6,247	0	2,949	2,949	152	152	.898	.898	0	0	671	
3. 2009	5,165	5,165	0	1,713	1,713	.81	.81	.588	.588	0	0	589	
4. 2010	4,533	4,533	0	2,446	2,446	140	140	.889	.889	0	0	591	
5. 2011	5,128	5,128	0	1,519	1,519	103	103	.936	.936	0	0	538	
6. 2012	5,042	5,042	0	2,198	2,198	100	100	.378	.378	0	0	478	
7. 2013	4,213	4,213	0	1,626	1,626	.98	.98	.320	.320	0	0	419	
8. 2014	4,126	4,126	0	1,335	1,335	.131	.131	.618	.618	0	0	490	
9. 2015	3,767	3,767	0	1,253	1,253	.50	.50	.395	.395	0	0	378	
10. 2016	2,164	2,164	0	2,711	2,711	.42	.42	.185	.185	0	0	165	
11. 2017	1,316	1,316	0	121	121	3	3	.79	.79	0	0	108	
12. Totals	XXX	XXX	XXX	17,895	17,895	902	902	5,285	5,285	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	212	212	.449	.449	0	0	45	45	12	12	0	0	6			
2. 2008	11	11	72	.72	0	0	9	9	4	4	0	0	2			
3. 2009	5	.5	61	.61	0	0	.7	.7	0	0	0	0	0			
4. 2010	7	.7	74	.74	0	0	11	11	0	0	0	0	0			
5. 2011	8	.8	89	.89	0	0	16	16	0	0	0	0	0			
6. 2012	13	13	92	.92	0	0	22	22	0	0	0	0	0			
7. 2013	209	209	86	.86	0	0	22	22	4	4	0	0	2			
8. 2014	54	54	91	.91	0	0	24	24	0	0	0	0	0			
9. 2015	319	319	107	.107	0	0	28	28	8	.8	0	0	4			
10. 2016	3,015	3,015	128	.128	0	0	39	39	12	12	0	0	6			
11. 2017	178	178	196	.196	0	0	47	47	41	41	0	0	21			
12. Totals	4,032	4,032	1,445	1,445	0	0	271	271	80	80	0	0	41			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	4,095	4,095	0	65.6	65.6	.00	0	0	0.0	0	0
3. 2009	2,454	2,454	0	47.5	47.5	.00	0	0	0.0	0	0
4. 2010	3,566	3,566	0	78.7	78.7	.00	0	0	0.0	0	0
5. 2011	2,671	2,671	0	52.1	52.1	.00	0	0	0.0	0	0
6. 2012	2,805	2,805	0	55.6	55.6	.00	0	0	0.0	0	0
7. 2013	2,365	2,365	0	56.1	56.1	.00	0	0	0.0	0	0
8. 2014	2,254	2,254	0	54.6	54.6	.00	0	0	0.0	0	0
9. 2015	2,161	2,161	0	57.4	57.4	.00	0	0	0.0	0	0
10. 2016	6,132	6,132	0	283.4	283.4	.00	0	0	0.0	0	0
11. 2017	665	665	0	50.6	50.6	.00	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	1	1	3	3	0	0	XXX	
2. 2008	755	755	0	641	641	16	16	62	62	0	0	59	
3. 2009	446	446	0	36	36	(5)	(5)	14	14	0	0	14	
4. 2010	543	543	0	59	59	22	22	22	22	0	0	23	
5. 2011	662	662	0	150	150	2	2	19	19	0	0	28	
6. 2012	818	818	0	619	619	172	172	39	39	0	0	42	
7. 2013	850	850	0	54	54	0	0	22	22	0	0	26	
8. 2014	941	941	0	122	122	0	0	32	32	0	0	32	
9. 2015	878	878	0	165	165	106	106	35	35	0	0	31	
10. 2016	862	862	0	212	212	2	2	42	42	0	0	33	
11. 2017	788	788	0	103	103	0	0	35	35	0	0	24	
12. Totals	XXX	XXX	XXX	2,161	2,161	315	315	325	325	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Case Basis							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	54	54	22	22	0	0	10	10	8	8	0	0	9			
2. 2008	0	0	7	7	0	0	3	3	0	0	0	0	0			
3. 2009	0	0	7	7	0	0	5	5	0	0	0	0	0			
4. 2010	0	0	6	6	0	0	4	4	0	0	0	0	0			
5. 2011	0	0	12	12	0	0	5	5	0	0	0	0	0			
6. 2012	0	0	9	9	0	0	6	6	0	0	0	0	0			
7. 2013	0	0	11	11	0	0	9	9	0	0	0	0	0			
8. 2014	0	0	27	27	0	0	15	15	1	1	0	0	1			
9. 2015	300	300	33	33	153	153	17	17	2	2	0	0	2			
10. 2016	0	0	55	55	0	0	22	22	0	0	0	0	0			
11. 2017	32	32	123	123	0	0	28	28	4	4	0	0	4			
12. Totals	386	386	312	312	153	153	124	124	14	14	0	0	16			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	729	729	0	96.5	96.5	0.0	0	0	0.0	0	0
3. 2009	56	56	0	12.6	12.6	0.0	0	0	0.0	0	0
4. 2010	113	113	0	20.8	20.8	0.0	0	0	0.0	0	0
5. 2011	188	188	0	28.4	28.4	0.0	0	0	0.0	0	0
6. 2012	845	845	0	103.3	103.3	0.0	0	0	0.0	0	0
7. 2013	96	96	0	11.3	11.3	0.0	0	0	0.0	0	0
8. 2014	198	198	0	21.0	21.0	0.0	0	0	0.0	0	0
9. 2015	810	810	0	92.3	92.3	0.0	0	0	0.0	0	0
10. 2016	333	333	0	38.7	38.7	0.0	0	0	0.0	0	0
11. 2017	326	326	0	41.3	41.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2013	1	1	0	0	0	0	0	0	0	0	0	0	
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2016	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2017	0	0	0	0	0	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2008	267	267	0	0	0	0	0	0	0	0	0	0	
3. 2009	245	245	0	0	0	0	0	0	0	0	0	0	
4. 2010	275	275	0	0	0	0	0	0	0	0	0	0	
5. 2011	444	444	0	425	425	3	3	16	16	0	0	5	
6. 2012	470	470	0	2	2	0	0	22	22	0	0	10	
7. 2013	349	349	0	0	0	0	0	0	0	0	0	0	
8. 2014	248	248	0	0	0	0	0	0	0	0	0	0	
9. 2015	155	155	0	0	0	0	0	0	0	0	0	0	
10. 2016	130	130	0	0	0	0	0	0	0	0	0	0	
11. 2017	130	130	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	427	427	3	3	38	38	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2008	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2009	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2010	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2011	0	0	3	3	0	0	0	0	0	0	0	0	0
6. 2012	0	0	7	7	0	0	0	0	0	0	0	0	0
7. 2013	0	0	8	8	0	0	0	0	0	0	0	0	0
8. 2014	0	0	10	10	0	0	1	1	0	0	0	0	0
9. 2015	0	0	20	20	0	0	1	1	0	0	0	0	0
10. 2016	0	0	30	30	0	0	2	2	0	0	0	0	0
11. 2017	0	0	53	53	0	0	2	2	0	0	0	0	0
12. Totals	0	0	134	134	0	0	6	6	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	1	1	0	0.2	0.2	0.0	0	0	0.0	0	0
3. 2009	1	1	0	0.5	0.5	0.0	0	0	0.0	0	0
4. 2010	0	0	0	0.1	0.1	0.0	0	0	0.0	0	0
5. 2011	446	446	0	100.6	100.6	0.0	0	0	0.0	0	0
6. 2012	31	31	0	6.6	6.6	0.0	0	0	0.0	0	0
7. 2013	9	9	0	2.5	2.5	0.0	0	0	0.0	0	0
8. 2014	11	11	0	4.4	4.4	0.0	0	0	0.0	0	0
9. 2015	22	22	0	13.9	13.9	0.0	0	0	0.0	0	0
10. 2016	31	31	0	24.3	24.3	0.0	0	0	0.0	0	0
11. 2017	55	55	0	42.3	42.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2016	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2017	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2017	0	0	0	7.5	7.5	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2016	265	265	0	101	101	0	0	16	16	0	0	XXX	
3. 2017	275	275	0	59	59	0	0	10	10	0	0	XXX	
4. Totals	XXX	XXX	XXX	160	160	0	0	26	26	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	1	1	0	0	1	1	0	0	0	0	0			
2. 2016	0	0	3	3	0	0	0	0	0	0	0	0	0			
3. 2017	1	1	15	15	0	0	1	1	1	1	0	0	1			
4. Totals	1	1	19	19	0	0	2	2	1	1	0	0	1			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016	120	120	0	45.5	45.5	0.0	0	0	0.0	0	0
3. 2017	86	86	0	31.4	31.4	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2016	.46	.46	.0	.6	.6	.0	0	0	0	0	0	.5	
3. 2017	40	40	0	3	3	0	0	0	0	0	0	5	
4. Totals	XXX	XXX	XXX	9	9	0	0	1	1	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	.0	.0	0	0	.0	.0	0	0	0	0	.0	0	0			
2. 2016	.0	.0	0	0	.0	.0	0	0	0	0	.0	0	0			
3. 2017	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016	6	6	0	13.4	13.4	.0.0	0	0	0.0	0	0
3. 2017	3	3	0	6.4	6.4	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2008	3	3	0	0	0	0	0	0	0	0	0	0	
3. 2009	2	2	0	0	0	0	0	0	0	0	0	0	
4. 2010	1	1	0	0	0	0	0	0	0	0	0	0	
5. 2011	(1)	(1)	0	0	0	0	0	0	0	0	0	0	
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2016	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2017	1	1	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2010	0	0	0	1.5	1.5	0.0	0	0	0.0	0	0
5. 2011	0	0	0	1.8	1.8	0.0	0	0	0.0	0	0
6. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2017	0	0	0	45.4	45.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	000	0	0	0	0	0	0	0	0	0	1	0
2. 2008	0	0	0	0	0	0	0	0	0	0	621	145
3. 2009	XXX	0	0	0	0	0	0	0	0	0	495	153
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0	930	270
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	2,004	533
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2,260	654
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1,279	483
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	895	381
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	691	306
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	518	208
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	585	249

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

1. Prior	000	0	0	0	0	0	0	0	0	0	14	0
2. 2008	0	0	0	0	0	0	0	0	0	0	55	16
3. 2009	XXX	0	0	0	0	0	0	0	0	0	40	11
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0	18	1
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	22	3
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0	28	4
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	6	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	5	2
9. 2015	XXX	0	0	0	1	1						
10. 2016	XXX	0	0	3	3							
11. 2017	XXX	0	1	1								

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

1. Prior	000	0	0	0	0	0	0	0	0	0	1	0
2. 2008	0	0	0	0	0	0	0	0	0	0	2	2
3. 2009	XXX	0	0	0	0	0	0	0	0	0	6	2
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0	4	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	5	1
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0	3	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	2	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	3
9. 2015	XXX	0	0	0	0	1						
10. 2016	XXX	0	0	0	0							
11. 2017	XXX	0	0	0								

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

1. Prior	000	0	0	0	0	0	0	0	0	0	137	0
2. 2008	0	0	0	0	0	0	0	0	0	0	465	204
3. 2009	XXX	0	0	0	0	0	0	0	0	0	335	254
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0	368	223
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	313	225
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0	304	174
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	233	184
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	236	254
9. 2015	XXX	0	0	0	143	231						
10. 2016	XXX	0	0	123	36							
11. 2017	XXX	0	69	18								

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	000	0	0	0	0	0	0	0	0	0	15	0
2. 2008	0	0	0	0	0	0	0	0	0	0	39	20
3. 2009	XXX	0	0	0	0	0	0	0	0	0	12	2
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0	14	9
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	15	13
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0	23	19
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	16	10
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	19	12
9. 2015	XXX	0	0	0	19	10						
10. 2016	XXX	0	0	20	13							
11. 2017	XXX	0	12	8								

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX								
8. 2014	XXX	XXX	XXX	XX	XX							
9. 2015	XXX	XXX	XXX	XXX	XX							
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					

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

1. Prior	.000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XX							XXX	XXX
8. 2014	XXX	XXX	XXX	XX	XX						XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XX						XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX

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

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0	0	1
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	2
7. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX								
8. 2014	XXX	XXX	XXX	XX	XX							
9. 2015	XXX	XXX	XXX	XXX	XX							
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	0	0	0	0						
2. 2016	XXX	0	0	.3	2							
3. 2017	XXX	XXX	0	3	2							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX				XXX	XXX						
2. 2016	XXX			XXX	XXX							
3. 2017	XXX		XXX	XXX								

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

1. Prior	XXX	.000			XXX	XXX						
2. 2016	XXX	.000			XXX	XXX						
3. 2017	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	48	0	0	0	0	0	0	0	1	0
2. 2008	540	616	617	620	620	621	621	621	621	621
3. 2009	XXX	409	487	491	491	493	494	494	495	495
4. 2010	XXX	XXX	797	916	924	927	928	929	930	930
5. 2011	XXX	XXX	XXX	1,753	1,990	1,996	1,999	2,001	2,004	2,004
6. 2012	XXX	XXX	XXX	XXX	1,991	2,243	2,257	2,260	2,260	2,260
7. 2013	XXX	XXX	XXX	XXX	XXX	1,135	1,265	1,277	1,279	1,279
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	814	885	894	895
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	620	688	691
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	455	518
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	585

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	3	2	2	1	1	1	1	1	0	0
2. 2008	30	1	0	0	0	0	0	0	0	0
3. 2009	XXX	52	4	4	3	1	0	1	0	0
4. 2010	XXX	XXX	80	8	5	3	0	1	0	0
5. 2011	XXX	XXX	XXX	72	4	4	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	101	5	1	1	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	68	14	6	2	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	43	8	1	1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	5	1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	4
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	30	1	0	0	0	0	0	0	0	0
2. 2008	693	759	760	765	765	766	766	766	766	766
3. 2009	XXX	562	641	646	646	647	647	648	648	648
4. 2010	XXX	XXX	1,103	1,187	1,196	1,197	1,198	1,200	1,200	1,200
5. 2011	XXX	XXX	XXX	2,264	2,522	2,530	2,531	2,534	2,537	2,537
6. 2012	XXX	XXX	XXX	XXX	2,667	2,896	2,911	2,914	2,914	2,914
7. 2013	XXX	XXX	XXX	XXX	XXX	1,625	1,756	1,763	1,764	1,764
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1,197	1,265	1,276	1,277
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	928	996	998
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	676	730
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	877

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	34	9	5	0	0	0	0	0	0	0
2. 2008	43	53	54	55	55	55	55	55	55	55
3. 2009	XXX	23	34	40	40	40	40	40	40	40
4. 2010	XXX	XXX	16	17	17	17	18	18	18	18
5. 2011	XXX	XXX	XXX	16	20	22	22	22	22	22
6. 2012	XXX	XXX	XXX	XXX	19	26	27	28	28	28
7. 2013	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6
8. 2014	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	3
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	10	5	1	1	1	0	0	0	0	0
2. 2008	14	4	1	0	0	0	0	0	0	0
3. 2009	XXX	10	5	0	0	0	0	0	0	0
4. 2010	XXX	XXX	1	1	1	1	0	0	0	0
5. 2011	XXX	XXX	XXX	3	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	4	1	1	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	15	5	3	0	0	0	0	0	0	0
2. 2008	66	71	71	71	71	71	71	71	71	71
3. 2009	XXX	41	48	51	51	51	51	51	51	51
4. 2010	XXX	XXX	18	19	19	19	19	19	19	19
5. 2011	XXX	XXX	XXX	21	23	25	25	25	25	25
6. 2012	XXX	XXX	XXX	XXX	27	31	32	32	32	32
7. 2013	XXX	XXX	XXX	XXX	XXX	8	8	8	8	8
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	6	0	.1	.0	0	.0	0	.0	0	0
2. 2008	.1	1	2	.2	2	2	2	2	2	2
3. 2009	XXX	5	6	.6	6	.6	6	.6	6	6
4. 2010	XXX	XXX	.4	4	4	.4	4	.4	4	4
5. 2011	XXX	XXX	XXX	.5	5	.5	5	.5	5	5
6. 2012	XXX	XXX	XXX	XXX	2	.3	3	.3	3	3
7. 2013	XXX	XXX	XXX	XXX	XXX	.2	2	.2	2	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	.2	2	2
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.2	3	.1	.2	0	.0	0	.0	0	0
2. 2008	.0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	1	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	.1	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1	.1	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	9	2	0	1	(2)	0	0	0	0	0
2. 2008	2	2	4	4	4	4	4	4	4	4
3. 2009	XXX	7	8	.8	8	.8	8	.8	8	8
4. 2010	XXX	XXX	4	4	4	4	4	4	4	4
5. 2011	XXX	XXX	XXX	.6	6	.6	6	.6	6	6
6. 2012	XXX	XXX	XXX	XXX	3	3	3	.3	3	3
7. 2013	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	2	.5	5	5
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	1	.1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.192	.76	.23	.16	.9	.9	.2	.0	.2	.0
2. 2008	.331	.431	.443	.457	.460	.463	.463	.465	.465	.465
3. 2009	XXX	.228	.316	.331	.332	.335	.335	.335	.335	.335
4. 2010	XXX	XXX	.229	.327	.348	.357	.363	.363	.366	.368
5. 2011	XXX	XXX	XXX	.204	.296	.300	.307	.312	.313	.313
6. 2012	XXX	XXX	XXX	XXX	.200	.279	.295	.299	.304	.304
7. 2013	XXX	XXX	XXX	XXX	XXX	.147	.209	.225	.233	.233
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.147	.217	.233	.236
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.105	.136	.143
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.94	.123
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.69

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.138	.76	.62	.31	.24	.18	.11	.9	.8	.6
2. 2008	.109	.24	.19	.5	.4	.2	.4	.2	.2	.2
3. 2009	XXX	.108	.17	.6	.5	.0	.0	.0	.0	.0
4. 2010	XXX	XXX	.100	.37	.17	.9	.5	.7	.3	.0
5. 2011	XXX	XXX	XXX	.91	.16	.12	.6	.2	.0	.0
6. 2012	XXX	XXX	XXX	XXX	.87	.19	.8	.4	.0	.0
7. 2013	XXX	XXX	XXX	XXX	XXX	.67	.21	.8	.2	.2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.83	.26	.4	.0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.41	.14	.4
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.27	.6
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.21

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.111	.33	.16	(10)	4	.5	(5)	(2)	1	(2)
2. 2008	.596	.653	.662	.664	.667	.669	.671	.671	.671	.671
3. 2009	XXX	.542	.580	.585	.589	.589	.589	.589	.589	.589
4. 2010	XXX	XXX	.503	.579	.584	.587	.589	.591	.591	.591
5. 2011	XXX	XXX	XXX	.476	.534	.535	.537	.538	.538	.538
6. 2012	XXX	XXX	XXX	XXX	.407	.466	.471	.477	.478	.478
7. 2013	XXX	XXX	XXX	XXX	XXX	.358	.413	.417	.419	.419
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.423	.488	.490	.490
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.367	.378	.378
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.149	.165
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.108

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	17	7	7	1	0	0	0	0	0	0
2. 2008	26	37	39	39	39	39	39	39	39	39
3. 2009	XXX	11	12	12	12	12	12	12	12	12
4. 2010	XXX	XXX	10	13	13	14	14	14	14	14
5. 2011	XXX	XXX	XXX	13	15	15	15	15	15	15
6. 2012	XXX	XXX	XXX	XXX	19	21	21	23	23	23
7. 2013	XXX	XXX	XXX	XXX	XXX	15	16	16	16	16
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	16	18	19	19
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	19	19
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	20
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	19	18	5	4	2	3	5	6	5	9
2. 2008	7	2	0	0	0	0	0	0	0	0
3. 2009	XXX	2	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	4	1	1	0	0	0	0	0
5. 2011	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	5	3	4	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	2	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7	1	0	1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	2	2
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	20	10	5	2	(2)	2	2	2	(1)	4
2. 2008	47	59	59	59	59	59	59	59	59	59
3. 2009	XXX	14	14	14	14	14	14	14	14	14
4. 2010	XXX	XXX	21	23	23	23	23	23	23	23
5. 2011	XXX	XXX	XXX	23	28	28	28	28	28	28
6. 2012	XXX	XXX	XXX	XXX	32	41	42	42	42	42
7. 2013	XXX	XXX	XXX	XXX	XXX	23	26	26	26	26
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	29	31	31	32
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	31	31
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	33
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.1	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	1	1	1	1	1
6. 2012	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	.1	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	3	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	.1	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	4	4	5	5	5	5	5
6. 2012	XXX	XXX	XXX	XXX	10	10	10	10	10	10
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	235	235	235	235	235	235	235	235	235	235	0
3. 2009.....	XXX	220	220	220	220	220	220	220	220	220	0
4. 2010.....	XXX	XXX	135	135	135	135	135	135	135	135	0
5. 2011.....	XXX	XXX	XXX	38	38	38	38	38	38	38	0
6. 2012.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	0
7. 2013.....	XXX	XXX	XXX	XXX	56	56	56	56	56	56	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	53	53	53	53	53	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	49	49	49	49	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	37	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32
13. Earned Premiums (Sch P-Pt. 1)	235	220	135	38	67	56	53	49	37	32	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	235	235	235	235	235	235	235	235	235	235	0
3. 2009.....	XXX	220	220	220	220	220	220	220	220	220	0
4. 2010.....	XXX	XXX	135	135	135	135	135	135	135	135	0
5. 2011.....	XXX	XXX	XXX	38	38	38	38	38	38	38	0
6. 2012.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	0
7. 2013.....	XXX	XXX	XXX	XXX	56	56	56	56	56	56	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	53	53	53	53	53	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	49	49	49	49	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	37	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32
13. Earned Premiums (Sch P-Pt. 1)	235	220	135	38	67	56	53	49	37	32	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	237	1	(8)	0	0	0	0	0	0	0	0
2. 2008.....	6,010	6,012	5,996	5,996	5,996	5,996	5,996	5,996	5,996	5,996	0
3. 2009.....	XXX	5,163	5,079	5,076	5,076	5,076	5,076	5,076	5,076	5,076	0
4. 2010.....	XXX	XXX	4,640	4,647	4,648	4,648	4,648	4,648	4,648	4,648	0
5. 2011.....	XXX	XXX	XXX	5,124	5,210	5,214	5,214	5,214	5,214	5,214	0
6. 2012.....	XXX	XXX	XXX	XXX	4,955	5,031	5,025	5,021	5,021	5,021	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	4,132	4,153	4,148	4,147	4,147	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,121	4,119	4,119	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	3,795	3,795	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,137	2,137	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,316	1,316
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,316
13. Earned Premiums (Sch P-Pt. 1)	6,247	5,165	4,533	5,128	5,042	4,213	4,126	3,767	2,164	1,316	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	237	1	(8)	0	0	0	0	0	0	0	0
2. 2008.....	6,010	6,012	5,996	5,996	5,996	5,996	5,996	5,996	5,996	5,996	0
3. 2009.....	XXX	5,163	5,079	5,076	5,076	5,076	5,076	5,076	5,076	5,076	0
4. 2010.....	XXX	XXX	4,640	4,647	4,648	4,648	4,648	4,648	4,648	4,648	0
5. 2011.....	XXX	XXX	XXX	5,124	5,210	5,214	5,214	5,214	5,214	5,214	0
6. 2012.....	XXX	XXX	XXX	XXX	4,955	5,031	5,025	5,021	5,021	5,021	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	4,132	4,153	4,148	4,147	4,147	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,111	4,121	4,119	4,119	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	3,795	3,795	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,137	2,137	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,316	1,316
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,316
13. Earned Premiums (Sch P-Pt. 1)	6,247	5,165	4,533	5,128	5,042	4,213	4,126	3,767	2,164	1,316	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	(37)	(1)	0	0	0	0	0	0	0	0	0
2. 2008.....	792	791	791	791	791	791	791	791	791	791	0
3. 2009.....	XXX	448	449	448	448	448	448	448	448	448	0
4. 2010.....	XXX	XXX	543	541	541	541	541	541	541	541	0
5. 2011.....	XXX	XXX	XXX	664	665	665	665	665	665	665	0
6. 2012.....	XXX	XXX	XXX	XXX	817	821	821	821	821	821	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	846	846	846	846	846	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	942	941	941	941	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	879	879	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	862	862	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788	788
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788
13. Earned Premiums (Sch P-Pt. 1)	755	446	543	662	818	850	941	878	862	788	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	(37)	(1)	0	0	0	0	0	0	0	0	0
2. 2008.....	792	791	791	791	791	791	791	791	791	791	0
3. 2009.....	XXX	448	449	448	448	448	448	448	448	448	0
4. 2010.....	XXX	XXX	543	541	541	541	541	541	541	541	0
5. 2011.....	XXX	XXX	XXX	664	665	665	665	665	665	665	0
6. 2012.....	XXX	XXX	XXX	XXX	817	821	821	821	821	821	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	846	846	846	846	846	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	942	941	941	941	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	879	879	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	862	862	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788	788
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788
13. Earned Premiums (Sch P-Pt. 1)	755	446	543	662	818	850	941	878	862	788	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	(2)	0	0	0	0	0	0	0	0	0	0
2. 2008.....	268	268	268	268	268	268	268	268	268	268	0
3. 2009.....	XXX	245	245	245	245	245	245	245	245	245	0
4. 2010.....	XXX	XXX	275	275	275	275	275	275	275	275	0
5. 2011.....	XXX	XXX	XXX	444	444	444	444	444	444	444	0
6. 2012.....	XXX	XXX	XXX	XXX	470	470	470	470	470	470	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	349	350	350	350	350	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	246	246	246	246	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	155	155	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	130	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130
13. Earned Premiums (Sch P-Pt. 1)	267	245	275	444	470	349	248	155	130	130	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	(2)	0	0	0	0	0	0	0	0	0	0
2. 2008.....	268	268	268	268	268	268	268	268	268	268	0
3. 2009.....	XXX	245	245	245	245	245	245	245	245	245	0
4. 2010.....	XXX	XXX	275	275	275	275	275	275	275	275	0
5. 2011.....	XXX	XXX	XXX	444	444	444	444	444	444	444	0
6. 2012.....	XXX	XXX	XXX	XXX	470	470	470	470	470	470	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	349	350	350	350	350	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	246	246	246	246	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	155	155	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	130	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130
13. Earned Premiums (Sch P-Pt. 1)	267	245	275	444	470	349	248	155	130	130	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2010.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2011.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2012.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2010.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2011.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2012.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX									
8. 2014.....	XXX	XXX									
9. 2015.....	XXX	XXX									
10. 2016.....	XXX	XXX									
11. 2017.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX									
8. 2014.....	XXX	XXX									
9. 2015.....	XXX	XXX									
10. 2016.....	XXX	XXX									
11. 2017.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2008.....	4	4	4	4	4	4	4	4	4	4	0
3. 2009.....	XXX	2	2	2	2	2	2	2	2	2	0
4. 2010.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2011.....	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	(1)	(1)	0
6. 2012.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	0	2	2	2	2	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)	(2)	(2)	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)		3	2	1	(1)	0	0	0	0	1	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2008.....	4	4	4	4	4	4	4	4	4	4	0
3. 2009.....	XXX	2	2	2	2	2	2	2	2	2	0
4. 2010.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2011.....	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	(1)	(1)	0
6. 2012.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	0	2	2	2	2	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(2)	(2)	(2)	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)		3	2	1	(1)	0	0	0	0	1	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX			X						
8. 2014.....	XXX	XXX			X						
9. 2015.....	XXX	XXX			X						
10. 2016.....	XXX	XXX			X						
11. 2017.....	XXX	XXX			X						
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX									
6. 2012.....	XXX	XXX			X						
7. 2013.....	XXX	XXX			X		X				
8. 2014.....	XXX	XXX			X		X				
9. 2015.....	XXX	XXX			X		X				
10. 2016.....	XXX	XXX			X		X				
11. 2017.....	XXX	XXX			X		X				
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ 0

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior	0	0
1.602 2008	0	0
1.603 2009	0	0
1.604 2010	0	0
1.605 2011	0	0
1.606 2012	0	0
1.607 2013	0	0
1.608 2014	0	0
1.609 2015	0	0
1.610 2016	0	0
1.611 2017	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars) 5.1 Fidelity 0
 5.2 Surety 0

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

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

7.2 (An extended statement may be attached.)

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 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	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	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	The Hanover Insurance Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-2875170			AIX Holdings, Inc.	DE	N/A	AIX, Inc.	AIX, Inc.	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 Specialty Insurance Company	Nova Casualty Company	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		12833	20-5233538		AIX, Inc.	DE	IA	AIX, Holdings, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N		
	The Hanover Insurance Group		20-3051651			ALIT (No. 1) Limited	GBR	N/A	ALIT Underwriting Limited	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	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	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	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	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	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	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	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	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	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.	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.	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		12260	52-1827116		Campden Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	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	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	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	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	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	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	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	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	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	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	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	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	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	Chaucer Syndicates Limited	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group					Chaucer MENA Limited	ARE	N/A	Chaucer Syndicates Limited	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	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	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	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	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	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	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	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	IL	IA	Opus Investment Management, Inc.	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	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	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.	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	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.	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	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.	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.	The Hanover Texas Insurance Management Company, Inc.	Attorney-In-Fact	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		41602	75-1827351		Hanover Lloyd's Insurance Co.	TX	IA	Company, Inc.	Company, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1172293			Hanover Specialty Insurance Brokers, Inc.	VA	N/A	Verian Holdings, Inc.	Verian Holdings, Inc.	Ownership, Board, Management	100.00	The Hanover Insurance Group, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 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					Insurance4Cargo Services Limited	GBR..NIA..	CH 1997 Limited		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	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		
						Professionals Direct Insurance Services, Inc.	MI..NIA..	Professionals Direct, Inc.		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	N		
						Professionals Direct, Inc.	MI..NIA..	The Hanover Insurance Company		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	N		
						SLE Holdings Pty Ltd.	AUS..NIA..	Hanover Australia BidCo Pty Ltd.		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	N		
						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 Atlantic Insurance Company Ltd.	BMU..IA..	The Hanover Insurance Company		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	Y		
						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		
.0088	The Hanover Insurance Group		04-3263626			The Hanover Insurance Group, Inc.	DE..UIP..				0.000				
						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 Texas Insurance Management Company, Inc.	TX..NIA..	The Hanover Insurance Company		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	N		
.0088	The Hanover Insurance Group		04-2556029			VeraVest Investments, Inc.	MA..NIA..	The Hanover Insurance Group, Inc.		Ownership, Board,Management	100.00	The Hanover Insurance Group, Inc.	N		
						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		

Asterisk	

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
											Totals	
20-2875170	AIX Holdings, Inc.		0	0	.0	0	0	0	*	.0	0	0
12833	20-5233538	AIX Specialty Insurance Co.	(2,100,000)	5,100,000	.0	0	0	0		0	3,000,000	220,257,336
10212	04-3272695	Allmerica Financial Alliance Ins Co.	(1,200,000)	0	.0	0	0	0		0	(1,200,000)	161,907,921
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	4,000,000	.0	0	0	(81,539,818)		0	(77,539,818)	527,732,148
04-3194493	23-2643430	Allmerica Plus Insurance Agency, Inc.	(250,000)	0	.0	0	0	0		0	(250,000)	0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(1,100,000)	0	.0	0	0	0		0	(1,100,000)	16,029,209
		Chaucer Holdings PLC	0	0	.0	0	0	0		65,000,000	65,000,000	0
98-1329079		Chaucer Insurance Company Designated Activity Co.	0	31,000,000	.0	0	0	0		0	31,000,000	0
31534	38-0421730	Citizens Insurance Co. of America	(99,900,000)	0	(167,474,085)	0	162,467,222	(9,145,620)		0	(114,052,483)	(20,685,417)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	.0	0	0	0		0	0	43,863,593
10176	38-3167100	Citizens Insurance Co. of Ohio	(1,500,000)	0	.0	0	0	0		0	(1,500,000)	15,658,906
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	5,000,000	.0	0	0	(113,385,080)		0	(108,385,080)	784,855,476
	27-3626264	CitySquare II Investment Co., L.L.C.	0	(11,049)	.0	0	0	0		0	(11,049)	0
27-2400275		Educators Insurance Agency, Inc.	(290,238)	(509,762)	.0	0	0	0		0	(800,000)	0
38-4000989		Front Street Financing L.L.C.	0	7,944,049	.0	0	0	0		0	7,944,049	0
11705	86-1070355	Hanover New Jersey Insurance Company	(2,100,000)	0	.0	0	0	0		0	(2,100,000)	294,460
52-1172293		Hanover Specialty Insurance Brokers, Inc.	(264,230)	(735,770)	.0	0	0	0		0	(1,000,000)	0
22306	04-2217600	Massachusetts Bay Insurance Company	(2,000,000)	0	.0	0	0	(169,489,064)		0	(171,489,064)	872,069,746
16-1066198		NOVA American Group, Inc.	0	0	.0	0	0	0		0	0	0
42552	16-1140177	NOVA Casualty Co.	(3,300,000)	(5,100,000)	.0	0	0	0		0	(8,400,000)	498,708,217
04-2854021		Opus Investment Management, Inc.	0	0	.0	0	0	0		0	0	0
98-1335681		The Hanover (Barbados) Capital SRL	(20,200,000)	0	.0	0	0	0		0	(20,200,000)	0
36064	04-3063898	The Hanover American Insurance Co.	(2,000,000)	0	.0	0	0	(54,793,404)		0	(56,793,404)	349,885,672
98-1303999		The Hanover Atlantic Insurance Company	0	2,000,000	.0	0	0	0		0	2,000,000	573,406
22292	13-5129825	The Hanover Insurance Company	(178,950,000)	(49,933,000)	(94,092,156)	0	(121,157,261)	428,352,986		(190,000,000)	(205,779,431)	(3,619,630,811)
04-3263626		The Hanover Insurance Group, Inc.	317,290,238	1,509,762	261,566,241	0	(41,309,961)	0		125,000,000	664,056,280	0
13147	74-3242673	The Hanover National Insurance Company	(700,000)	0	.0	0	0	0		0	(700,000)	0
	74-2556029	The Hanover Texas Insurance Management Co.	0	0	.0	0	0	0		0	0	67,708,143
10815	52-0903682	Verlan Fire Insurance Co.	(1,700,000)	0	.0	0	0	0		0	(1,700,000)	80,771,995
	52-2044133	Verlan Holdings, Inc.	264,230	(264,230)	.0	0	0	0		0	0	0
	9999999 Control Totals		0	0	0	0	0	0	XXX	0	0	0

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

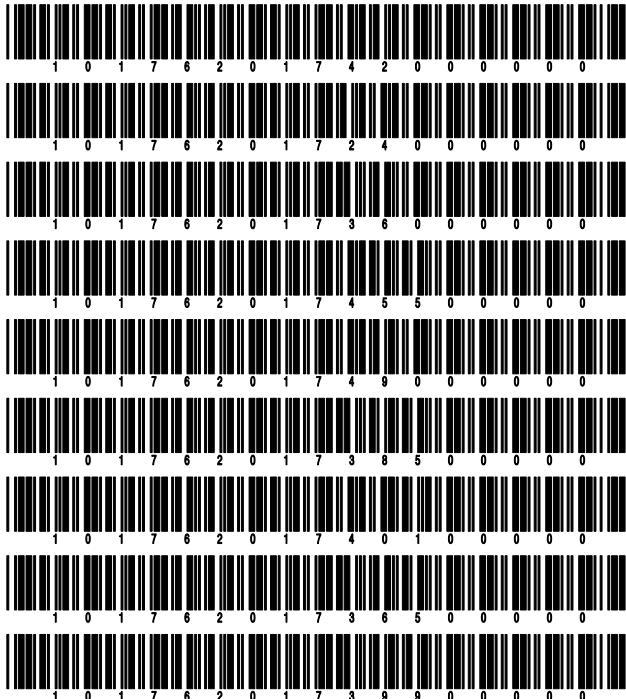
		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which a special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental report is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		
MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
35.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		

12. Explanations.

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Bar Codes:

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



23. Bail Bond Supplement [Document Identifier 500]



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



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



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



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



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



29. Credit Insurance Experience Exhibit [Document Identifier 230]



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



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



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



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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

NONE

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	100
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	E12
Schedule DB - Part C - Section 2	E13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	23
Schedule F - Part 5	24
Schedule F - Part 6 - Section 1	25
Schedule F - Part 6 - Section 2	26
Schedule F - Part 7	27
Schedule F - Part 8	28
Schedule F - Part 9	29

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	30
Schedule H - Part 2, Part 3 and 4	31
Schedule H - Part 5 - Health Claims	32
Schedule P - Part 1 - Summary	33
Schedule P - Part 1A - Homeowners/Farmowners	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	38
Schedule P - Part 1E - Commercial Multiple Peril	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P - Part 1J - Auto Physical Damage	46
Schedule P - Part 1K - Fidelity/Surety	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	48
Schedule P - Part 1M - International	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	55
Schedule P - Part 1T - Warranty	56
Schedule P - Part 2, Part 3 and Part 4 - Summary	34
Schedule P - Part 2A - Homeowners/Farmowners	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P - Part 2E - Commercial Multiple Peril	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P - Part 2J - Auto Physical Damage	59
Schedule P - Part 2K - Fidelity, Surety	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	59
Schedule P - Part 2M - International	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	61
Schedule P - Part 2T - Warranty	61
Schedule P - Part 3A - Homeowners/Farmowners	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	62
Schedule P - Part 3E - Commercial Multiple Peril	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P - Part 3J - Auto Physical Damage	64
Schedule P - Part 3K - Fidelity/Surety	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	64
Schedule P - Part 3M - International	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	66
Schedule P - Part 3T - Warranty	66

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	67
Schedule P - Part 4E - Commercial Multiple Peril	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P - Part 4J - Auto Physical Damage	69
Schedule P - Part 4K - Fidelity/Surety	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	69
Schedule P - Part 4M - International	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	71
Schedule P - Part 4T - Warranty	71
Schedule P - Part 5A - Homeowners/Farmowners	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P - Part 5E - Commercial Multiple Peril	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence	77
Schedule P - Part 5H - Other Liability - Claims-Made	80
Schedule P - Part 5H - Other Liability - Occurrence	79
Schedule P - Part 5R - Products Liability - Claims-Made	82
Schedule P - Part 5R - Products Liability - Occurrence	81
Schedule P - Part 5T - Warranty	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P - Part 6E - Commercial Multiple Peril	85
Schedule P - Part 6H - Other Liability - Claims-Made	86
Schedule P - Part 6H - Other Liability - Occurrence	85
Schedule P - Part 6M - International	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	87
Schedule P - Part 6R - Products Liability - Claims-Made	88
Schedule P - Part 6R - Products Liability - Occurrence	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T - Exhibit of Premiums Written	94
Schedule T - Part 2 - Interstate Compact	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11