



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

NAIC Group Code 0088 0088 NAIC Company Code 10176 Employer's ID Number 38-3167100
(Current) (Prior)

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

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

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

Main Administrative Office 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002, 508-853-7200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Website Address WWW.HANOVER.COM

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

OFFICERS

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

OTHER

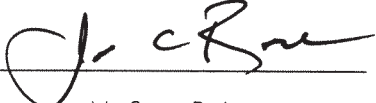


<u>Mark Leo Berthiaume #, Executive Vice President</u>	<u>Jeffrey Mark Farber, Executive Vice President & CFO</u>	<u>J. Kendall Huber, Executive Vice President & GC</u>
<u>Mark Lowell Keim, Executive Vice President</u>	<u>Richard William Lavey, Executive Vice President</u>	<u>Christine Bilotti-Peterson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

DIRECTORS OR TRUSTEES

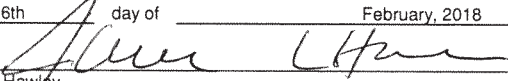
<u>George Kusi Agyen</u>	<u>Mark Leo Berthiaume</u>	<u>Jeffrey Mark Farber</u>
<u>J. Kendall Huber</u>	<u>Mark Lowell Keim</u>	<u>Craig Wilson Leslie #</u>
<u>Christine Bilotti-Peterson</u>	<u>John Conner Roche</u>	<u>Ann Kirkpatrick Tripp</u>
<u>Mark Joseph Welzenbach</u>		

State of Massachusetts SS:
County of Worcester

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

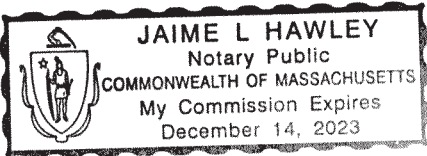
		
John Conner Roche President	Charles Frederick Cronin Secretary	Craig Wilson Leslie Vice President & Treasurer

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



Jaime L. Hawley
Notary
December 14, 2023

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





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-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	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.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$5,114
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



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-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3	Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4	Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5	Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6	Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7	All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8	Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16.	Workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.1	Other Liability - occurrence	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.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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



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	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines0	.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-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	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.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ 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 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
0499999. Total - U.S. Non-Pool				0	0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates				0	0	0	0	0	0	0	0	0	0	0
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000				0	0	0	0	0	0	0	0	0	0	0
0999999. Total Other U.S. Unaffiliated Insurers				0	0	0	0	0	0	0	0	0	0	0
AA-9992114	00000	MICHIGAN 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	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				2	0	326	326	0	0	26	0	0	0	0
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools				0	0	0	0	0	0	0	0	0	0	0
1199999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				0	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	0
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000				0	0	0	0	0	0	0	0	0	0	0
1399999. Total Other Non-U.S. Insurers				0	0	0	0	0	0	0	0	0	0	0
9999999 Totals				2	0	326	326	0	0	26	0	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 (Canceled) during Current Year	
Reinsured	100%
Not Reinsured	0%

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
<h1>NONE</h1>					

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 Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		12,916	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

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 [X] No []

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

Schedule H - Part 1 - 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008.....	2,953	2,953	0	140.4	140.4	0.0	0	0	0.0	0	0
3. 2009.....	3,631	3,631	0	103.7	103.7	0.0	0	0	0.0	0	0
4. 2010.....	7,129	7,129	0	106.0	106.0	0.0	0	0	0.0	0	0
5. 2011.....	13,971	13,971	0	133.4	133.4	0.0	0	0	0.0	0	0
6. 2012.....	15,278	15,278	0	111.1	111.1	0.0	0	0	0.0	0	0
7. 2013.....	9,410	9,410	0	66.2	66.2	0.0	0	0	0.0	0	0
8. 2014.....	7,152	7,152	0	61.1	61.1	0.0	0	0	0.0	0	0
9. 2015.....	4,976	4,976	0	46.6	46.6	0.0	0	0	0.0	0	0
10. 2016.....	4,686	4,686	0	47.2	47.2	0.0	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2008.....	4,095	4,095	0	65.6	65.6	0.0	0	0	0.0	0	0
3. 2009.....	2,454	2,454	0	47.5	47.5	0.0	0	0	0.0	0	0
4. 2010.....	3,566	3,566	0	78.7	78.7	0.0	0	0	0.0	0	0
5. 2011.....	2,671	2,671	0	52.1	52.1	0.0	0	0	0.0	0	0
6. 2012.....	2,805	2,805	0	55.6	55.6	0.0	0	0	0.0	0	0
7. 2013.....	2,365	2,365	0	56.1	56.1	0.0	0	0	0.0	0	0
8. 2014.....	2,254	2,254	0	54.6	54.6	0.0	0	0	0.0	0	0
9. 2015.....	2,161	2,161	0	57.4	57.4	0.0	0	0	0.0	0	0
10. 2016.....	6,132	6,132	0	283.4	283.4	0.0	0	0	0.0	0	0
11. 2017.....	665	665	0	50.6	50.6	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	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
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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX00000000	XXX
2. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
3. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
4. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
5. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
6. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
7. 2013.....	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
8. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
9. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
10. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	1	1	0	0	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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	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	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

NONE

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

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 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	2	3	4	5	6	7	8	9	10		
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.1	.1
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.3	.3
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	1	1

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.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	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.1
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.143	.231
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.123	.36
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.19	.10
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.20	.13
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	12	8

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		
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	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	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 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	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	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 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	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	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	.1	.4
6. 2012.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.2	.8
7. 2013.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.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	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	.0	.0
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.3	.2
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	3	2

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	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 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			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 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

NONE

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

NONE

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

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 4M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4T - Warranty

N O N E

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

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

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

SECTION 1

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

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

SECTION 1

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

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

SECTION 1

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

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

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

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	XXX	56	56	56	56	56	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	53	53	53	53	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	XXX	56	56	56	56	56	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	53	53	53	53	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	130
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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	130
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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	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	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	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	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	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	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	2	3	4	5	6	7	8	9	10	
	2008	2009	2010	2011	2012	2013	2014	2015	2016	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	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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 Fidelity0

5.2 Surety0
6. Claim count information is reported per claim or per claimant (Indicate which).per claimant.....
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 (An extended statement may be attached.)
.....

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 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 Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0088	The Hanover Insurance Group	12833	80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-2875170				Aberdeen Underwriting Advisers Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1304098				AIX Holdings, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group		20-5233538				AIX Insurance Services of California, Inc.	CA	NIA	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-3051651				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						AIX, Inc.	DE	NIA	AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 1) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 2) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 3) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						ALIT (No. 4) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10212	04-3272695				ALIT (No. 5) Limited	GBR	NIA	ALIT Underwriting Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		23-2643430				ALIT Insurance Holdings Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-3194493				ALIT Underwriting Limited	GBR	NIA	ALIT Insurance Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						CH 1997 Limited	GBR	NIA	Chaucer Capital Investments Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	12260					Chaucer Capital Investments Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Consortium Underwriting Limited	GBR	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 2) Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Corporate Capital (No. 3) Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Corporate Capital Limited	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Dedicated Limited	GBR	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer GmbH	DEU	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Holdings Limited	GBR	NIA	The Hanover Insurance International Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Insurance Company Designated Activity Company	JRL	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group		98-1329079				Chaucer Insurance Group PLC	GBR	NIA	Chaucer Holdings Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10714	36-4123481				Chaucer Labuan Limited	MYS	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3167100				Chaucer Latin America, S.A.	ARG	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		35-1958418				Chaucer MENA Limited	ARE	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1652700				Chaucer Oslo A.S.	NOR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-3626264				Chaucer Singapore PTE Limited	SGP	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-2400275				Chaucer Syndicate Services Limited	GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-4000989				Chaucer Syndicates Limited	GBR	NIA	Chaucer Capital Investments Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Underwriting A/S	DNK	NIA	CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Chaucer Underwriting Services Limited	GBR	NIA	Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		31534	38-0421730			Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		35-1958418				Citizens Insurance Company of Ohio	OH	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1652700				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-3626264				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-4000989				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Hanover Australia BidCo Pty Ltd.	AUS	NIA	Hanover Australia HoldCo Pty Ltd.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Hanover Australia HoldCo Pty Ltd.	AUS	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						The Hanover Texas Insurance Management Company, Inc.	TX	IA	The Hanover Insurance Group, Inc.	Attorney-In-Fact	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	41602	75-1827351				Hanover Lloyd's Insurance Co.	TX	IA	Company, Inc.	Attorney-In-Fact	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Ver lan Holdings, Inc.	Ownership, Board, Management	100.000	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)	*
0088	The Hanover	Insurance Group	22306	04-2217600				Insurance4Cargo Services Limited	GBR	NIA		CH 1997 Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		16-1066198				Lonham Group Limited	GBR	NIA		Lonham Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		16-1140177				Lonham Limited	GBR	NIA		Chaucer Syndicates Limited	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		04-2854021				Massachusetts Bay Insurance Company	NH	IA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover	Insurance Group	42552	04-2854021				NOVA American Group, Inc.	NY	NIA		AIX, Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group						NOVA Casualty Company	NY	IA		Nova American Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group						Opus Investment Management, Inc.	MA	UIP		The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group						Pacific Underwriting Corporation Pty Ltd.	AUS	NIA		SLE Holdings Pty, Ltd.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover	Insurance Group	36064	38-3383822				Professionals Direct Insurance Services, Inc.	MI	NIA		Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group						SLE Holdings Pty Ltd.	AUS	NIA		Hanover Australia BidCo Pty Ltd.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group						SLE Worldwide Pty Limited	AUS	NIA		SLE Holdings Pty, Ltd.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover	Insurance Group	22292	04-3063898				The Hanover American Insurance Company	NH	IA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
	The Hanover	Insurance Group		98-1335681				The Hanover (Barbados) Capital SRL	BRB	NIA		The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		13-5129825				The Hanover Insurance Company	NH	UDP		Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover	Insurance Group	11705	04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP				0.000		N	
	The Hanover	Insurance Group						The Hanover Insurance International Holdings Limited	GBR	NIA		The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		74-3242673				The Hanover National Insurance Company	NH	IA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		86-1070355				The Hanover New Jersey Insurance Company	NH	IA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover	Insurance Group	10815	74-2556029				The Hanover Texas Insurance Management Company, Inc.	TX	NIA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA		The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		52-0903682				Verlan Fire Insurance Company	NH	IA		The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover	Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA		The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	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	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 the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.













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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 1 7 6 2 0 1 7 4 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 0 1 7 6 2 0 1 7 5 0 0 0 0 0 0 0
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 0 1 7 6 2 0 1 7 5 0 5 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 1 7 6 2 0 1 7 2 2 4 0 0 0 0 0
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 1 7 6 2 0 1 7 2 2 5 0 0 0 0 0
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 1 7 6 2 0 1 7 2 2 6 0 0 0 0 0
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 0 1 7 6 2 0 1 7 5 5 5 0 0 0 0 0
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 1 7 6 2 0 1 7 2 3 0 0 0 0 0 0
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 1 7 6 2 0 1 7 3 0 6 0 0 0 0 0
31.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 0 1 7 6 2 0 1 7 2 1 0 0 0 0 0 0
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 0 1 7 6 2 0 1 7 2 1 6 0 0 0 0 0
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 0 1 7 6 2 0 1 7 2 1 7 0 0 0 0 0

NONE

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