



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018 | | | | | | | NAIC Company Code | 10176 | |
|---|------|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| Line of Business | | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
| | | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.1 Allied lines | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.2 Multiple peril crop | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.3 Federal flood | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.4. Private crop | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.5 Private flood | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Farmowners multiple peril | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Homeowners multiple peril | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5.1 Commercial multiple peril (non-liability portion) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5.2 Commercial multiple peril (liability portion) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Mortgage guaranty | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Ocean marine | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Inland marine | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Financial guaranty | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Medical professional liability | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Earthquake | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Group accident and health (b) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Credit accident and health (group and individual) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.1 Collectively renewable accident and health (b) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.2 Non-cancellable accident and health(b) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.3 Guaranteed renewable accident and health(b) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.4 Non-renewable for stated reasons only (b) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.5 Other accident only | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.7 All other accident and health (b) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.8 Federal employees health benefits plan premium (b) | | 1,485,781 | 1,321,714 | | 595,329 | 457,692 | (288,214) | 4,135,489 | 49,060 | (11,966) | 209,565 | 195,184 | 167,103 |
| 16. Workers' compensation | | | | | | | | | | | | | |
| 17.1 Other Liability - occurrence | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 58 |
| 17.2 Other Liability - claims made | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.3 Excess workers' compensation | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Products liability | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.1 Private passenger auto no-fault (personal injury protection) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.2 Other private passenger auto liability | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.3 Commercial auto no-fault (personal injury protection) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.4 Other commercial auto liability | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21.1 Private passenger auto physical damage | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21.2 Commercial auto physical damage | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aircraft (all perils) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. Fidelity | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Surety | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Burglary and theft | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Boiler and machinery | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. Credit | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. Warranty | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. Aggregate write-ins for other lines of business | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a) | | 1,485,781 | 1,321,714 | 0 | 595,329 | 457,692 | (288,214) | 4,135,489 | 49,060 | (11,966) | 209,565 | 195,184 | 167,161 |
| 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 |
| 3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Finance and service charges not included in Lines 1 to 35 \$ 5,102

(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 2018 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 2018

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 | 403 | 269 | 0 | 134 | 0 | 3 | 3 | 0 | 7 | 7 | 63 | 8 |
| 2.1 Allied lines | 699 | 466 | 0 | 233 | 0 | 12 | 12 | 0 | 3 | 3 | 108 | 14 |
| 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 | 11,083,814 | 10,865,410 | 0 | 5,545,025 | 4,750,834 | 5,826,167 | 3,150,217 | 77,579 | 179,677 | 238,520 | 1,651,692 | 215,720 |
| 5.1 Commercial multiple peril (non-liability portion) | 327,469 | 386,742 | 0 | 151,636 | 52,631 | 3,433 | 20,293 | 6,248 | 3,441 | 6,633 | 59,304 | 6,263 |
| 5.2 Commercial multiple peril (liability portion) | 205,643 | 248,837 | 0 | 94,928 | 20,882 | (43,620) | 563,663 | 118,430 | (4,898) | 143,995 | 35,964 | 3,845 |
| 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 | 276,864 | 263,589 | 0 | 138,368 | 78,567 | 92,116 | 33,375 | 0 | 5,007 | 6,872 | 42,192 | 5,365 |
| 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 | 39,440 | 38,482 | 0 | 20,998 | 0 | 0 | 0 | 0 | 0 | 0 | 5,897 | 767 |
| 13. Group accident and health (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Credit accident and health (group and individual) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.1 Collectively renewable accident and health (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.2 Non-cancellable accident and health(b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.3 Guaranteed renewable accident and health(b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.4 Non-renewable for stated reasons only (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.5 Other accident only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.7 All other accident and health (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.8 Federal employees health benefits plan premium (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Workers' compensation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.1 Other Liability - occurrence | 111,079 | 113,228 | 0 | 60,329 | 0 | (33,261) | 100,333 | 0 | 250 | 6,682 | .17,190 | 2,223 |
| 17.2 Other Liability - claims made | 0 | 35 | 0 | 0 | 0 | (7) | (2) | 0 | (1) | 4 | 0 | 0 |
| 17.3 Excess workers' compensation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Products liability | 1,011 | 2,507 | 0 | 843 | 0 | .875 | 1,261 | 0 | 158 | 199 | .178 | .20 |
| 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 | 25,767 | 27,024 | 0 | 6,512 | 18,894 | 17,853 | 6,915 | .39 | (391) | 1,913 | 3,454 | 508 |
| 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 | 28,841 | 28,844 | 0 | 0 | (733) | (1,444) | 7,786 | 0 | (251) | 4,212 | .11,857 | .563 |
| 21.1 Private passenger auto physical damage | 26,494 | 26,926 | 0 | 6,960 | 3,638 | 3,649 | (471) | 0 | .8 | .24 | 3,911 | .517 |
| 21.2 Commercial auto physical damage | .7,027 | 7,028 | 0 | 0 | 0 | .221 | (108) | 0 | (22) | 11 | 2,877 | .137 |
| 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 | .96 | 64 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | .15 | .2 |
| 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) | 12,134,647 | 12,009,451 | 0 | 6,025,998 | 4,924,713 | 5,865,997 | 3,883,277 | 202,296 | 182,988 | 409,075 | 1,834,702 | 235,952 |
| 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 \$ 46,569

(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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2018

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 | 403 | 269 | 0 | 134 | 0 | 3 | 3 | 0 | 7 | 7 | 63 | 8 |
| 2.1 Allied lines | 699 | 466 | 0 | 233 | 0 | 12 | 12 | 0 | 3 | 3 | 108 | 14 |
| 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 | 11,083,814 | 10,865,410 | 0 | 5,545,025 | 4,750,834 | 5,826,167 | 3,150,217 | 77,579 | 179,677 | 238,520 | 1,651,692 | 215,720 |
| 5.1 Commercial multiple peril (non-liability portion) | 327,469 | 386,742 | 0 | 151,636 | 52,631 | 3,433 | 20,293 | 6,248 | 3,441 | 6,633 | 59,304 | 6,263 |
| 5.2 Commercial multiple peril (liability portion) | 205,643 | 248,837 | 0 | 94,928 | 20,882 | (43,620) | 563,663 | 118,430 | (4,898) | 143,995 | 35,964 | 3,845 |
| 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 | 276,864 | 263,589 | 0 | 138,368 | 78,567 | 92,116 | 33,375 | 0 | 5,007 | 6,872 | 42,192 | 5,365 |
| 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 | 39,440 | 38,482 | 0 | 20,998 | 0 | 0 | 0 | 0 | 0 | 0 | 5,897 | 767 |
| 13. Group accident and health (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Credit accident and health (group and individual) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.1 Collectively renewable accident and health (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.2 Non-cancellable accident and health(b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.3 Guaranteed renewable accident and health(b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.4 Non-renewable for stated reasons only (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.5 Other accident only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.7 All other accident and health (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.8 Federal employees health benefits plan premium (b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Workers' compensation | 1,485,781 | 1,321,714 | 0 | 595,329 | 457,692 | (288,214) | 4,135,489 | 49,060 | (11,966) | 209,565 | 195,184 | 167,103 |
| 17.1 Other Liability - occurrence | 111,079 | 113,228 | 0 | 60,329 | 0 | (33,261) | 100,333 | 0 | 250 | 6,682 | 17,190 | 2,281 |
| 17.2 Other Liability - claims made | 0 | 35 | 0 | 0 | 0 | (7) | (2) | 0 | (1) | 4 | 0 | 0 |
| 17.3 Excess workers' compensation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Products liability | 1,011 | 2,507 | 0 | 843 | 0 | .875 | 1,261 | 0 | 158 | 199 | 178 | .20 |
| 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 | 25,767 | 27,024 | 0 | 6,512 | 18,894 | 17,853 | 6,915 | 39 | (391) | 1,913 | 3,454 | 508 |
| 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 | 28,841 | 28,844 | 0 | 0 | (733) | (1,444) | 7,786 | 0 | (251) | 4,212 | 11,857 | 563 |
| 21.1 Private passenger auto physical damage | 26,494 | 26,926 | 0 | 6,960 | 3,638 | 3,649 | (471) | 0 | .8 | 24 | 3,911 | 517 |
| 21.2 Commercial auto physical damage | 7,027 | 7,028 | 0 | 0 | 0 | 221 | (108) | 0 | (22) | 11 | 2,877 | 137 |
| 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 | 96 | 64 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 2 |
| 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) | 13,620,428 | 13,331,165 | 0 | 6,621,327 | 5,382,405 | 5,577,783 | 8,018,766 | 251,356 | 171,022 | 618,640 | 2,029,886 | 403,113 |
| 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 \$ 51,671

(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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 1

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

| 1 ID Number | 2 NAIC Com- pany Code | 3 Name of Reinsured | 4 Domiciliary Jurisdiction | 5 Assumed Premium | Reinsurance On | | 8 | 9 | 10 | 11 | 12 | 13 | 14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit | 15 Amount of Assets Pledged or Collateral Held in Trust |
|--|-----------------------------------|------------------------|----------------------------------|-------------------------|---|-----------------------------------|-----|---|----|----|----|----|--|---|
| | | | | | 6 Paid Losses and Loss Adjustment Expenses | 7 Known Case Losses and LAE | | | | | | | | |
| 0499999. Total - U.S. Non-Pool | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0799999. Total - Other (Non-U.S.) | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0899999. Total - Affiliates | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AA-9992114 ..00000 ..MICHIGAN WC PLACEMENT FACILITY ..MI .. | | | | .67 | 0 | 292 | 292 | 0 | 0 | 22 | 0 | 0 | 0 | 0 |
| 1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools | | | | 67 | 0 | 292 | 292 | 0 | 0 | 22 | 0 | 0 | 0 | 0 |
| 1299999. Total - Pools and Associations | | | | 67 | 0 | 292 | 292 | 0 | 0 | 22 | 0 | 0 | 0 | 0 |
| 9999999 Totals | | | | 67 | 0 | 292 | 292 | 0 | 0 | 22 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 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 | | | | | | | | | 16 Amount in Dispute included in Column 15 | Reinsurance Payable | | 19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18] | 20 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 through 14 Totals | | 17 Ceded Balances Payable | 18 Other Amounts Due to Reinsurers | | |
| .38-0421730 | .31534 | CITIZENS INS CO OF AMERICA | MI | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 0 | |
| 0399999. | Total Authorized - Affiliates - U.S. Non-Pool - Other | | | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 0 | |
| 0499999. | Total Authorized - Affiliates - U.S. Non-Pool | | | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 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 | | | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 0 | |
| 1499999. | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 0 | |
| 1899999. | Total Unauthorized - Affiliates - U.S. Non-Pool | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2199999. | Total Unauthorized - Affiliates - Other (Non-U.S.) | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2299999. | Total Unauthorized - Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2899999. | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3299999. | Total Certified - Affiliates - U.S. Non-Pool | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3599999. | Total Certified - Affiliates - Other (Non-U.S.) | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3699999. | Total Certified - Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4299999. | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4399999. | Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999) | | | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 0 | |
| 4499999. | Total Protected Cells (Sum of 1399999, 2799999 and 4199999) | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 9999999 Totals | | | | 13,687 | 0 | 0 | 5,966 | 63 | 2,578 | 685 | 6,643 | 0 | 15,935 | 0 | 0 | 15,935 | 0 | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Collateral | | | | 25 | 26 | 27 | Ceded Reinsurance Credit Risk | | | | | | | | | | | |
|---|-------------------------------|------------|----|-----|----|----|--------|----|--|---|--|-------------------------------------|---|---|---------------------------------------|-----|-----|-----|-----|-----|
| | | 21 | 22 | 23 | 24 | | | | Single Beneficiary Trusts & Other Allowable Collateral | Total Funds Held, Payables & Collateral | Net Recoverable Net of Funds Held & Collateral | Applicable Sch. F Penalty (Col. 78) | Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27) | Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29) | Stressed Recoverable (Col. 28 * 120%) | 30 | 31 | 32 | 33 | 34 |
| .38-0421730 ... CITIZENS INS CO OF AMERICA | | .0 | 0 | 0 | 0 | 0 | 15,935 | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other | | 0 | 0 | XXX | 0 | 0 | 15,935 | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0499999. Total Authorized - Affiliates - U.S. Non-Pool | | 0 | 0 | XXX | 0 | 0 | 15,935 | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0799999. Total Authorized - Affiliates - Other (Non-U.S.) | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0899999. Total Authorized - Affiliates | | 0 | 0 | XXX | 0 | 0 | 15,935 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | 0 | 0 | XXX | 0 | 0 | 15,935 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 1899999. Total Unauthorized - Affiliates - U.S. Non-Pool | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2199999. Total Unauthorized - Affiliates - Other (Non-U.S.) | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 2299999. Total Unauthorized - Affiliates | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 3299999. Total Certified - Affiliates - U.S. Non-Pool | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3599999. Total Certified - Affiliates - Other (Non-U.S.) | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 3699999. Total Certified - Affiliates | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999) | | 0 | 0 | XXX | 0 | 0 | 15,935 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999) | | 0 | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |
| 9999999 Totals | | 0 | 0 | XXX | 0 | 0 | 15,935 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | | |
|---|-------------------------------|--|-------------|--------------|---------------|---------------|----------------------------------|----|---|---|---|---|--|--------------------------------|------------------------------------|--|---|---|--|---|
| | | Overdue | | | | | | | 37 | 38 | 39 | 40 | 41 | 42 | | | | | | |
| | | Current | 1 - 29 Days | 30 - 90 Days | 91 - 120 Days | Over 120 Days | Total Overdue Cols. 38+39 +40+41 | | Total Due Cols. 37+42 (In total should equal Cols. 7+8) | Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43 | Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41 | Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43-44) | Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45) | Amounts Received Prior 90 Days | Percentage Overdue Col. 42/Col. 43 | Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48]) | Percentage More Than 120 Days Overdue (Col. 41/Col. 43) | Is the Amount in Col. 50 Less Than 20%? (Yes or No) | Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50 | |
| 38-0421730 ... CITIZENS INS CO OF AMERICA | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | YES | 0 |
| 0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 0499999. Total Authorized - Affiliates - U.S. Non-Pool | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 0799999. Total Authorized - Affiliates - Other (Non-U.S.) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 0899999. Total Authorized - Affiliates | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 1899999. Total Unauthorized - Affiliates - U.S. Non-Pool | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 2199999. Total Unauthorized - Affiliates - Other (Non-U.S.) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 2299999. Total Unauthorized - Affiliates | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 3299999. Total Certified - Affiliates - U.S. Non-Pool | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 3599999. Total Certified - Affiliates - Other (Non-U.S.) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 3699999. Total Certified - Affiliates | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999) | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |
| 9999999 Totals | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | XXX | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Provision for Certified Reinsurance | | | | | | | | | | | | | | | Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63) | |
|--------------------------------|---|--|--|--|---|--|--|--|--|--|--|---|--|---|---|---|---|--|
| | | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | | |
| | | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating | Percent Collateral Required for Full Credit (0% through 100%) | Catastrophe Recoverables Qualifying for Collateral Deferral | Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57) | Dollar Amount of Collateral Required (Col. 56 * Col. 58) | Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([(Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58], not to exceed 100%) | Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%) | 20% of Recoverable on Paid Losses & LAE Over 90 Days | 20% of Recoverable on Paid Losses & LAE Past Due Amounts in Dispute (Col. 45 * 20%) | Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61]) | Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%) | Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63) | Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66) | 20% of Amount in Col. 67 | |
| 38-0421730 | CITIZENS INS CO OF AMERICA | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0399999. | Total Authorized - Affiliates - U.S. Non-Pool - Other | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0499999. | Total Authorized - Affiliates - U.S. Non-Pool | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0799999. | Total Authorized - Affiliates - Other (Non-U.S.) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 0899999. | Total Authorized - Affiliates | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 1499999. | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 1899999. | Total Unauthorized - Affiliates - U.S. Non-Pool | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 2199999. | Total Unauthorized - Affiliates - Other (Non-U.S.) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 2299999. | Total Unauthorized - Affiliates | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 2899999. | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 3299999. | Total Certified - Affiliates - U.S. Non-Pool | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3599999. | Total Certified - Affiliates - Other (Non-U.S.) | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3699999. | Total Certified - Affiliates | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4299999. | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4399999. | Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999) | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4499999. | Total Protected Cells (Sum of 1399999, 2799999 and 4199999) | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9999999. | Totals | XXX | 0 | 0 | 0 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | 70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%) | Provision for Unauthorized Reinsurance | | Provision for Overdue Authorized Reinsurance | | Total Provision for Reinsurance | | | |
|--------------------------------|--|--|--|-----|--|---|---------------------------------|-----|-----|----|
| | | | 71 | 72 | 73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 | 74 Complete if Col. 52 = "No"; Otherwise Enter 0 | 75 | 76 | 77 | 78 |
| .38-0421730 | CITIZENS INS CO OF AMERICA | 0 | XXX | XXX | 0 | 0 | 0 | 0 | XXX | 0 |
| 0399999. | Total Authorized - Affiliates - U.S. Non-Pool - Other | 0 | XXX | XXX | 0 | 0 | 0 | 0 | XXX | 0 |
| 0499999. | Total Authorized - Affiliates - U.S. Non-Pool | 0 | XXX | XXX | 0 | 0 | 0 | 0 | XXX | 0 |
| 0799999. | Total Authorized - Affiliates - Other (Non-U.S.) | 0 | XXX | XXX | 0 | 0 | 0 | 0 | XXX | 0 |
| 0899999. | Total Authorized - Affiliates | 0 | XXX | XXX | 0 | 0 | 0 | 0 | XXX | 0 |
| 1499999. | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | 0 | XXX | XXX | 0 | 0 | 0 | 0 | XXX | 0 |
| 1899999. | Total Unauthorized - Affiliates - U.S. Non-Pool | 0 | 0 | 0 | XXX | XXX | XXX | 0 | XXX | 0 |
| 2199999. | Total Unauthorized - Affiliates - Other (Non-U.S.) | 0 | 0 | 0 | XXX | XXX | XXX | 0 | XXX | 0 |
| 2299999. | Total Unauthorized - Affiliates | 0 | 0 | 0 | XXX | XXX | XXX | 0 | XXX | 0 |
| 2899999. | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | 0 | 0 | 0 | XXX | XXX | XXX | 0 | XXX | 0 |
| 3299999. | Total Certified - Affiliates - U.S. Non-Pool | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 3599999. | Total Certified - Affiliates - Other (Non-U.S.) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 3699999. | Total Certified - Affiliates | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 4299999. | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 4399999. | Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4499999. | Total Protected Cells (Sum of 1399999, 2799999 and 4199999) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999. | Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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:

| <u>1</u> Name of Reinsurer | <u>2</u> Commission Rate | <u>3</u> 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 Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

| <u>1</u> Name of Reinsurer | <u>2</u> Total Recoverables | <u>3</u> Ceded Premiums | <u>4</u> Affiliated |
|-------------------------------------|--------------------------------|----------------------------|---|
| 6. CITIZENS INS CO OF AMERICA | 15,935 | 13,687 | Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] |
| 7. | 0 | 0 | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 8. | 0 | 0 | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 9. | 0 | 0 | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 10. | 0 | 0 | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 6

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) | 13,582,345 | 0 | 13,582,345 |
| 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 | 114,704 | 0 | 114,704 |
| 6. Net amount recoverable from reinsurers | 0 | 15,935,000 | 15,935,000 |
| 7. Protected cell assets (Line 27) | 0 | 0 | 0 |
| 8. Totals (Line 28) | 13,697,049 | 15,935,000 | 29,632,049 |
| LIABILITIES (Page 3) | | | |
| 9. Losses and loss adjustment expenses (Lines 1 through 3) | 0 | 9,292,000 | 9,292,000 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8) | 18,260 | 0 | 18,260 |
| 11. Unearned premiums (Line 9) | 0 | 6,643,000 | 6,643,000 |
| 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 | .1,386 | 0 | 1,386 |
| 19. Total liabilities excluding protected cell business (Line 26) | 19,646 | 15,935,000 | 15,954,646 |
| 20. Protected cell liabilities (Line 27) | 0 | 0 | 0 |
| 21. Surplus as regards policyholders (Line 37) | 13,677,403 | XXX | 13,677,403 |
| 22. Totals (Line 38) | 13,697,049 | 15,935,000 | 29,632,049 |

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

Yes [] No []

If yes, give full explanation: The Company ceded 100% of its reinsurance 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | (1) | (1) | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 3,501 | 3,501 | 0 | 3,225 | 3,225 | 149 | 149 | 257 | 257 | 0 | 0 | 648 | |
| 3. 2010 | 6,724 | 6,724 | 0 | 6,425 | 6,425 | 120 | 120 | 582 | 582 | 0 | 0 | 1,200 | |
| 4. 2011 | 10,473 | 10,473 | 0 | 12,736 | 12,736 | 107 | 107 | 1,126 | 1,126 | 0 | 0 | 2,537 | |
| 5. 2012 | 13,749 | 13,749 | 0 | 13,908 | 13,908 | 130 | 130 | 1,235 | 1,235 | 0 | 0 | 2,914 | |
| 6. 2013 | 14,211 | 14,211 | 0 | 8,436 | 8,436 | 125 | 125 | 792 | 792 | 0 | 0 | 1,764 | |
| 7. 2014 | 11,705 | 11,705 | 0 | 6,233 | 6,233 | 83 | 83 | 816 | 816 | 0 | 0 | 1,277 | |
| 8. 2015 | 10,669 | 10,669 | 0 | 4,221 | 4,221 | 57 | 57 | 722 | 722 | 0 | 0 | 998 | |
| 9. 2016 | 9,931 | 9,931 | 0 | 3,939 | 3,939 | 85 | 85 | 550 | 550 | 0 | 0 | 735 | |
| 10. 2017 | 10,229 | 10,229 | 0 | 4,840 | 4,840 | 65 | 65 | 712 | 712 | 0 | 0 | 973 | |
| 11. 2018 | 10,865 | 10,865 | 0 | 2,791 | 2,791 | 32 | 32 | 594 | 594 | 0 | 0 | 788 | |
| 12. Totals | XXX | XXX | XXX | 66,754 | 66,754 | 952 | 952 | 7,386 | 7,386 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|--------------------------------|-------------|---|---|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | Case Basis | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| 1. Prior. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. 2011 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. 2012 | 0 | 0 | 2 | 2 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. 2013 | 40 | 40 | 6 | 6 | 0 | 0 | 4 | 4 | 3 | 3 | 0 | 0 | 2 | | | |
| 7. 2014 | 5 | 5 | 8 | 8 | 0 | 0 | 7 | 7 | 2 | 2 | 0 | 0 | 1 | | | |
| 8. 2015 | 0 | 0 | 8 | 8 | 0 | 0 | 14 | 14 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. 2016 | 150 | 150 | 8 | 8 | 0 | 0 | 29 | 29 | 2 | 2 | 0 | 0 | 1 | | | |
| 10. 2017 | 210 | 210 | 39 | 39 | 20 | 20 | 51 | 51 | 17 | 17 | 0 | 0 | 11 | | | |
| 11. 2018 | 1,778 | 1,778 | 895 | 895 | 0 | 0 | 106 | 106 | 40 | 40 | 0 | 0 | 26 | | | |
| 12. Totals | 2,182 | 2,182 | 968 | 968 | 20 | 20 | 219 | 219 | 64 | 64 | 0 | 0 | 41 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | 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. 2009 | 3,631 | 3,631 | 0 | 103.7 | 103.7 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 7,129 | 7,129 | 0 | 106.0 | 106.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 13,972 | 13,972 | 0 | 133.4 | 133.4 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 15,279 | 15,279 | 0 | 111.1 | 111.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 9,406 | 9,406 | 0 | 66.2 | 66.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 7,154 | 7,154 | 0 | 61.1 | 61.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 5,022 | 5,022 | 0 | 47.1 | 47.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 4,762 | 4,762 | 0 | 48.0 | 48.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 5,953 | 5,953 | 0 | 58.2 | 58.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 6,236 | 6,236 | 0 | 57.4 | 57.4 | 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 457 | 457 | 0 | 177 | 177 | 7 | 7 | 32 | 32 | 0 | 0 | 51 | |
| 3. 2010 | 327 | 327 | 0 | 50 | 50 | 1 | 1 | 19 | 19 | 0 | 0 | 19 | |
| 4. 2011 | 217 | 217 | 0 | 310 | 310 | 0 | 0 | 18 | 18 | 0 | 0 | 25 | |
| 5. 2012 | 176 | 176 | 0 | 92 | 92 | 17 | 17 | 19 | 19 | 0 | 0 | 32 | |
| 6. 2013 | 130 | 130 | 0 | 10 | 10 | 0 | 0 | 8 | 8 | 0 | 0 | 8 | |
| 7. 2014 | 71 | 71 | 0 | 21 | 21 | 0 | 0 | 4 | 4 | 0 | 0 | 7 | |
| 8. 2015 | 52 | 52 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | |
| 9. 2016 | 41 | 41 | 0 | 4 | 4 | 0 | 0 | 3 | 3 | 0 | 0 | 6 | |
| 10. 2017 | 32 | 32 | 0 | 20 | 20 | 0 | 0 | 3 | 3 | 0 | 0 | 4 | |
| 11. 2018 | 27 | 27 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | |
| 12. Totals | XXX | XXX | XXX | 685 | 685 | 25 | 25 | 110 | 110 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|--------------------------------|-------------|--|--|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | | | | |
| 1. Prior. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10. 2017 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. 2018 | 3 | 3 | 3 | 3 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | | | |
| 12. Totals | 3 | 3 | 4 | 4 | 0 | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 1 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Losses Unpaid | Loss Expenses Unpaid | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 217 | 217 | 0 | 47.5 | 47.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 70 | 70 | 0 | 21.3 | 21.3 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 328 | 328 | 0 | 151.1 | 151.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 128 | 128 | 0 | 72.8 | 72.8 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 19 | 19 | 0 | 14.5 | 14.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 25 | 25 | 0 | 35.2 | 35.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 3 | 3 | 0 | 5.7 | 5.7 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 8 | 8 | 0 | 18.6 | 18.6 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 24 | 24 | 0 | 75.6 | 75.6 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 9 | 9 | 0 | 32.1 | 32.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | (1) | (1) | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 220 | 220 | 0 | 11 | 11 | 0 | 0 | 10 | 10 | 0 | 0 | 8 | |
| 3. 2010 | 135 | 135 | 0 | 7 | 7 | 0 | 0 | 9 | 9 | 0 | 0 | 4 | |
| 4. 2011 | 38 | 38 | 0 | 14 | 14 | 0 | 0 | 10 | 10 | 0 | 0 | 6 | |
| 5. 2012 | 67 | 67 | 0 | 11 | 11 | 0 | 0 | 4 | 4 | 0 | 0 | 3 | |
| 6. 2013 | 56 | 56 | 0 | 2 | 2 | 0 | 0 | 2 | 2 | 0 | 0 | 2 | |
| 7. 2014 | 53 | 53 | 0 | 15 | 15 | 0 | 0 | 8 | 8 | 0 | 0 | 5 | |
| 8. 2015 | 49 | 49 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 1 | |
| 9. 2016 | 37 | 37 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. 2017 | 32 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. 2018 | 29 | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Totals | XXX | XXX | XXX | 58 | 58 | 0 | 0 | 48 | 48 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|--------------------------------|-------------|---|---|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | | | | |
| 1. Prior. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. 2015 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. 2016 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 10. 2017 | 0 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. 2018 | 0 | 0 | 4 | 4 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 12. Totals | 0 | 0 | 8 | 8 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Losses Unpaid | Loss Expenses Unpaid | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 21 | 21 | 0 | 9.7 | 9.7 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 15 | 15 | 0 | 11.5 | 11.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 24 | 24 | 0 | 64.5 | 64.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 16 | 16 | 0 | 23.5 | 23.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 4 | 4 | 0 | 7.9 | 7.9 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 24 | 24 | 0 | 45.1 | 45.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 5 | 5 | 0 | 10.1 | 10.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 2 | 2 | 0 | 4.2 | 4.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 3 | 3 | 0 | 8.5 | 8.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 5 | 5 | 0 | 17.0 | 17.0 | 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | 34 | 34 | 4 | 4 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 5,165 | 5,165 | 0 | 1,713 | 1,713 | .81 | .81 | .588 | .588 | 0 | 0 | 589 | |
| 3. 2010 | 4,533 | 4,533 | 0 | 2,447 | 2,447 | 140 | 140 | .889 | .889 | 0 | 0 | 591 | |
| 4. 2011 | 5,128 | 5,128 | 0 | 1,522 | 1,522 | 103 | 103 | .936 | .936 | 0 | 0 | 538 | |
| 5. 2012 | 5,042 | 5,042 | 0 | 2,202 | 2,202 | 100 | 100 | .378 | .378 | 0 | 0 | 478 | |
| 6. 2013 | 4,213 | 4,213 | 0 | 1,625 | 1,625 | .98 | .98 | .320 | .320 | 0 | 0 | 419 | |
| 7. 2014 | 4,126 | 4,126 | 0 | 1,349 | 1,349 | 131 | 131 | .618 | .618 | 0 | 0 | 490 | |
| 8. 2015 | 3,767 | 3,767 | 0 | 1,423 | 1,423 | .59 | .59 | .397 | .397 | 0 | 0 | 379 | |
| 9. 2016 | 2,164 | 2,164 | 0 | 2,820 | 2,820 | .66 | .66 | .187 | .187 | 0 | 0 | 166 | |
| 10. 2017 | 1,316 | 1,316 | 0 | 245 | 245 | 14 | 14 | .90 | .90 | 0 | 0 | 121 | |
| 11. 2018 | 1,393 | 1,393 | 0 | 95 | 95 | 1 | 1 | .54 | .54 | 0 | 0 | 77 | |
| 12. Totals | XXX | XXX | XXX | 15,475 | 15,475 | 798 | 798 | 4,456 | 4,456 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|------------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| 1. Prior. | .179 | .179 | .307 | .307 | 0 | 0 | 35 | 35 | 12 | 12 | 0 | 0 | 6 | | | |
| 2. 2009 | .5 | .5 | 47 | 47 | 0 | 0 | .5 | .5 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2010 | .7 | .7 | 66 | 66 | 0 | 0 | .7 | .7 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. 2011 | .6 | .6 | 61 | 61 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. 2012 | 10 | 10 | 59 | 59 | 0 | 0 | 15 | 15 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. 2013 | 210 | 210 | 119 | 119 | 0 | 0 | 16 | 16 | .4 | .4 | 0 | 0 | 2 | | | |
| 7. 2014 | 40 | 40 | 87 | 87 | 0 | 0 | 14 | 14 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. 2015 | 48 | 48 | 97 | 97 | 0 | 0 | 18 | 18 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. 2016 | 2,762 | 2,762 | 101 | 101 | 0 | 0 | 21 | 21 | .4 | .4 | 0 | 0 | 2 | | | |
| 10. 2017 | 17 | 17 | 108 | 108 | 0 | 0 | 24 | 24 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. 2018 | 128 | 128 | 196 | 196 | 0 | 0 | 44 | 44 | 33 | 33 | 0 | 0 | 17 | | | |
| 12. Totals | 3,413 | 3,413 | 1,248 | 1,248 | 0 | 0 | 210 | 210 | 52 | 52 | 0 | 0 | 27 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|---|-------------|-----------|--|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Losses Unpaid | Loss Expenses Unpaid | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 2,439 | 2,439 | 0 | 47.2 | 47.2 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 3,556 | 3,556 | 0 | 78.5 | 78.5 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 2,638 | 2,638 | 0 | 51.4 | 51.4 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 2,765 | 2,765 | 0 | 54.8 | 54.8 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 2,392 | 2,392 | 0 | 56.8 | 56.8 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 2,239 | 2,239 | 0 | 54.3 | 54.3 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 2,042 | 2,042 | 0 | 54.2 | 54.2 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 5,961 | 5,961 | 0 | 275.5 | 275.5 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 497 | 497 | 0 | 37.8 | 37.8 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 551 | 551 | 0 | 39.5 | 39.5 | .00 | 0 | 0 | 0.0 | 0 | 0 |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | 12 | 12 | 7 | 7 | 1 | 1 | 0 | 0 | XXX | |
| 2. 2009 | 446 | 446 | 0 | 36 | 36 | (5) | (5) | 14 | 14 | 0 | 0 | 14 | |
| 3. 2010 | 543 | 543 | 0 | 59 | 59 | 22 | 22 | 22 | 22 | 0 | 0 | 23 | |
| 4. 2011 | 662 | 662 | 0 | 150 | 150 | 2 | 2 | 19 | 19 | 0 | 0 | 28 | |
| 5. 2012 | 818 | 818 | 0 | 619 | 619 | 172 | 172 | 39 | 39 | 0 | 0 | 42 | |
| 6. 2013 | 850 | 850 | 0 | 54 | 54 | 0 | 0 | 22 | 22 | 0 | 0 | 26 | |
| 7. 2014 | 941 | 941 | 0 | 122 | 122 | 0 | 0 | 33 | 33 | 0 | 0 | 32 | |
| 8. 2015 | 878 | 878 | 0 | 166 | 166 | 216 | 216 | 35 | 35 | 0 | 0 | 31 | |
| 9. 2016 | 862 | 862 | 0 | 212 | 212 | 2 | 2 | 43 | 43 | 0 | 0 | 34 | |
| 10. 2017 | 788 | 788 | 0 | 128 | 128 | 1 | 1 | 40 | 40 | 0 | 0 | 27 | |
| 11. 2018 | 636 | 636 | 0 | 36 | 36 | 6 | 6 | 24 | 24 | 0 | 0 | 17 | |
| 12. Totals | XXX | XXX | XXX | 1,594 | 1,594 | 423 | 423 | 292 | 292 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|--------------------------------|-------------|---|---|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | Case Basis | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| 1. Prior. | 61 | 61 | 45 | 45 | 0 | 0 | 9 | 9 | 8 | 8 | 0 | 0 | 9 | | | |
| 2. 2009 | 0 | 0 | 5 | 5 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2010 | 0 | 0 | 4 | 4 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. 2011 | 0 | 0 | 6 | 6 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. 2012 | 0 | 0 | 5 | 5 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. 2013 | 0 | 0 | 2 | 2 | 0 | 0 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | | | |
| 7. 2014 | 0 | 0 | 10 | 10 | 0 | 0 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. 2015 | 300 | 300 | 21 | 21 | 43 | 43 | 18 | 18 | 2 | 2 | 0 | 0 | 2 | | | |
| 9. 2016 | 0 | 0 | 15 | 15 | 0 | 0 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | | | |
| 10. 2017 | 0 | 0 | 31 | 31 | 0 | 0 | 19 | 19 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. 2018 | 7 | 7 | 74 | 74 | 0 | 0 | 23 | 23 | 2 | 2 | 0 | 0 | 2 | | | |
| 12. Totals | 368 | 368 | 216 | 216 | 43 | 43 | 108 | 108 | 12 | 12 | 0 | 0 | 13 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Losses Unpaid | Loss Expenses Unpaid | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 52 | 52 | 0 | 11.7 | 11.7 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 110 | 110 | 0 | 20.3 | 20.3 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 180 | 180 | 0 | 27.2 | 27.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 840 | 840 | 0 | 102.6 | 102.6 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 84 | 84 | 0 | 9.9 | 9.9 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 174 | 174 | 0 | 18.5 | 18.5 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 800 | 800 | 0 | 91.2 | 91.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 281 | 281 | 0 | 32.6 | 32.6 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 220 | 220 | 0 | 27.9 | 27.9 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 171 | 171 | 0 | 27.0 | 27.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |

Schedule P - Part 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. 2013 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 12. Totals | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|------------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| 1. Prior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. 2018 | 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. 2009 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 245 | 245 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. 2010 | 275 | 275 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. 2011 | 444 | 444 | 0 | 425 | 425 | 3 | 3 | 16 | 16 | 0 | 0 | 5 | |
| 5. 2012 | 470 | 470 | 0 | 2 | 2 | 0 | 0 | 22 | 22 | 0 | 0 | 10 | |
| 6. 2013 | 349 | 349 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7. 2014 | 248 | 248 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. 2015 | 155 | 155 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. 2016 | 130 | 130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. 2017 | 130 | 130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. 2018 | 113 | 113 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Totals | XXX | XXX | XXX | 427 | 427 | 3 | 3 | 38 | 38 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|-------------------------------|-------|---|---|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | 0 | 0 | 3 | 3 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | 0 | 0 | 9 | 9 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 9. 2016 | 0 | 0 | 13 | 13 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 10. 2017 | 0 | 0 | 33 | 33 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 11. 2018 | 0 | 0 | 35 | 35 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals | 0 | 0 | 100 | 100 | 0 | 0 | 7 | 7 | 0 | 0 | 0 | 0 | 0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 1 | 1 | 0 | 0.2 | 0.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0.2 | 0.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 445 | 445 | 0 | 100.4 | 100.4 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 25 | 25 | 0 | 5.4 | 5.4 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 3 | 3 | 0 | 0.9 | 0.9 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 4 | 4 | 0 | 1.6 | 1.6 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 9 | 9 | 0 | 6.1 | 6.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 15 | 15 | 0 | 11.2 | 11.2 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 34 | 34 | 0 | 26.3 | 26.3 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 37 | 37 | 0 | 32.9 | 32.9 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Totals | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|-------------------------------|-------|--|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Losses Unpaid | Loss Expenses Unpaid | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 0 | 0 | 0 | 5.8 | 5.8 | 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2017 | 275 | 275 | 0 | 71 | 71 | 0 | 0 | 12 | 12 | 0 | 0 | XXX | |
| 3. 2018 | 303 | 303 | 0 | 67 | 67 | 0 | 0 | 13 | 13 | 0 | 0 | XXX | |
| 4. Totals | XXX | XXX | XXX | 137 | 137 | 0 | 0 | 25 | 25 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | | | |
|-----------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| 1. Prior | 0 | 0 | 3 | 3 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. 2017 | 0 | 0 | 4 | 4 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2018 | 0 | 0 | 26 | 26 | 0 | 0 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. Totals | 0 | 0 | 33 | 33 | 0 | 0 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|-----------|---|-------------|-----------|--|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2017 | 87 | 87 | 0 | 31.8 | 31.8 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2018 | 112 | 112 | 0 | 36.8 | 36.8 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. Totals | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2017 | 40 | 40 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | |
| 3. 2018 | 34 | 34 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | |
| 4. Totals | XXX | XXX | XXX | 6 | 6 | 0 | 0 | 1 | 1 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrog- ation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstand- ing Direct and Assumed | | | |
|-----------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|--------------------------------|-------------|---|--|---|--|--|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | | | | |
| 1. Prior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. Totals | 0 | 0 | (1) | (1) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|-----------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 |
| 2. 2017 | 3 | 3 | 0 | 7.7 | 7.7 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2018 | 4 | 4 | 0 | 11.6 | 11.6 | 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|---|----------------------------|------------|------------------|--------------------------------|------------|--|------------|---------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior. | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2009 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. 2010 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. 2011 | (1) | (1) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. 2017 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. 2018 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Totals | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|------------|--------------------------------|-------------|--------------------------------|-------------|-------------------------------------|-------------|--------------------------------|-------------|-------------------------------|-------|--|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. 2018 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter- Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|------------|--|-------------|-----------|---|-------------|-----------|---------------------|-----------------------|---|--|----------------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Losses Unpaid | Loss Expenses Unpaid | |
| 1. Prior. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |
| 2. 2009 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 3. 2010 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 4. 2011 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 5. 2012 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 6. 2013 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 7. 2014 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 8. 2015 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 9. 2016 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 10. 2017 | 0 | 0 | 0 | 28.6 | 28.6 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 11. 2018 | 1 | 1 | 0 | 47.1 | 47.1 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 0 | 0 |

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | | |
| 1. Prior | .000 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 |
| 2. 2009 | 0 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 495 | 153 |
| 3. 2010 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 930 | 270 |
| 4. 2011 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,004 | 533 |
| 5. 2012 | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,260 | 654 |
| 6. 2013 | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 0 | 0 | 1,279 | 483 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 0 | 895 | 381 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 692 | 306 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 524 | 210 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 677 | 285 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 526 | 236 |

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

| | | | | | | | | | | | | |
|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|---|----|----|
| 1. Prior | .000 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | .7 | 0 |
| 2. 2009 | 0 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 40 | 11 |
| 3. 2010 | XXX | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 18 | 1 |
| 4. 2011 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 3 |
| 5. 2012 | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 28 | 4 |
| 6. 2013 | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 0 | 0 | .6 | 2 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 0 | .5 | 2 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | .1 | 1 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | .3 | 3 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | .2 | 2 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 1 |

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

| | | | | | | | | | | | | |
|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|---|----|----|
| 1. Prior | .000 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | .2 | 0 |
| 2. 2009 | 0 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | .6 | 2 |
| 3. 2010 | XXX | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | .4 | 0 |
| 4. 2011 | XXX | XXX | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | .5 | .1 |
| 5. 2012 | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .3 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | .2 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 0 | .2 | 3 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | .0 | 1 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | .0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | .0 | 0 |
| 11. 2018 | 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 | 97 | 0 |
| 2. 2009 | 0 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 335 | 254 |
| 3. 2010 | XXX | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 368 | 223 |
| 4. 2011 | XXX | XXX | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 313 | 225 |
| 5. 2012 | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 304 | 174 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 233 | 184 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | 0 | 236 | 254 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | 0 | .148 | 231 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | 0 | .128 | .36 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | .0 | 0 | .97 | .24 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 34 | 26 |

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | | | |
|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|---|----|----|
| 1. Prior | .000 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 11 | 0 |
| 2. 2009 | 0 | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 12 | 2 |
| 3. 2010 | XXX | 0 | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 14 | 9 |
| 4. 2011 | XXX | XXX | 0 | .0 | .0 | 0 | 0 | 0 | 0 | 0 | 15 | 13 |
| 5. 2012 | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23 | 19 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 10 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 19 | 13 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 19 | 10 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 20 | 14 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 18 | 9 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 7 | 8 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--|---|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | | |
| 1. Prior | .000 | | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XX | | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XX | XX | | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XX | XX | | | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

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

| | | | | | | | | | | | | |
|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | .000 | | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XX | | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XX | XX | | | | | | | |
| 9. 2016 | XXX | XXX | XXX | XX | XX | | | | | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XX | XX | | | | | | |
| 11. 2018 | 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. 2009 | | | | | | | | | | | XXX | XXX |
| 3. 2010 | XXX | | | | | | | | | | XXX | XXX |
| 4. 2011 | XXX | XXX | | | | | | | | | XXX | XXX |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 8. 2015 | XXX | XXX | XXX | XX | XX | | | | | | XXX | XXX |
| 9. 2016 | XXX | XXX | XXX | XX | XX | | | | | | XXX | XXX |
| 10. 2017 | XXX | XXX | XXX | XX | XX | | | | | | XXX | XXX |
| 11. 2018 | 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. 2009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| 5. 2012 | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 8 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |

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

| | | | | | | | | | | | | |
|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| 1. Prior | .000 | | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XX | | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XX | XX | | | | | | | |
| 9. 2016 | XXX | XXX | XXX | XX | XX | | | | | | | |
| 10. 2017 | XXX | XXX | XXX | XX | XX | | | | | | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--|---|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | | |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 000 | | | XXX | XXX |
| 2. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 3. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|---|---|
| 1. Prior | XXX | 000 | 0 | 0 | 0 | 0 |
| 2. 2017 | XXX | 0 | 0 | 0 | 2 |
| 3. 2018 | XXX | 0 | 4 | 1 |

SCHEDULE P - PART 3K - FIDELITY/SURETY

| | | | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|--|--|-----|-----|
| 1. Prior | XXX | 000 | | | XXX | XXX |
| 2. 2017 | XXX | | | | XXX | XXX |
| 3. 2018 | XXX | | | XXX | XXX |

NONE

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

| | | | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|--|--|-----|-----|
| 1. Prior | XXX | | | | XXX | XXX |
| 2. 2017 | XXX | | | XXX | XXX |
| 3. 2018 | XXX | | | XXX | XXX |

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

| | | | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior | 000 | | | | | | | | | | XXX | XXX |
| 2. 2009 | | | | | | | | | | | XXX | XXX |
| 3. 2010 | XXX | | | | | | | | | | XXX | XXX |
| 4. 2011 | XXX | XXX | | | | | | | | | XXX | XXX |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 7. 2014 | XXX | XXX | XXX | XXX | XX | | | | | | XXX | XXX |
| 8. 2015 | XXX | XXX | XXX | XXX | XX | XX | | | | | XXX | XXX |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XX | XX | | | | XXX | XXX |
| 10. 2017 | XXX | | | XXX | XXX |
| 11. 2018 | XXX | | XXX | XXX |

NONE

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 76 | 1 | 3 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| 2. 2009 | 409 | 487 | 491 | 491 | 493 | 494 | 494 | 495 | 495 | 495 |
| 3. 2010 | XXX | 797 | 916 | 924 | 927 | 928 | 929 | 930 | 930 | 930 |
| 4. 2011 | XXX | XXX | 1,753 | 1,990 | 1,996 | 1,999 | 2,001 | 2,004 | 2,004 | 2,004 |
| 5. 2012 | XXX | XXX | XXX | 1,991 | 2,243 | 2,257 | 2,260 | 2,260 | 2,260 | 2,260 |
| 6. 2013 | XXX | XXX | XXX | XXX | 1,135 | 1,265 | 1,277 | 1,279 | 1,279 | 1,279 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 814 | 885 | 894 | 895 | 895 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 620 | 688 | 691 | 692 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 455 | 518 | 524 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 585 | 677 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 526 |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 3 | 2 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 2. 2009 | 52 | 4 | 4 | 3 | 1 | 0 | 1 | 0 | 0 | 0 |
| 3. 2010 | XXX | 80 | 8 | 5 | 3 | 0 | 1 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | 72 | 4 | 4 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | XXX | XXX | XXX | 101 | 5 | 1 | 1 | 0 | 0 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 68 | 14 | 6 | 2 | 2 | 2 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 43 | 8 | 1 | 1 | 1 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 41 | 5 | 1 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 49 | 4 | 1 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 43 | 11 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 26 |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 67 | 1 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 562 | 641 | 646 | 646 | 647 | 647 | 648 | 648 | 648 | 648 |
| 3. 2010 | XXX | 1,103 | 1,187 | 1,196 | 1,197 | 1,198 | 1,200 | 1,200 | 1,200 | 1,200 |
| 4. 2011 | XXX | XXX | 2,264 | 2,522 | 2,530 | 2,531 | 2,534 | 2,537 | 2,537 | 2,537 |
| 5. 2012 | XXX | XXX | XXX | 2,667 | 2,896 | 2,911 | 2,914 | 2,914 | 2,914 | 2,914 |
| 6. 2013 | XXX | XXX | XXX | XXX | 1,625 | 1,756 | 1,763 | 1,764 | 1,764 | 1,764 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 1,197 | 1,265 | 1,276 | 1,277 | 1,277 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 928 | 996 | 998 | 998 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 676 | 730 | 735 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 877 | 973 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 788 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 19 | 6 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 23 | 34 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| 3. 2010 | XXX | 16 | 17 | 17 | 17 | 18 | 18 | 18 | 18 | 18 |
| 4. 2011 | XXX | XXX | 16 | 20 | 22 | 22 | 22 | 22 | 22 | 22 |
| 5. 2012 | XXX | XXX | XXX | 19 | 26 | 27 | 28 | 28 | 28 | 28 |
| 6. 2013 | XXX | XXX | XXX | XXX | 6 | 6 | 6 | 6 | 6 | 6 |
| 7. 2014 | XXX | XXX | XXX | XXX | 5 | 5 | 5 | 5 | 5 | 5 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | 1 | 1 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 3 | 3 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 2 |
| 11. 2018 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 9 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 10 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | XXX | XXX | XXX | 4 | 1 | 1 | 0 | 0 | 0 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 1 | 0 | 0 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 0 |
| 11. 2018 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 10 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009 | 41 | 48 | 51 | 51 | 51 | 51 | 51 | 51 | 51 | 51 |
| 3. 2010 | XXX | 18 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 |
| 4. 2011 | XXX | XXX | 21 | 23 | 25 | 25 | 25 | 25 | 25 | 25 |
| 5. 2012 | XXX | XXX | XXX | 27 | 31 | 32 | 32 | 32 | 32 | 32 |
| 6. 2013 | XXX | XXX | XXX | XXX | 8 | 8 | 8 | 8 | 8 | 8 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 7 | 7 | 7 | 7 | 7 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 2 | 2 | 2 | 2 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 6 | 6 | 6 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 | 4 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | .0 | 2 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 2. 2009 | .5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 3. 2010 | XXX | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 4. 2011 | XXX | XXX | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 5. 2012 | XXX | XXX | XXX | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
| 6. 2013 | XXX | XXX | XXX | XXX | 2 | 2 | 2 | 2 | 2 | 2 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 0 | 2 | 2 | 2 | 2 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 11. 2018 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | .3 | 1 | 2 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 2. 2009 | .1 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | XXX | XXX | XXX | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 0 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 11. 2018 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 2 | 2 | 1 | (2) | 0 | .0 | 0 | 0 | 0 | 0 |
| 2. 2009 | .7 | 8 | 8 | .8 | 8 | .8 | 8 | 8 | 8 | 8 |
| 3. 2010 | XXX | 4 | 4 | 4 | 4 | 4 | 4 | .4 | 4 | 4 |
| 4. 2011 | XXX | XXX | 6 | 6 | 6 | 6 | 6 | .6 | 6 | 6 |
| 5. 2012 | XXX | XXX | XXX | .3 | 3 | 3 | 3 | .3 | 3 | 3 |
| 6. 2013 | XXX | XXX | XXX | XXX | 2 | 2 | 2 | 2 | 2 | 2 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 2 | 5 | .5 | 5 | 5 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 1 | 1 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 176 | 35 | 30 | 12 | 12 | 2 | 2 | 2 | 0 | 2 |
| 2. 2009 | 228 | 316 | 331 | 332 | 335 | 335 | 335 | 335 | 335 | 335 |
| 3. 2010 | XXX | 229 | 327 | 348 | 357 | 363 | 363 | 366 | 368 | 368 |
| 4. 2011 | XXX | XXX | 204 | 296 | 300 | 307 | 312 | 313 | 313 | 313 |
| 5. 2012 | XXX | XXX | XXX | 200 | 279 | 295 | 299 | 304 | 304 | 304 |
| 6. 2013 | XXX | XXX | XXX | XXX | 147 | 209 | 225 | 233 | 233 | 233 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 147 | 217 | 233 | 236 | 236 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 105 | 136 | 143 | 148 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 94 | 123 | 128 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 69 | 97 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 34 |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 100 | 81 | 36 | 28 | 20 | 15 | 11 | 10 | 8 | 6 |
| 2. 2009 | 108 | 17 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 100 | 37 | 17 | 9 | 5 | 7 | 3 | 0 | 0 |
| 4. 2011 | XXX | XXX | 91 | 16 | 12 | 6 | 2 | 0 | 0 | 0 |
| 5. 2012 | XXX | XXX | XXX | 87 | 19 | 8 | 4 | 0 | 0 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 67 | 21 | 8 | 2 | 2 | 2 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 83 | 26 | 4 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 41 | 14 | 4 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 27 | 6 | 2 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 21 | 0 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 17 |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 90 | 25 | (8) | 7 | 7 | (3) | (2) | 1 | (2) | 0 |
| 2. 2009 | 542 | 580 | 585 | 589 | 589 | 589 | 589 | 589 | 589 | 589 |
| 3. 2010 | XXX | 503 | 579 | 584 | 587 | 589 | 591 | 591 | 591 | 591 |
| 4. 2011 | XXX | XXX | 476 | 534 | 535 | 537 | 538 | 538 | 538 | 538 |
| 5. 2012 | XXX | XXX | XXX | 407 | 466 | 471 | 477 | 478 | 478 | 478 |
| 6. 2013 | XXX | XXX | XXX | XXX | 358 | 413 | 417 | 419 | 419 | 419 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 423 | 488 | 490 | 490 | 490 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 367 | 378 | 378 | 379 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 149 | 165 | 166 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 108 | 121 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 77 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 18 | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2. 2009 | 11 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| 3. 2010 | XXX | 10 | 13 | 13 | 14 | 14 | 14 | 14 | 14 | 14 |
| 4. 2011 | XXX | XXX | 13 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 5. 2012 | XXX | XXX | XXX | 19 | 21 | 21 | 23 | 23 | 23 | 23 |
| 6. 2013 | XXX | XXX | XXX | XXX | 15 | 16 | 16 | 16 | 16 | 16 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 16 | 18 | 19 | 19 | 19 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 15 | 19 | 19 | 19 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 12 | 20 | 20 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 12 | 18 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 20 | 5 | 4 | 2 | 3 | 5 | 6 | 5 | 9 | 9 |
| 2. 2009 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | XXX | XXX | XXX | 5 | 3 | 4 | 0 | 0 | 0 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 2 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 7 | 1 | 0 | 1 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 6 | 2 | 2 | 2 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 4 | 0 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2 |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | 22 | 5 | 2 | (2) | 2 | 2 | 2 | (1) | 4 | 1 |
| 2. 2009 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| 3. 2010 | XXX | 21 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 |
| 4. 2011 | XXX | XXX | 23 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| 5. 2012 | XXX | XXX | XXX | 32 | 41 | 42 | 42 | 42 | 42 | 42 |
| 6. 2013 | XXX | XXX | XXX | XXX | 23 | 26 | 26 | 26 | 26 | 26 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 29 | 31 | 31 | 32 | 32 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 27 | 31 | 31 | 31 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 28 | 33 | 34 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 24 | 27 |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 17 |

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 2018 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | .0 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 2. 2009 | .0 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | 0 | .0 | 1 | 1 | 1 | .1 | 1 | .1 |
| 5. 2012 | XXX | XXX | XXX | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 11. 2018 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | .0 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 2. 2009 | .0 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 1 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | .1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012 | XXX | XXX | XXX | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 11. 2018 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | .0 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 2. 2009 | .0 | 0 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 3. 2010 | XXX | 1 | 0 | .0 | 0 | .0 | 0 | 0 | 0 | 0 |
| 4. 2011 | XXX | XXX | .4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 |
| 5. 2012 | XXX | XXX | XXX | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| 6. 2013 | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 |
| 11. 2018 | 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 2018 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 0 |
| 3. 2010..... | XXX | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 0 |
| 4. 2011..... | XXX | XXX | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 56 | 56 | 56 | 56 | 56 | 56 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 53 | 53 | 53 | 53 | 53 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | 49 | 49 | 49 | 49 | 49 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | 37 | 37 | 37 | 37 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 32 | 32 | 0 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 29 | 29 | 0 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 29 |
| 13. Earned Premiums (Sch P-Pt. 1) | 220 | 135 | 38 | 67 | 56 | 53 | 49 | 37 | 32 | 29 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 0 |
| 3. 2010..... | XXX | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 0 |
| 4. 2011..... | XXX | XXX | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 56 | 56 | 56 | 56 | 56 | 56 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 53 | 53 | 53 | 53 | 53 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | 49 | 49 | 49 | 49 | 49 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | 37 | 37 | 37 | 37 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 32 | 32 | 32 | 0 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 29 | 29 | 0 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 29 |
| 13. Earned Premiums (Sch P-Pt. 1) | 220 | 135 | 38 | 67 | 56 | 53 | 49 | 37 | 32 | 29 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 2 | (23) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 5,163 | 5,079 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 0 |
| 3. 2010..... | XXX | 4,640 | 4,647 | 4,648 | 4,648 | 4,648 | 4,648 | 4,648 | 4,648 | 4,648 | 0 |
| 4. 2011..... | XXX | XXX | 5,124 | 5,210 | 5,214 | 5,214 | 5,214 | 5,214 | 5,214 | 5,214 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 4,955 | 5,031 | 5,025 | 5,021 | 5,021 | 5,021 | 5,021 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 4,132 | 4,153 | 4,148 | 4,147 | 4,147 | 4,147 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 4,111 | 4,121 | 4,119 | 4,119 | 4,119 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 3,766 | 3,795 | 3,795 | 3,795 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,137 | 2,137 | 2,141 | 4 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,316 | 1,415 | 100 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,291 | 1,291 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,393 |
| 13. Earned Premiums (Sch P-Pt. 1) | 5,165 | 4,533 | 5,128 | 5,042 | 4,213 | 4,126 | 3,767 | 2,164 | 1,316 | 1,393 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 2 | (23) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 5,163 | 5,079 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 5,076 | 0 |
| 3. 2010..... | XXX | 4,640 | 4,647 | 4,648 | 4,648 | 4,648 | 4,648 | 4,648 | 4,648 | 4,648 | 0 |
| 4. 2011..... | XXX | XXX | 5,124 | 5,210 | 5,214 | 5,214 | 5,214 | 5,214 | 5,214 | 5,214 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 4,955 | 5,031 | 5,025 | 5,021 | 5,021 | 5,021 | 5,021 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 4,132 | 4,153 | 4,148 | 4,147 | 4,147 | 4,147 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 4,111 | 4,121 | 4,119 | 4,119 | 4,119 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 3,766 | 3,795 | 3,795 | 3,795 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 2,137 | 2,137 | 2,141 | 4 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,316 | 1,415 | 100 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,291 | 1,291 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,393 |
| 13. Earned Premiums (Sch P-Pt. 1) | 5,165 | 4,533 | 5,128 | 5,042 | 4,213 | 4,126 | 3,767 | 2,164 | 1,316 | 1,393 | XXX |

ANNUAL STATEMENT FOR THE YEAR 2018 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | (2) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 448 | 449 | 448 | 448 | 448 | 448 | 448 | 448 | 448 | 448 | 0 |
| 3. 2010..... | XXX | 543 | 541 | 541 | 541 | 541 | 541 | 541 | 541 | 541 | 0 |
| 4. 2011..... | XXX | XXX | 664 | 665 | 665 | 665 | 665 | 665 | 665 | 665 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 817 | 821 | 821 | 821 | 821 | 821 | 821 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 846 | 846 | 846 | 846 | 846 | 846 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 942 | 941 | 941 | 941 | 941 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 879 | 879 | 879 | 879 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 862 | 862 | 862 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 788 | 792 | 4 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 631 | 631 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 636 |
| 13. Earned Premiums (Sch P-Pt. 1) | 446 | 543 | 662 | 818 | 850 | 941 | 878 | 862 | 788 | 636 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | (2) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 448 | 449 | 448 | 448 | 448 | 448 | 448 | 448 | 448 | 448 | 0 |
| 3. 2010..... | XXX | 543 | 541 | 541 | 541 | 541 | 541 | 541 | 541 | 541 | 0 |
| 4. 2011..... | XXX | XXX | 664 | 665 | 665 | 665 | 665 | 665 | 665 | 665 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 817 | 821 | 821 | 821 | 821 | 821 | 821 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 846 | 846 | 846 | 846 | 846 | 846 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 942 | 941 | 941 | 941 | 941 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 879 | 879 | 879 | 879 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 862 | 862 | 862 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 788 | 792 | 4 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 631 | 631 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 636 |
| 13. Earned Premiums (Sch P-Pt. 1) | 446 | 543 | 662 | 818 | 850 | 941 | 878 | 862 | 788 | 636 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 0 |
| 3. 2010..... | XXX | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 0 |
| 4. 2011..... | XXX | XXX | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 470 | 470 | 470 | 470 | 470 | 470 | 470 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 349 | 350 | 350 | 350 | 350 | 350 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 246 | 246 | 246 | 246 | 246 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 155 | 155 | 155 | 155 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 130 | 130 | 130 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 130 | 131 | 1 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 112 | 112 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 113 |
| 13. Earned Premiums (Sch P-Pt. 1) | 245 | 275 | 444 | 470 | 349 | 248 | 155 | 130 | 130 | 113 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 245 | 0 |
| 3. 2010..... | XXX | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 0 |
| 4. 2011..... | XXX | XXX | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 444 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 470 | 470 | 470 | 470 | 470 | 470 | 470 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 349 | 350 | 350 | 350 | 350 | 350 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 246 | 246 | 246 | 246 | 246 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 155 | 155 | 155 | 155 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 130 | 130 | 130 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 130 | 131 | 1 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 112 | 112 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 113 |
| 13. Earned Premiums (Sch P-Pt. 1) | 245 | 275 | 444 | 470 | 349 | 248 | 155 | 130 | 130 | 113 | XXX |

ANNUAL STATEMENT FOR THE YEAR 2018 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010..... | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011..... | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 11. 2018..... | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2010..... | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. 2011..... | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. 2012..... | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 |
| 11. 2018..... | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | | | | | | | | | | | |
| 2. 2009..... | | | | | | | | | | | |
| 3. 2010..... | XXX | | | | | | | | | | |
| 4. 2011..... | XXX | XXX | | | | | | | | | |
| 5. 2012..... | XXX | XXX | XXX | | | | | | | | |
| 6. 2013..... | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2018..... | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | | | | | | | | | | | |
| 2. 2009..... | | | | | | | | | | | |
| 3. 2010..... | XXX | | | | | | | | | | |
| 4. 2011..... | XXX | XXX | | | | | | | | | |
| 5. 2012..... | XXX | XXX | XXX | | | | | | | | |
| 6. 2013..... | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2018..... | 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 2018 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0 |
| 3. 2010..... | XXX | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| 4. 2011..... | XXX | XXX | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) | 0 |
| 5. 2012..... | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 0 | 2 | 2 | 2 | 2 | 2 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | (2) | (2) | (2) | (2) | (2) | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 0 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 | 3 | 0 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 |
| 13. Earned Premiums (Sch P-Pt. 1) | | 2 | 1 | (1) | 0 | 0 | 0 | 0 | 1 | 3 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. 2009..... | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0 |
| 3. 2010..... | XXX | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| 4. 2011..... | XXX | XXX | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) | 0 |
| 5. 2012..... | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. 2013..... | XXX | XXX | XXX | XXX | 0 | 2 | 2 | 2 | 2 | 2 | 0 |
| 7. 2014..... | XXX | XXX | XXX | XXX | XXX | (2) | (2) | (2) | (2) | (2) | 0 |
| 8. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 9. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 |
| 10. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | 1 | 0 |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 | 3 | 0 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3 |
| 13. Earned Premiums (Sch P-Pt. 1) | | 2 | 1 | (1) | 0 | 0 | 0 | 0 | 1 | 3 | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | | | | | | | | | | | |
| 2. 2009..... | | | | | | | | | | | |
| 3. 2010..... | XXX | | | | | | | | | | |
| 4. 2011..... | XXX | XXX | | | | | | | | | |
| 5. 2012..... | XXX | XXX | XXX | | | | | | | | |
| 6. 2013..... | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014..... | XXX | XXX | XXX | XXX | X | XX | | | | | |
| 8. 2015..... | XXX | XXX | XXX | XXX | X | XX | XXX | | | | |
| 9. 2016..... | XXX | XXX | XXX | XXX | X | XX | XXX | XXX | | | |
| 10. 2017..... | XXX | XXX | XXX | XXX | X | XX | XXX | XXX | XXX | | |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Totals..... | 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 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior..... | | | | | | | | | | | |
| 2. 2009..... | | | | | | | | | | | |
| 3. 2010..... | XXX | | | | | | | | | | |
| 4. 2011..... | XXX | XXX | | | | | | | | | |
| 5. 2012..... | XXX | XXX | XXX | | | | | | | | |
| 6. 2013..... | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014..... | XXX | XXX | XXX | XXX | X | XX | | | | | |
| 8. 2015..... | XXX | XXX | XXX | XXX | X | XX | XXX | | | | |
| 9. 2016..... | XXX | XXX | XXX | XXX | X | XX | XXX | XXX | | | |
| 10. 2017..... | XXX | XXX | XXX | XXX | X | XX | XXX | XXX | XXX | | |
| 11. 2018..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 13. Earned Premiums (Sch P-Pt. 1) | | | | | | | | | | | XXX |

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

| Years in Which Premiums Were Earned and Losses Were Incurred | DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid | |
|--|---|-----------------------------|
| | 1 Section 1: Occurrence | 2 Section 2: Claims-Made |
| 1.601 Prior | 0 | 0 |
| 1.602 2009 | 0 | 0 |
| 1.603 2010 | 0 | 0 |
| 1.604 2011 | 0 | 0 |
| 1.605 2012 | 0 | 0 |
| 1.606 2013 | 0 | 0 |
| 1.607 2014 | 0 | 0 |
| 1.608 2015 | 0 | 0 |
| 1.609 2016 | 0 | 0 |
| 1.610 2017 | 0 | 0 |
| 1.611 2018 | 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 102? 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.

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:

What were the net premiums
(in thousands of dollars)?

5.1 Fidelity 0
5.2 Surety 0

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

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

7.2 (An extended statement may be attached.)

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

Allocated by States and Territories

| States, Etc. | Direct Business Only | | | | | |
|------------------------------------|--|---|--|---|--------------------------------|-------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama | AL | | | | | |
| 2. Alaska | AK | | | | | |
| 3. Arizona | AZ | | | | | |
| 4. Arkansas | AR | | | | | |
| 5. California | CA | | | | | |
| 6. Colorado | CO | | | | | |
| 7. Connecticut | CT | | | | | |
| 8. Delaware | DE | | | | | |
| 9. District of Columbia | DC | | | | | |
| 10. Florida | FL | | | | | |
| 11. Georgia | GA | | | | | |
| 12. Hawaii | HI | | | | | |
| 13. Idaho | ID | | | | | |
| 14. Illinois | IL | | | | | |
| 15. Indiana | IN | | | | | |
| 16. Iowa | IA | | | | | |
| 17. Kansas | KS | | | | | |
| 18. Kentucky | KY | | | | | |
| 19. Louisiana | LA | | | | | |
| 20. Maine | ME | | | | | |
| 21. Maryland | MD | | | | | |
| 22. Massachusetts | MA | | | | | |
| 23. Michigan | MI | | | | | |
| 24. Minnesota | MN | | | | | |
| 25. Mississippi | MS | | | | | |
| 26. Missouri | MO | | | | | |
| 27. Montana | MT | | | | | |
| 28. Nebraska | 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 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-----------------------------------|-------------------|------------|--------------|-----|--|---|------------------------|------------------------------------|--|--|--|--|-----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Rela-tion-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Y/N) | * |
| | The Hanover Insurance Group | 80-0266582 | | | | | 440 Lincoln Street Holding Company LLC | MA | N/A | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | 20-2875170 | | | | | AIX Holdings, Inc. | DE | N/A | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | Y | |
| | The Hanover Insurance Group | 27-1304098 | | | | | AIX Insurance Services of California, Inc. | CA | N/A | AIX, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 12833 | 20-5233538 | | | | AIX Specialty Insurance Company | DE | IA | Nova Casualty Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | 20-3051651 | | | | | AIX, Inc. | DE | N/A | AIX, Holdings, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 10212 | 04-3272695 | | | | Allmerica Financial Alliance Insurance Co. | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 41840 | 23-2643430 | | | | Allmerica Financial Benefit Insurance Co. | MI | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 04-3194493 | | | | Allmerica Plus Insurance Agency, Inc. | MA | N/A | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | Allmerica Securities Trust | MA | N/A | The Hanover Insurance Group, Inc. | Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 54-1632456 | | | | Campania Holding Company, Inc. | VA | N/A | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 12260 | 52-1827116 | | | | Campmed Casualty & Indemnity Co. Inc. | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | Chaucer Insurance Company Designated Activity Company | IRL | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | Y | |
| .0088 | The Hanover Insurance Group | 31534 | 38-0421730 | | | | Citizens Insurance Company of America | MI | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 10714 | 36-4123481 | | | | Citizens Insurance Company of Illinois | IL | IA | Opus Investment Management, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 10176 | 38-3167100 | | | | Citizens Insurance Company of Ohio | OH | RE | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 10395 | 35-1958418 | | | | Citizens Insurance Company of the Midwest | IN | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 27-1652700 | | | | CitySquare II Development Co., L.L.C | MA | N/A | Opus Investment Management, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 27-3626264 | | | | CitySquare II Investment Co., L.L.C | MA | N/A | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 27-2400275 | | | | Educators Insurance Agency, Inc. | MA | N/A | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 38-4000989 | | | | Front Street Financing LLC | MA | N/A | CitySquare II Investment Co., LLC | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | Hanover Australia BidCo Pty Ltd. | AUS | N/A | Hanover Australia HoldCo Pty Ltd. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | Hanover Australia HoldCo Pty Ltd. | AUS | N/A | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 52-1172293 | | | | Hanover Specialty Insurance Brokers, Inc. | VA | N/A | Verlan Holdings, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 22306 | 04-2217600 | | | | Massachusetts Bay Insurance Company | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 16-1066198 | | | | NOVA American Group, Inc. | NY | N/A | AIX, Holdings, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 42552 | 16-1140177 | | | | NOVA Casualty Company | NY | IA | Nova American Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 04-2854021 | | | | Opus Investment Management, Inc. | MA | UIP | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | Pacific Underwriting Corporation Pty Ltd. | AUS | N/A | SLE Holdings Pty, Ltd. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 38-3383822 | | | | Professionals Direct Ins. Services, Inc. | MI | N/A | Professionals Direct, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 38-3324634 | | | | Professionals Direct, Inc. | MI | N/A | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | SLE Holdings Pty Ltd. | AUS | N/A | Hanover Australia BidCo Pty Ltd. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | SLE Worldwide Pty Limited | AUS | N/A | SLE Holdings Pty, Ltd. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 36064 | 04-3063998 | | | | The Hanover American Insurance Company | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 98-1303999 | | | | The Hanover Atlantic Insurance Company Ltd. | BMU | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | Y | |
| | The Hanover Insurance Group | | 98-1335681 | | | | The Hanover (Barbados) Capital SRL | BRB | N/A | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 41602 | 75-1827351 | | | The Hanover Casualty Company | TX | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 22292 | 13-5129825 | | | | The Hanover Insurance Company | NH | UDP | Opus Investment Management, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | | 04-3263626 | | | | The Hanover Insurance Group, Inc. | DE | UIP | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 0.00 | | | |
| .0088 | The Hanover Insurance Group | 13147 | 74-3242673 | | | | The Hanover National Insurance Company | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 11705 | 86-1070355 | | | | The Hanover New Jersey Insurance Company | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | | | | | The Hanover Texas Insurance Management Company, Inc. | TX | N/A | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | The Hanover Insurance Group | | 74-2556029 | | | | VeraVest Investments, Inc. | MA | N/A | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | 10815 | 04-2448927 | | | | Verlan Fire Insurance Company | NH | IA | The Hanover Insurance Company | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| .0088 | The Hanover Insurance Group | | 52-0903682 | | | | Verlan Holdings, Inc. | MD | N/A | The Hanover Insurance Group, Inc. | Ownership, Board, Management | 100.00 | The Hanover Insurance Group, Inc. | N | |
| | | | 52-2044133 | | | | | | | | | | | | |

NONE

| | |
|----------|-------------|
| Asterisk | Explanation |
| | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

| 1 NAIC Company Code | 2 ID Number | 3 Names of Insurers and Parent, Subsidiaries or Affiliates | 4 Shareholder Dividends | 5 Capital Contributions | 6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10 * | 11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12 | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|---------------|---|
| 12833 | 20-5233538 | AIX Specialty Insurance Co. | 0 | 0 | .0 | 0 | 0 | 0 | * | .0 | 0 | 247,179,310 |
| | 20-2875170 | AIX Holdings, Inc. | 0 | .50,000 | .0 | 0 | 0 | 0 | * | .0 | .50,000 | 0 |
| 10212 | 04-3272695 | Allmerica Financial Alliance Ins Co. | (400,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (400,000) | 179,198,882 |
| .41840 | 23-2643430 | Allmerica Financial Benefit Ins Co. | 0 | .4,000,000 | .0 | 0 | 0 | (51,042,817) | * | .0 | (47,042,817) | .595,809,125 |
| | 04-3194493 | Allmerica Plus Insurance Agency, Inc. | (200,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (200,000) | 0 |
| 12260 | 52-1827116 | Campmed Casualty & Indemnity Company, Inc. | (300,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (300,000) | 13,420,281 |
| | 98-1329079 | Chaucer Insurance Company Designated Activity Co. | 0 | 0 | .0 | 0 | 0 | 0 | * | .0 | .0 | 2,137,630 |
| .31534 | 38-0421730 | Citizens Insurance Co. of America | (87,900,000) | 0 | (.78,162,792) | 0 | 160,747,649 | (20,226,877) | * | .0 | (25,542,020) | (52,129,742) |
| 10714 | 36-4123481 | Citizens Insurance Co. of Illinois | 0 | 0 | .0 | 0 | 0 | 0 | * | .0 | .0 | 43,755,416 |
| 10176 | 38-3167100 | Citizens Insurance Co. of Ohio | (1,400,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (1,400,000) | .15,933,983 |
| 10395 | 35-1958418 | Citizens Insurance Co. of the Midwest | 0 | .8,500,000 | .0 | 0 | 0 | (117,867,929) | * | .0 | (109,367,929) | .887,908,281 |
| | 27-3626264 | CitySquare II Investment Co., L.L.C. | 0 | .2,000,000 | .0 | 0 | 0 | 0 | * | .0 | .0 | 0 |
| | 27-2400275 | Educators Insurance Agency, Inc. | (400,000) | (400,000) | .0 | 0 | 0 | 0 | * | .0 | (800,000) | 0 |
| .36064 | 04-3063898 | The Hanover American Insurance Co. | (600,000) | 0 | .0 | 0 | 0 | (48,059,599) | * | .0 | (48,659,599) | .393,487,394 |
| | 98-1300399 | The Hanover Atlantic Insurance Company | 0 | 0 | .0 | 0 | 0 | 0 | * | .0 | .0 | 1,844,085 |
| 22292 | 13-5129825 | The Hanover Insurance Company | (45,400,000) | (17,200,000) | (.50,228,077) | 0 | (114,278,984) | .415,325,941 | * | (125,000,000) | 63,218,880 | (3,865,806,660) |
| 11705 | 86-1070355 | Hanover New Jersey Insurance Company | (600,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (600,000) | .159,018 |
| .41602 | 75-1827351 | The Hanover Casualty Company | 0 | .4,650,000 | .0 | 0 | 0 | 0 | * | .0 | .4,650,000 | .58,442,393 |
| .22306 | 04-2217600 | Massachusetts Bay Insurance Company | (1,000,000) | 0 | .0 | 0 | 0 | (178,128,719) | * | .0 | (179,128,719) | .882,444,273 |
| .42552 | 16-1140177 | NOVA Casualty Co. | (1,500,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (1,500,000) | .522,885,608 |
| | 16-1066198 | NOVA American Group, Inc. | 0 | 0 | .0 | 0 | 0 | 0 | * | .0 | .0 | 0 |
| | 04-2854021 | Opus Investment Management, Inc. | 0 | (2,000,000) | .0 | 0 | 0 | 0 | * | .0 | (2,000,000) | 0 |
| | 98-1335681 | The Hanover (Barbados) Capital SRL | (22,100,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (22,100,000) | 0 |
| | 04-3263626 | The Hanover Insurance Group, Inc. | 162,500,000 | 400,000 | .128,390,869 | 0 | (46,468,665) | 0 | * | 125,000,000 | 369,822,204 | 0 |
| 13147 | 74-3242673 | The Hanover National Insurance Company | (200,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (200,000) | 0 |
| | 10815 | Verlan Fire Insurance Co. | (500,000) | 0 | .0 | 0 | 0 | 0 | * | .0 | (500,000) | .73,330,723 |
| 9999999 | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2018 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

| 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

| MAY FILING | | |
|------------|--|-----|
| 8. | Will this company be included in a combined annual statement which is filed with the NAIC by May 1? | YES |
| 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 |

JUNE FILING

| JUNE 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 **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

| MARCH FILING | | |
|--------------|--|-----|
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. | Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 14. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 16. | Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 17. | Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 18. | Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 20. | Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 21. | Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 22. | Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 23. | Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. | Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 25. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 26. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 27. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 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

| 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 |
| 35. | Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 36. | Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | NO |

AUGUST FILING

| AUGUST FILING | | |
|---------------|--|-----|
| 37. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |

Explanations:

| | |
|-----|--|
| 12. | Bar Codes: |
| 12. | SIS Stockholder Information Supplement [Document Identifier 420] |
| 13. | Financial Guaranty Insurance Exhibit [Document Identifier 240] |
| 14. | Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |
| 15. | Supplement A to Schedule T [Document Identifier 455] |
| 16. | Trusted Surplus Statement [Document Identifier 490] |
| 17. | Premiums Attributed to Protected Cells Exhibit [Document Identifier 385] |
| 18. | Reinsurance Summary Supplemental Filing [Document Identifier 401] |



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Medicare Part D Coverage Supplement [Document Identifier 365]



21. Reinsurance Attestation Supplement [Document Identifier 399]



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



23. Bail Bond Supplement [Document Identifier 500]



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



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



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



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



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



29. Credit Insurance Experience Exhibit [Document Identifier 230]



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



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



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



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



35. Life, Health & Annuity Guaranty Association Model Act Assessment Base
Reconciliation Exhibit [Document Identifier 290]



36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act
Assessment Base Reconciliation Exhibit [Document Identifier 300]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

NONE

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