



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

NAIC Group Code00880088NAIC Company Code10176Employer's ID Number38-3167100  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH  
Country of DomicileUnited States of America

Incorporated/Organized11/17/1994Commenced Business02/13/1995

Statutory Home Office4400 Easton Commons Way, Suite 125Columbus, OH, US 43219  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office440 Lincoln Street  
(Street and Number)  
Worcester, MA, US 01653-0002508-853-7200  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address440 Lincoln StreetWorcester, MA, US 01653-0002  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records440 Lincoln Street  
(Street and Number)  
Worcester, MA, US 01653-0002508-853-7200-8557928  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressWWW.HANOVER.COM

Statutory Statement ContactDennis M. Hazelwood508-853-7200-8557928  
(Name)(Area Code) (Telephone Number)  
DHAZELWOOD@HANOVER.COM508-853-6332  
(E-mail Address)(FAX Number)

OFFICERS

PresidentJohn Conner RocheVice President & TreasurerNathaniel William Clarkin

Senior Vice President & SecretaryCharles Frederick Cronin

OTHER

Jeffrey Mark Farber, Executive Vice President & CFO  
Willard Ty-Lunn Lee, Executive Vice President  
Bryan James Salvatore, Executive Vice President

Dennis Francis Kerrigan Jr., Executive Vice President & Chief Legal Officer  
David John Lovely #, Executive Vice President

Richard William Lavey, Executive Vice President  
Denise Maureen Lowsley, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison BarnesJeffrey Mark FarberLindsay France Greenfield

Dennis Francis Kerrigan Jr.Willard Ty-Lunn LeeDavid John Lovely #

Denise Maureen LowsleyJohn Conner RocheBryan James Salvatore

State ofMassachusetts  
County ofWorcesterSS

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

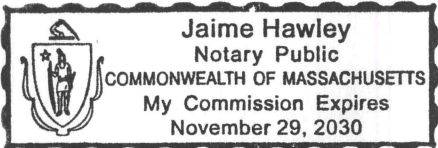
John Conner Roche  
President

Charles Frederick Cronin  
Senior Vice President & Secretary

Nathaniel William Clarkin  
Vice President & Treasurer

Subscribed and sworn to before me this  
2nd day of February, 2024  
Jaime L. Hawley  
Notary  
November 29, 2030

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





ANNUAL STATEMENT FOR THE YEAR 2023 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 2023 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial Multiple Peril (Non-Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion) .....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland Marine .....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
11.2 Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.9 Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' Compensation .....	589,281	751,351	0	156,003	239,523	(59,478)	3,999,925	13,041	(5,862)	106,706	53,434	77,335
17.1 Other Liability - Occurrence .....	0	134	0	(1,151)	0	11,151	22,820	615	608	(10)	0	3
17.2 Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability .....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial Auto Physical Damage .....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0
29. International .....	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
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. Total (a) .....	589,281	751,485	0	154,852	239,523	(48,327)	4,022,745	13,656	(5,254)	106,696	53,434	77,338
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 \$ 3,259  
(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 2023 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 2023 NAIC Company Code 10176

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3  Dividends Paid or Credited to Policyholders on Direct Business	4  Direct Unearned Premium Reserves	5  Direct Losses Paid (deducting salvage)	6  Direct Losses Incurred	7  Direct Losses Unpaid	8  Direct Defense and Cost Containment Expense Paid	9  Direct Defense and Cost Containment Expense Incurred	10  Direct Defense and Cost Containment Expense Unpaid	11  Commissions and Brokerage Expenses	12  Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
2.4.	Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	2,768,641	4,380,035	0	884,931	4,041,550	4,342,006	2,337,990	50,396	46,680	63,279	363,507	57,021
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	222,735	227,965	0	122,417	90,569	(169,195)	41,136	1,205	(16)	3,818	34,424	4,578
5.2	Commercial Multiple Peril (Liability Portion) .....	85,556	94,614	0	42,359	450,454	86,537	81,046	25,198	16,580	78,614	13,740	1,762
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 .....	56,667	101,047	0	16,881	15,487	71,183	59,161	25	(226)	391	7,815	1,165
10.	Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake .....	14,226	22,672	0	6,063	0	234	890	0	(31)	92	1,907	294
13.1	Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (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 .....	51,303	42,416	0	26,811	0	(7,697)	55,464	0	(378)	2,697	8,299	1,062
17.2	Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
18.1	Products Liability - Occurrence .....	0	0	0	0	0	(107)	61	0	(122)	59	0	0
18.2	Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other Private Passenger Auto Liability .....	(96)	1,920	0	0	(118)	(2,200)	2,016	0	(408)	606	92	9
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 .....	30,942	31,188	0	0	56,000	29,591	10,661	2,421	2,747	5,396	6,163	639
21.1	Private Passenger Auto Physical Damage .....	(369)	2,592	0	0	(550)	(809)	45	0	(10)	5	(33)	10
21.2	Commercial Auto Physical Damage .....	7,930	7,930	0	0	0	205	323	0	(3)	24	1,715	164
22.	Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety .....	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit .....	0	0	0	0	0	0	0	0	0	0	0	0
29.	International .....	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
31.	Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a) .....	3,237,535	4,912,379	0	1,099,462	4,653,392	4,349,748	2,588,793	79,245	64,813	154,981	437,629	66,704
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 \$ 16,725  
(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 2023 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 2023 NAIC Company Code 10176

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3  Dividends Paid or Credited to Policyholders on Direct Business	4  Direct Unearned Premium Reserves	5  Direct Losses Paid (deducting salvage)	6  Direct Losses Incurred	7  Direct Losses Unpaid	8  Direct Defense and Cost Containment Expense Paid	9  Direct Defense and Cost Containment Expense Incurred	10  Direct Defense and Cost Containment Expense Unpaid	11  Commissions and Brokerage Expenses	12  Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied Lines .....	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple Peril Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
2.4.	Private Crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private Flood .....	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners Multiple Peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril .....	2,768,641	4,380,035	0	884,931	4,041,550	4,342,006	2,337,990	50,396	46,680	63,279	363,507	57,021
5.1	Commercial Multiple Peril (Non-Liability Portion) .....	222,735	227,965	0	122,417	90,569	(169,195)	41,136	1,205	(16)	3,818	34,424	4,578
5.2	Commercial Multiple Peril (Liability Portion) .....	85,556	94,614	0	42,359	450,454	86,537	81,046	25,198	16,580	78,614	13,740	1,762
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 .....	56,667	101,047	0	16,881	15,487	71,183	59,161	25	(226)	391	7,815	1,165
10.	Financial Guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake .....	14,226	22,672	0	6,063	0	234	890	0	(31)	92	1,907	294
13.1	Comprehensive (hospital and medical) ind (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation .....	589,281	751,351	0	156,003	239,523	(59,478)	3,999,925	13,041	(5,862)	106,706	53,434	77,335
17.1	Other Liability - Occurrence .....	51,303	42,550	0	25,660	0	3,454	78,284	615	230	2,687	8,299	1,065
17.2	Other Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess Workers' Compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
18.1	Products Liability - Occurrence .....	0	0	0	0	0	(107)	61	0	(122)	59	0	0
18.2	Products Liability - Claims-Made .....	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other Private Passenger Auto Liability .....	(96)	1,920	0	0	(118)	(2,200)	2,016	0	(408)	606	92	9
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 .....	30,942	31,188	0	56,000	29,591	10,661	2,421	2,747	5,396	6,163	639	10
21.1	Private Passenger Auto Physical Damage .....	(369)	2,592	0	(369)	(550)	(809)	45	0	(10)	5	(33)	0
21.2	Commercial Auto Physical Damage .....	7,930	7,930	0	0	0	205	323	0	(3)	24	1,715	164
22.	Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety .....	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and Theft .....	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and Machinery .....	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit .....	0	0	0	0	0	0	0	0	0	0	0	0
29.	International .....	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
31.	Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business .....	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a) .....	3,826,816	5,663,864	0	1,254,314	4,892,915	4,301,421	6,611,538	92,901	59,559	261,677	491,063	144,042
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 \$ 19,984  
(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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## SCHEDULE F - PART 1

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

## SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year	2019	2018	2017
Reinsurance Effected	100	100	100
Reinsurance Canceled	100	100	100
Total	200	200	200

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2023 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		3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates					3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	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	0	
2299999. Total Unauthorized - Affiliates					0	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	0	
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	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	0	
3699999. Total Certified - Affiliates					0	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	0	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999 Totals					3,889	0	0	3,902	28	3,055	276	1,271	0	8,532	0	0	0	8,532	0	

ANNUAL STATEMENT FOR THE YEAR 2023 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				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	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)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
38-0421730 ..	CITIZENS INS CO OF AMERICA .....	0	0		0	0	8,532	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	8,532	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	8,532	0	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	XXX	0	0
0899999. Total Authorized - Affiliates		0	0	XXX	0	0	8,532	0	0	0	0	0	0	0	XXX	0	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	0	8,532	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
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	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	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	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
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	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	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	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non- U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	XXX	0	0	8,532	0	0	0	0	0	0	0	XXX	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		0	0	XXX	0	0	8,532	0	0	0	0	0	0	0	XXX	0	0



ANNUAL STATEMENT FOR THE YEAR 2023 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						44  Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48  Amounts Received Prior 90 Days	49  Percentage Overdue Col. 42/Col. 43	50  Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51  Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52  Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53  Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37  Current	Overdue				43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38  1 - 29 Days	39  30 - 90 Days	40  91 - 120 Days	41  Over 120 Days												42  Total Overdue Cols. 38+39 +40+41
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
4699999. Total Reciprocal Jurisdiction - 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
4999999. Total Reciprocal Jurisdiction - 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
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		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

### SCHEDULE F - PART 3 (Continued)

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															
		54  Certified Reinsurer Rating (1 through 6)	55  Effective Date of Certified Reinsurer Rating	56  Percent Collateral Required for Full Credit (0% through 100%)	57  Catastrophe Recoverables Qualifying for Collateral Deferral	58  Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59  Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60  Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58)	61  Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62  20% of Recoverable on Paid Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63  Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64  Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0			69  Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														66  Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67  Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68  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	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				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
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				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
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
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				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
2299999. Total Unauthorized - Affiliates				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
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	XXX	XXX	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
3699999. Total Certified - Affiliates				XXX	0	0	0	XXX	XXX	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
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999 Totals				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

**SCHEDULE F - PART 3 (Continued)**

(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 and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76  Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77  Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78  Total Provision for Reinsurance (Cols. 75 + 76 + 77)
38-0421730 ... CITIZENS INS CO OF AMERICA		0	XXX	XXX	0	0	0	XXX	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	0	XXX	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, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	0		0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	XXX	XXX	0	0	0	XXX	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		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 2023 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)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

ANNUAL STATEMENT FOR THE YEAR 2023 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:

	1	2	3
	Name of Reinsurer	Commission Rate	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.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	CITIZENS INS CO OF AMERICA .....	8,532	3,889	Yes [ X ] No [ ]
7.	.....	0	0	Yes [ ] No [ ]
8.	.....	0	0	Yes [ ] No [ ]
9.	.....	0	0	Yes [ ] No [ ]
10.	.....	0	0	Yes [ ] No [ ]

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

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) .....	9,137,482	0	9,137,482
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 .....	59,431	0	59,431
6. Net amount recoverable from reinsurers .....	0	8,532,000	8,532,000
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	9,196,913	8,532,000	17,728,913
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	0	7,261,000	7,261,000
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	1,197	0	1,197
11. Unearned premiums (Line 9) .....	0	1,271,000	1,271,000
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 .....	997	0	997
19. Total liabilities excluding protected cell business (Line 26) .....	2,194	8,532,000	8,534,194
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	9,194,719	XXX	9,194,719
22. Totals (Line 38)	9,196,913	8,532,000	17,728,913

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

Yes [ X ] No [ ]

If yes, give full explanation: The Company Ceded 100% of its insurance business to The Hanover Insurance Company, 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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(1).....	(1).....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2014.....	11,705.....	11,705.....	0.....	6,233.....	6,233.....	83.....	83.....	816.....	816.....	0.....	0.....	1,277.....
3. 2015.....	10,669.....	10,669.....	0.....	4,221.....	4,221.....	57.....	57.....	722.....	722.....	0.....	0.....	998.....
4. 2016.....	9,931.....	9,931.....	0.....	4,141.....	4,141.....	91.....	91.....	550.....	550.....	0.....	0.....	736.....
5. 2017.....	10,229.....	10,229.....	0.....	5,081.....	5,081.....	83.....	83.....	718.....	718.....	0.....	0.....	979.....
6. 2018.....	10,865.....	10,865.....	0.....	4,808.....	4,808.....	39.....	39.....	639.....	639.....	0.....	0.....	863.....
7. 2019.....	10,177.....	10,177.....	0.....	7,724.....	7,724.....	117.....	117.....	705.....	705.....	0.....	0.....	984.....
8. 2020.....	8,389.....	8,389.....	0.....	4,340.....	4,340.....	42.....	42.....	568.....	568.....	0.....	0.....	700.....
9. 2021.....	6,711.....	6,711.....	0.....	3,200.....	3,200.....	26.....	26.....	340.....	340.....	0.....	0.....	396.....
10. 2022.....	5,190.....	5,190.....	0.....	2,633.....	2,633.....	36.....	36.....	353.....	353.....	0.....	0.....	367.....
11. 2023.....	4,380.....	4,380.....	0.....	2,996.....	2,996.....	34.....	34.....	311.....	311.....	0.....	0.....	349.....
12. Totals.....	XXX.....	XXX.....	XXX.....	45,376.....	45,376.....	606.....	606.....	5,723.....	5,723.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	40	40	0	0	0	0	0	0	3	3	0	0	2
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	1	1	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	16	16	0	0	3	3	0	0	0	0	0
9. 2021.....	275	275	31	31	5	5	7	7	3	3	0	0	2
10. 2022.....	87	87	69	69	0	0	16	16	5	5	0	0	3
11. 2023.....	344	344	1,475	1,475	0	0	32	32	15	15	0	0	10
12. Totals.....	746	746	1,592	1,592	5	5	58	58	26	26	0	0	17

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0	.....0	XXX.....	.....0	.....0
2. 2014.....	7,132.....	7,132.....	.....0	60.9.....	60.9.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
3. 2015.....	5,000.....	5,000.....	.....0	46.9.....	46.9.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
4. 2016.....	4,782.....	4,782.....	.....0	48.2.....	48.2.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
5. 2017.....	5,881.....	5,881.....	.....0	57.5.....	57.5.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
6. 2018.....	5,486.....	5,486.....	.....0	50.5.....	50.5.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
7. 2019.....	8,547.....	8,547.....	.....0	84.0.....	84.0.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
8. 2020.....	4,969.....	4,969.....	.....0	59.2.....	59.2.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
9. 2021.....	3,888.....	3,888.....	.....0	57.9.....	57.9.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
10. 2022.....	3,198.....	3,198.....	.....0	61.6.....	61.6.....	.....0.0	.....0	.....0	.....0.0	.....0	.....0
11. 2023.....	5,206.....	5,206.....	0.....	118.8.....	118.8.....	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2014.....	71	71	0	21	21	0	0	4	4	0	0	7
3. 2015.....	52	52	0	1	1	0	0	1	1	0	0	2
4. 2016.....	41	41	0	4	4	0	0	3	3	0	0	6
5. 2017.....	32	32	0	20	20	0	0	3	3	0	0	4
6. 2018.....	27	27	0	0	0	0	0	2	2	0	0	2
7. 2019.....	22	22	0	42	42	0	0	4	4	0	0	5
8. 2020.....	17	17	0	5	5	0	0	2	2	0	0	2
9. 2021.....	14	14	0	1	1	0	0	1	1	0	0	1
10. 2022.....	10	10	0	0	0	0	0	0	0	0	0	0
11. 2023.....	2	2	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	94	94	0	0	21	21	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2022.....	0	0	1	1	0	0	0	0	0	0	0	0	0
11. 2023.....	0	0	1	1	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	2	2	0	0	1	1	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	25.....	25.....	0.....	35.1.....	35.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	3.....	3.....	0.....	5.1.....	5.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	7.....	7.....	0.....	17.2.....	17.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	23.....	23.....	0.....	71.2.....	71.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	2.....	2.....	0.....	5.9.....	5.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	46.....	46.....	0.....	211.6.....	211.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	8.....	8.....	0.....	45.4.....	45.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	3.....	3.....	0.....	20.5.....	20.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	1.....	1.....	0.....	8.1.....	8.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	2.....	2.....	0.....	79.5.....	79.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2014.....	53	53	0	15	15	0	0	8	8	0	0	5
3. 2015.....	49	49	0	0	0	0	0	4	4	0	0	1
4. 2016.....	37	37	0	0	0	0	0	0	0	0	0	0
5. 2017.....	32	32	0	0	0	0	0	0	0	0	0	0
6. 2018.....	29	29	0	0	0	0	0	0	0	0	0	0
7. 2019.....	27	27	0	0	0	0	0	0	0	0	0	0
8. 2020.....	51	51	0	0	0	0	0	3	3	0	0	1
9. 2021.....	47	47	0	62	62	2	2	4	4	0	0	4
10. 2022.....	31	31	0	5	5	0	0	4	4	0	0	3
11. 2023.....	31	31	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	81	81	2	2	23	23	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	1	1	0	0	1	1	0	0	0	0	0
8. 2020.....	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2021.....	0	0	2	2	0	0	1	1	0	0	0	0	0
10. 2022.....	0	0	2	2	0	0	1	1	0	0	0	0	0
11. 2023.....	0	0	3	3	0	0	2	2	0	0	0	0	0
12. Totals.....	0	0	11	11	0	0	5	5	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	23.....	23.....	0.....	44.5.....	44.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	4.....	4.....	0.....	8.2.....	8.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	0.....	0.....	0.....	0.3.....	0.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	0.....	0.....	0.....	0.4.....	0.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	0.....	0.....	0.....	0.7.....	0.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	1.....	1.....	0.....	4.9.....	4.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	5.....	5.....	0.....	9.3.....	9.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	71.....	71.....	0.....	149.4.....	149.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	11.....	11.....	0.....	34.5.....	34.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	6.....	6.....	0.....	17.7.....	17.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	9.....	9.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2014.....	4,126.....	4,126.....	0.....	1,366.....	1,366.....	131.....	131.....	618.....	618.....	0.....	0.....	490.....
3. 2015.....	3,767.....	3,767.....	0.....	1,440.....	1,440.....	60.....	60.....	397.....	397.....	0.....	0.....	379.....
4. 2016.....	2,164.....	2,164.....	0.....	2,713.....	2,713.....	109.....	109.....	190.....	190.....	0.....	0.....	170.....
5. 2017.....	1,316.....	1,316.....	0.....	263.....	263.....	14.....	14.....	91.....	91.....	0.....	0.....	122.....
6. 2018.....	1,393.....	1,393.....	0.....	158.....	158.....	7.....	7.....	70.....	70.....	0.....	0.....	94.....
7. 2019.....	1,416.....	1,416.....	0.....	415.....	415.....	25.....	25.....	152.....	152.....	0.....	0.....	175.....
8. 2020.....	1,314.....	1,314.....	0.....	265.....	265.....	9.....	9.....	177.....	177.....	0.....	0.....	171.....
9. 2021.....	1,047.....	1,047.....	0.....	212.....	212.....	8.....	8.....	121.....	121.....	0.....	0.....	113.....
10. 2022.....	1,092.....	1,092.....	0.....	246.....	246.....	11.....	11.....	112.....	112.....	0.....	0.....	124.....
11. 2023.....	813.....	813.....	0.....	88.....	88.....	6.....	6.....	99.....	99.....	0.....	0.....	80.....
12. Totals.....	XXX.....	XXX.....	XXX.....	7,177.....	7,177.....	381.....	381.....	2,026.....	2,026.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	270.....	270.....	615.....	615.....	0.....	0.....	45.....	45.....	2.....	2.....	0.....	0.....	3.....
2. 2014.....	24.....	24.....	69.....	69.....	0.....	0.....	4.....	4.....	0.....	0.....	0.....	0.....	0.....
3. 2015.....	22.....	22.....	59.....	59.....	0.....	0.....	4.....	4.....	0.....	0.....	0.....	0.....	0.....
4. 2016.....	2,427.....	2,427.....	69.....	69.....	0.....	0.....	3.....	3.....	1.....	1.....	0.....	0.....	2.....
5. 2017.....	7.....	7.....	47.....	47.....	0.....	0.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....
6. 2018.....	13.....	13.....	39.....	39.....	0.....	0.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....
7. 2019.....	4.....	4.....	36.....	36.....	0.....	0.....	6.....	6.....	0.....	0.....	0.....	0.....	0.....
8. 2020.....	22.....	22.....	36.....	36.....	0.....	0.....	6.....	6.....	0.....	0.....	0.....	0.....	0.....
9. 2021.....	10.....	10.....	48.....	48.....	0.....	0.....	7.....	7.....	1.....	1.....	0.....	0.....	1.....
10. 2022.....	138.....	138.....	102.....	102.....	0.....	0.....	10.....	10.....	1.....	1.....	0.....	0.....	2.....
11. 2023.....	144.....	144.....	144.....	144.....	1.....	1.....	13.....	13.....	8.....	8.....	0.....	0.....	14.....
12. Totals.....	3,081.....	3,081.....	1,264.....	1,264.....	1.....	1.....	106.....	106.....	13.....	13.....	0.....	0.....	22.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	2,213.....	2,213.....	0.....	53.6.....	53.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	1,982.....	1,982.....	0.....	52.6.....	52.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	5,512.....	5,512.....	0.....	254.7.....	254.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	426.....	426.....	0.....	32.4.....	32.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	292.....	292.....	0.....	20.9.....	20.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	639.....	639.....	0.....	45.1.....	45.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	515.....	515.....	0.....	39.2.....	39.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	406.....	406.....	0.....	38.8.....	38.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	621.....	621.....	0.....	56.8.....	56.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	502.....	502.....	0.....	61.8.....	61.8.....	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	1	1	0	0	XXX.....
2. 2014.....	941	941	0	122	122	0	0	33	33	0	0	32
3. 2015.....	878	878	0	466	466	367	367	36	36	0	0	31
4. 2016.....	862	862	0	212	212	2	2	43	43	0	0	34
5. 2017.....	788	788	0	128	128	1	1	40	40	0	0	27
6. 2018.....	636	636	0	52	52	11	11	30	30	0	0	22
7. 2019.....	472	472	0	24	24	11	11	20	20	0	0	13
8. 2020.....	442	442	0	517	517	37	37	31	31	0	0	19
9. 2021.....	450	450	0	136	136	0	0	15	15	0	0	8
10. 2022.....	407	407	0	34	34	0	0	15	15	0	0	8
11. 2023	323	323	0	58	58	1	1	5	5	0	0	1
12. Totals	XXX	XXX	XXX	1,749	1,749	431	431	269	269	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	17	17	23	23	1	1	0	0	0	0	0
2. 2014.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	1	1	0	0	1	1	0	0	0	0	0
4. 2016.....	0	0	1	1	0	0	1	1	0	0	0	0	0
5. 2017.....	0	0	2	2	0	0	2	2	0	0	0	0	0
6. 2018.....	0	0	2	2	0	0	2	2	0	0	0	0	0
7. 2019.....	0	0	3	3	0	0	3	3	0	0	0	0	0
8. 2020.....	0	0	4	4	0	0	3	3	0	0	0	0	0
9. 2021.....	0	0	10	10	0	0	5	5	0	0	0	0	0
10. 2022.....	0	0	22	22	0	0	12	12	0	0	0	0	0
11. 2023	0	0	60	60	0	0	30	30	0	0	0	0	0
12. Totals	0	0	122	122	23	23	60	60	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. 2014.....	156	156	0	16.6	16.6	0.0	0	0	0.0	0	0
3. 2015.....	871	871	0	99.3	99.3	0.0	0	0	0.0	0	0
4. 2016.....	259	259	0	30.1	30.1	0.0	0	0	0.0	0	0
5. 2017.....	172	172	0	21.9	21.9	0.0	0	0	0.0	0	0
6. 2018.....	97	97	0	15.3	15.3	0.0	0	0	0.0	0	0
7. 2019.....	59	59	0	12.5	12.5	0.0	0	0	0.0	0	0
8. 2020.....	593	593	0	134.0	134.0	0.0	0	0	0.0	0	0
9. 2021.....	166	166	0	36.9	36.9	0.0	0	0	0.0	0	0
10. 2022.....	83	83	0	20.5	20.5	0.0	0	0	0.0	0	0
11. 2023	155	155	0	47.9	47.9	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
3. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
4. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
5. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
6. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
7. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
8. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
9. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
10. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
11. 2023.....	0	0	0	0	0	0	0	0	0	0	0	XXX.....
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....1	.....1	.....2	.....2	.....0	.....0	XXX.....
2. 2014.....	.....248	.....248	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2015.....	.....155	.....155	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2016.....	.....130	.....130	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2017.....	.....130	.....130	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2018.....	.....113	.....113	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2019.....	.....99	.....99	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2020.....	.....82	.....82	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2021.....	.....55	.....55	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2022.....	.....40	.....40	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2023.....	.....43	.....43	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals	XXX	XXX	XXX	.....0	.....0	.....1	.....1	.....2	.....2	.....0	.....0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	20	20	0	0	0	0	0	0	2	2	0	0	4
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	1	1	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	2	2	0	0	0	0	0	0	0	0	0
9. 2021.....	0	0	9	9	0	0	0	0	0	0	0	0	0
10. 2022.....	0	0	16	16	0	0	1	1	0	0	0	0	0
11. 2023.....	0	0	29	29	0	0	1	1	0	0	0	0	0
12. Totals	20	20	58	58	0	0	3	3	2	2	0	0	4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	0.....	0.....	0.....	0.1.....	0.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	0.....	0.....	0.....	0.2.....	0.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	0.....	0.....	0.....	0.4.....	0.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	1.....	1.....	0.....	1.4.....	1.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	2.....	2.....	0.....	3.0.....	3.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	9.....	9.....	0.....	17.1.....	17.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	17.....	17.....	0.....	42.1.....	42.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	30.....	30.....	0.....	70.7.....	70.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
2. 2022.....	.....159	.....159	.....0	.....13	.....13	.....0	.....0	.....4	.....4	.....0	.....0	XXX.....
3. 2023	124	124	0	15	15	0	0	2	2	0	0	XXX
4. Totals	XXX	XXX	XXX	29	29	0	0	6	6	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2023	55	55	4	4	0	0	0	0	2	2	0	0	1
4. Totals	55	55	5	5	0	0	0	0	2	2	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior .....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2022.....	17	17	0	10.8	10.8	0.0	0	0	0.0	0	0
3. 2023	80	80	0	64.3	64.3	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  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. 2022.....	21	21	0	0	0	0	0	0	0	0	0	0
3. 2023	11	11	0	0	0	0	0	0	0	0	0	0
4. Totals	XXX	XXX	XXX	(1)	(1)	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior .....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2022.....	0	0	0	0.3	0.3	0.0	0	0	0.0	0	0
3. 2023	0	0	0	3.1	3.1	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2017.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2018.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2019.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2020.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2017.....	0.....	0.....	0.....	0.8.....	0.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	0.....	0.....	0.....	1.6.....	1.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	0.....	0.....	0.....	2.1.....	2.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2020.....	0.....	0.....	0.....	2.6.....	2.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2021.....	0.....	0.....	0.....	6.6.....	6.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2023.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

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

**N O N E**

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

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**N O N E**

Schedule P - Part 2K - Fidelity/Surety

**N O N E**

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

**N O N E**

Schedule P - Part 2M - International

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	29.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	895.....	382.....
3. 2015.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	692.....	306.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	525.....	211.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	688.....	291.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	597.....	266.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	711.....	273.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	496.....	204.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	297.....	97.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	272.....	92.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	259.....	80.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	2.....
3. 2015.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	1.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	3.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	2.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	5.....	0.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	2.....	0.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	1.....	0.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	3.....
3. 2015.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	1.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	4.....	0.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	2.....	1.....
11. 2023.....	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.....	53.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	236.....	254.....
3. 2015.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	148.....	231.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	128.....	40.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	98.....	24.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	56.....	38.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	130.....	45.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	126.....	45.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	86.....	26.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	81.....	41.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	38.....	28.....

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	19.....	13.....
3. 2015.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	20.....	11.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	20.....	14.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	18.....	9.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	13.....	9.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	6.....	7.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	10.....	9.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	7.....	1.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	5.....	3.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	1.....	0.....

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 3G - Special Liability

**N O N E**

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 3I - Special Property

**N O N E**

Schedule P - Part 3J - Auto Physical Damage

**N O N E**

Schedule P - Part 3K - Fidelity/Surety

**N O N E**

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 3M - International

**N O N E**

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 2023 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	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	149	18	8	0	0	0	1	0	2	0
2. 2014.....	814	885	894	895	895	895	895	895	895	895
3. 2015.....	XXX	620	688	691	692	692	692	692	692	692
4. 2016.....	XXX	XXX	455	518	524	525	525	525	525	525
5. 2017.....	XXX	XXX	XXX	585	677	685	687	687	688	688
6. 2018.....	XXX	XXX	XXX	XXX	526	587	595	596	597	597
7. 2019.....	XXX	XXX	XXX	XXX	XXX	598	697	707	711	711
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	422	491	494	496
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232	294	297
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	272
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	259

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	16	10	2	2	2	2	2	2	2	2
2. 2014.....	43	8	1	1	1	0	0	0	0	0
3. 2015.....	XXX	41	5	1	0	0	0	0	0	0
4. 2016.....	XXX	XXX	49	4	1	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	43	11	3	1	1	0	0
6. 2018.....	XXX	XXX	XXX	XXX	26	3	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	61	16	3	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	27	2	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	2	2
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	3
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	148	16	4	0	0	1	1	0	2	0
2. 2014.....	1,197	1,265	1,276	1,277	1,277	1,277	1,277	1,277	1,277	1,277
3. 2015.....	XXX	928	996	998	998	998	998	998	998	998
4. 2016.....	XXX	XXX	676	730	735	736	736	736	736	736
5. 2017.....	XXX	XXX	XXX	877	973	977	978	978	979	979
6. 2018.....	XXX	XXX	XXX	XXX	788	854	861	862	863	863
7. 2019.....	XXX	XXX	XXX	XXX	XXX	896	980	982	984	984
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	622	696	698	700
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	337	393	396
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	317	367
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349

ANNUAL STATEMENT FOR THE YEAR 2023 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	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	2	1	0	0	0	0	0	0	0	0
2. 2014.....	5	5	5	5	5	5	5	5	5	5
3. 2015.....	XXX	1	1	1	1	1	1	1	1	1
4. 2016.....	XXX	XXX	2	3	3	3	3	3	3	3
5. 2017.....	XXX	XXX	XXX	1	2	2	2	2	2	2
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	3	5	5	5
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2	2
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2014.....	1	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	1	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	3	2	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2014.....	7	7	7	7	7	7	7	7	7	7
3. 2015.....	XXX	2	2	2	2	2	2	2	2	2
4. 2016.....	XXX	XXX	6	6	6	6	6	6	6	6
5. 2017.....	XXX	XXX	XXX	3	4	4	4	4	4	4
6. 2018.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2019.....	XXX	XXX	XXX	XXX	XXX	4	5	5	5	5
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2	2
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2023 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	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	2	2	2	2	2	2	2	2	2
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	4
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	1	1	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	2	5	5	5	5	5	5	5	5	5
3. 2015.....	XXX	1	1	1	1	1	1	1	1	1
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2023 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	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	93	27	19	2	2	0	0	2	0	1
2. 2014.....	147	217	233	236	236	236	236	236	236	236
3. 2015.....	XXX	105	136	143	148	148	148	148	148	148
4. 2016.....	XXX	XXX	94	123	128	128	128	128	128	128
5. 2017.....	XXX	XXX	XXX	69	97	98	98	98	98	98
6. 2018.....	XXX	XXX	XXX	XXX	34	54	56	56	56	56
7. 2019.....	XXX	XXX	XXX	XXX	XXX	70	120	129	130	130
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	92	124	126	126
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	84	86
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	81
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	55	32	15	10	8	8	8	6	4	3
2. 2014.....	83	26	4	0	0	0	0	0	0	0
3. 2015.....	XXX	41	14	4	0	0	0	0	0	0
4. 2016.....	XXX	XXX	27	6	2	2	4	2	2	2
5. 2017.....	XXX	XXX	XXX	21	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	17	1	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	50	6	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	31	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	3	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	2
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	61	11	4	(2)	0	0	0	0	0	0
2. 2014.....	423	488	490	490	490	490	490	490	490	490
3. 2015.....	XXX	367	378	378	379	379	379	379	379	379
4. 2016.....	XXX	XXX	149	165	166	166	168	170	170	170
5. 2017.....	XXX	XXX	XXX	108	121	122	122	122	122	122
6. 2018.....	XXX	XXX	XXX	XXX	77	93	94	94	94	94
7. 2019.....	XXX	XXX	XXX	XXX	XXX	147	170	174	175	175
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	155	169	171	171
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	113	113
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	124
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80

ANNUAL STATEMENT FOR THE YEAR 2023 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	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	1	2	0	0	1	0	0	0	0	0
2. 2014.....	16	18	19	19	19	19	19	19	19	19
3. 2015.....	XXX	15	19	19	19	19	20	20	20	20
4. 2016.....	XXX	XXX	12	20	20	20	20	20	20	20
5. 2017.....	XXX	XXX	XXX	12	18	18	18	18	18	18
6. 2018.....	XXX	XXX	XXX	XXX	7	10	13	13	13	13
7. 2019.....	XXX	XXX	XXX	XXX	XXX	4	5	5	6	6
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	7	9	9	10
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	7	7
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	9	6	5	9	9	7	6	2	1	0
2. 2014.....	7	1	0	1	0	0	0	0	0	0
3. 2015.....	XXX	6	2	2	2	2	0	0	0	0
4. 2016.....	XXX	XXX	7	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	4	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	2	1	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	3	1	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	3	2	1	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	6	2	(1)	4	1	(2)	(1)	3	0	0
2. 2014.....	29	31	31	32	32	32	32	32	32	32
3. 2015.....	XXX	27	31	31	31	31	31	31	31	31
4. 2016.....	XXX	XXX	28	33	34	34	34	34	34	34
5. 2017.....	XXX	XXX	XXX	24	27	27	27	27	27	27
6. 2018.....	XXX	XXX	XXX	XXX	17	20	22	22	22	22
7. 2019.....	XXX	XXX	XXX	XXX	XXX	8	9	12	13	13
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	16	19	19	19
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	8	8
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	8
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	0	0	0	0	0	0	0	0	2	4
2. 2014.....	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	0	0	0	0	0	0	0	0	2	2
2. 2014.....	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	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 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	53	53	53	53	53	53	53	53	53	53	0
3. 2015.....	XXX	49	49	49	49	49	49	49	49	49	0
4. 2016.....	XXX	XXX	37	37	37	37	37	37	37	37	0
5. 2017.....	XXX	XXX	XXX	32	32	32	32	32	32	32	0
6. 2018.....	XXX	XXX	XXX	XXX	29	29	29	29	29	29	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	27	27	27	27	27	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	51	51	51	51	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	47	47	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31
13. Earned Premiums (Sch P-Pt. 1)	53	49	37	32	29	27	51	47	31	31	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	53	53	53	53	53	53	53	53	53	53	0
3. 2015.....	XXX	49	49	49	49	49	49	49	49	49	0
4. 2016.....	XXX	XXX	37	37	37	37	37	37	37	37	0
5. 2017.....	XXX	XXX	XXX	32	32	32	32	32	32	32	0
6. 2018.....	XXX	XXX	XXX	XXX	29	29	29	29	29	29	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	27	27	27	27	27	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	51	51	51	51	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	47	47	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31
13. Earned Premiums (Sch P-Pt. 1)	53	49	37	32	29	27	51	47	31	31	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION**

**(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	15	(9)	(1)	0	0	0	0	0	0	0	0
2. 2014.....	4, 111	4, 121	4, 119	4, 119	4, 119	4, 119	4, 119	4, 119	4, 119	4, 119	0
3. 2015.....	XXX	3, 766	3, 795	3, 795	3, 795	3, 795	3, 795	3, 795	3, 795	3, 795	0
4. 2016.....	XXX	XXX	2, 137	2, 137	2, 141	2, 141	2, 141	2, 141	2, 141	2, 141	0
5. 2017.....	XXX	XXX	XXX	1, 316	1, 415	1, 412	1, 412	1, 412	1, 412	1, 412	0
6. 2018.....	XXX	XXX	XXX	XXX	1, 291	1, 338	1, 330	1, 330	1, 330	1, 330	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1, 372	1, 437	1, 430	1, 430	1, 430	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1, 257	1, 228	1, 227	1, 227	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1, 083	1, 161	1, 163	2
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1, 016	1, 092	76
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	734	734
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	813
13. Earned Premiums (Sch P-Pt. 1)	4, 126	3, 767	2, 164	1, 316	1, 393	1, 416	1, 314	1, 047	1, 092	813	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	15	(9)	(1)	0	0	0	0	0	0	0	0
2. 2014.....	4, 111	4, 121	4, 119	4, 119	4, 119	4, 119	4, 119	4, 119	4, 119	4, 119	0
3. 2015.....	XXX	3, 766	3, 795	3, 795	3, 795	3, 795	3, 795	3, 795	3, 795	3, 795	0
4. 2016.....	XXX	XXX	2, 137	2, 137	2, 141	2, 141	2, 141	2, 141	2, 141	2, 141	0
5. 2017.....	XXX	XXX	XXX	1, 316	1, 415	1, 412	1, 412	1, 412	1, 412	1, 412	0
6. 2018.....	XXX	XXX	XXX	XXX	1, 291	1, 338	1, 330	1, 330	1, 330	1, 330	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1, 372	1, 437	1, 430	1, 430	1, 430	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1, 257	1, 228	1, 227	1, 227	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1, 083	1, 161	1, 163	2
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1, 016	1, 092	76
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	734	734
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	813
13. Earned Premiums (Sch P-Pt. 1)	4, 126	3, 767	2, 164	1, 316	1, 393	1, 416	1, 314	1, 047	1, 092	813	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2014.....	942	941	941	941	941	941	941	941	941	941	0
3. 2015.....	XXX	879	879	879	879	879	879	879	879	879	0
4. 2016.....	XXX	XXX	862	862	862	862	862	862	862	862	0
5. 2017.....	XXX	XXX	XXX	788	792	793	793	793	793	793	0
6. 2018.....	XXX	XXX	XXX	XXX	631	621	621	621	621	621	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	482	482	482	482	482	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	441	441	444	444	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	450	459	459	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396	395	(1)
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	324
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	323
13. Earned Premiums (Sch P-Pt. 1)	941	878	862	788	636	472	442	450	407	323	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2014.....	942	941	941	941	941	941	941	941	941	941	0
3. 2015.....	XXX	879	879	879	879	879	879	879	879	879	0
4. 2016.....	XXX	XXX	862	862	862	862	862	862	862	862	0
5. 2017.....	XXX	XXX	XXX	788	792	793	793	793	793	793	0
6. 2018.....	XXX	XXX	XXX	XXX	631	621	621	621	621	621	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	482	482	482	482	482	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	441	441	444	444	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	450	459	459	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396	395	(1)
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	324
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	323
13. Earned Premiums (Sch P-Pt. 1)	941	878	862	788	636	472	442	450	407	323	XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	1	0	0	0	0	0	0	0	0	0	0
2. 2014.....	246	246	246	246	246	246	246	246	246	246	0
3. 2015.....	XXX	155	155	155	155	155	155	155	155	155	0
4. 2016.....	XXX	XXX	130	130	130	130	130	130	130	130	0
5. 2017.....	XXX	XXX	XXX	130	131	131	131	131	131	131	0
6. 2018.....	XXX	XXX	XXX	XXX	112	112	112	112	112	112	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	99	98	98	98	98	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	83	84	84	84	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	40	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	43
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43
13. Earned Premiums (Sch P-Pt. 1)	248	155	130	130	113	99	82	55	40	43	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	1	0	0	0	0	0	0	0	0	0	0
2. 2014.....	246	246	246	246	246	246	246	246	246	246	0
3. 2015.....	XXX	155	155	155	155	155	155	155	155	155	0
4. 2016.....	XXX	XXX	130	130	130	130	130	130	130	130	0
5. 2017.....	XXX	XXX	XXX	130	131	131	131	131	131	131	0
6. 2018.....	XXX	XXX	XXX	XXX	112	112	112	112	112	112	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	99	98	98	98	98	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	83	84	84	84	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	40	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	43
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43
13. Earned Premiums (Sch P-Pt. 1)	248	155	130	130	113	99	82	55	40	43	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6M - INTERNATIONAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	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 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	2	0	0	0	0	0	0	0	0	0	0
2. 2014.....	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	1	1	1	1	1	1	1	0
6. 2018.....	XXX	XXX	XXX	XXX	3	3	3	3	3	3	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	1	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2023.....	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	1	3	1	1	0	0	0	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	2	0	0	0	0	0	0	0	0	0	0
2. 2014.....	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	0
3. 2015.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	1	1	1	1	1	1	1	0
6. 2018.....	XXX	XXX	XXX	XXX	3	3	3	3	3	3	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	1	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2023.....	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	1	3	1	1	0	0	0	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**



SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? .....\$ .....0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....	0	0
1.602	2014 .....	0	0
1.603	2015 .....	0	0
1.604	2016 .....	0	0
1.605	2017 .....	0	0
1.606	2018 .....	0	0
1.607	2019 .....	0	0
1.608	2020.....	0	0
1.609	2021.....	0	0
1.610	2022.....	0	0
1.611	2023.....	0	0
1.612	Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other” ) reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]  
  
If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:  
(in thousands of dollars)  

5.1 Fidelity .....0

5.2 Surety .....0
6. Claim count information is reported per claim or per claimant (Indicate which) .....per claimant.....  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.)  
Larger than expected catastrophes were experienced during accident year 2023. ....

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

Allocated by States and Territories

			Direct Business Only			
			1	2	3	4
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)
			5			6
			Deposit-Type Contracts			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 2023 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? (Yes/No)	*
0088	The Hanover Insurance Group	12833	80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12833	84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10212	20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41840	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12260	54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	31534	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10714	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10176	36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10395	38-3167100				Citizens Insurance Company of Ohio	OH	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22306	27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41602	98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	YES	
0088	The Hanover Insurance Group	22292	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	13147	04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		NO	
0088	The Hanover Insurance Group		74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	

Asterisk	

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	425,147,018
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	5,000,000	0	0	0	0		0	5,000,000	258,181,555
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	14,998,909	0	0	0	(56,932,891)		0	(41,933,982)	1,062,155,403
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(350,000)	0	0	0	0	0		0	(350,000)	4,670,758
31534	38-0421730	Citizens Insurance Co. of America	(10,000,000)	0	(9,883,036)	0	164,577,949	(118,012,219)		0	26,682,694	(385,345,954)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	2,000,000	0	0	0	0		0	2,000,000	62,176,786
10176	38-3167100	Citizens Insurance Co. of Ohio	(1,000,000)	0	0	0	0	0		0	(1,000,000)	8,553,921
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	16,000,000	0	0	0	0		0	16,000,000	1,356,711,618
36064	04-3063898	The Hanover American Insurance Co.	0	0	0	0	0	(70,501,795)		0	(70,501,795)	530,576,585
	98-1300399	The Hanover Atlantic Insurance Company	0	0	0	0	0	0		0	0	132,647,091
22292	13-5129825	The Hanover Insurance Company	(87,150,000)	(35,998,909)	(88,738,500)	0	(112,479,809)	414,427,742		(125,000,000)	(34,939,476)	(5,303,660,199)
41602	75-1827351	The Hanover Casualty Company	(800,000)	0	0	0	0	0		0	(800,000)	99,680,531
22306	04-2217600	Massachusetts Bay Insurance Company	0	0	0	0	0	(109,917,674)		0	(109,917,674)	1,044,382,452
42552	16-1140177	NOVA Casualty Co.	0	0	0	0	0	0		0	0	590,645,246
	04-3263626	The Hanover Insurance Group, Inc.	100,000,000	0	98,621,536	0	(52,098,140)	0		125,000,000	271,523,396	0
13147	74-3242673	The Hanover National Insurance Company	(200,000)	0	0	0	0	0		0	(200,000)	0
10815	52-0903682	Verlan Fire Insurance Co.	(500,000)	0	0	0	0	(59,063,163)		0	(59,563,163)	113,477,189
	04-2854021	Opus Investment Management, Inc.	0	(2,000,000)	0	0	0	0		0	(2,000,000)	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)		U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party			
AIX Specialty Insurance Insurance Company .....	NOVA Casualty Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Allmerica Financial Allicance Insurance Co. ....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Allmerican Financial Benefit Insurance Co. ....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Campmed Causalty & Indemnity Co. Inc. ....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Citizens Insurance Company of America .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Citizens Insurance Company of Illinois .....	Opus Investment Management, Inc. ....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Citizens Insurance Company of Ohio .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Citizens Insurance Company of the Midwest .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Massachusetts Bay Insurance Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
NOVA Casualty Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
The Hanover American Insurance Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
The Hanover Atlantic Insurance Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
The Hanover Casualty Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
The Hanover Insurance Company .....	Opus Investment Management, Inc. ....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
The Hanover National Insurance Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
Verlan Fire Insurance Company .....	The Hanover Insurance Company .....	100.000	..... NO.....	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	..... NO.....
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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1? .....	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6.	Will Management’s Discussion and Analysis be filed by April 1? .....	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1? .....	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

SUPPLEMENTAL FILINGS

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		
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? ...	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	YES
24.	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
25.	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
26.	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
27.	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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1? .....	YES
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING		
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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 Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
AUGUST FILING		
38.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:		
11.		
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Bar Codes:

11.	SIS Stockholder Information Supplement [Document Identifier 420]	
12.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	
13.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
14.	Supplement A to Schedule T [Document Identifier 455]	
15.	Trusteed Surplus Statement [Document Identifier 490]	
16.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 1 7 6 2 0 2 3 4 0 1 0 0 0 0 0
18.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 1 7 6 2 0 2 3 3 6 5 0 0 0 0 0
20.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 1 7 6 2 0 2 3 3 9 9 0 0 0 0 0
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 1 7 6 2 0 2 3 4 0 0 0 0 0 0 0
22.	Bail Bond Supplement [Document Identifier 500]	 1 0 1 7 6 2 0 2 3 5 0 0 0 0 0 0 0
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 1 7 6 2 0 2 3 2 2 4 0 0 0 0 0
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 1 7 6 2 0 2 3 2 2 5 0 0 0 0 0
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 1 7 6 2 0 2 3 2 2 6 0 0 0 0 0
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 0 1 7 6 2 0 2 3 5 5 5 0 0 0 0 0
30.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 1 7 6 2 0 2 3 2 3 0 0 0 0 0 0
31.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 1 7 6 2 0 2 3 3 0 6 0 0 0 0 0
32.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 0 1 7 6 2 0 2 3 2 1 0 0 0 0 0 0
33.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 1 0 1 7 6 2 0 2 3 2 1 6 0 0 0 0 0
35.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	 1 0 1 7 6 2 0 2 3 2 9 0 0 0 0 0 0
36.	Private Flood Insurance Supplement [Document Identifier 560]	 1 0 1 7 6 2 0 2 3 5 6 0 0 0 0 0 0
37.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	 1 0 1 7 6 2 0 2 3 5 6 5 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**





SUPPLEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

NAIC Group Code0088NAIC Company Code10176

Company NameCITIZENS INSURANCE COMPANY OF OHIO

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [ X ] No [ ]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [ X ] No [ ]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:\$ 261

2.32 Amount estimated using reasonable assumptions:\$ 0

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$ 0	\$ 0	\$ 0	\$ 0	100.0 %	0.0 %



SUPPLEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS**

**AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES**

(To Be Filed by March 1)

NAIC Group Code0088

NAIC Company Code10176

	Direct Business Only			
	Prior Year	Current Year		
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations .....	0	0	0	0
2. Errors & omissions (E&O) .....	0	0	0	0
3. Directors & officers (D&O) .....	0	0	0	0
4. Environmental liability .....	0	0	0	0
5. Excess workers' compensation .....	0	0	0	0
6. Commercial excess & umbrella .....	24,524	51,439	0	20,004
7. Personal umbrella .....	10,183	(152)	0	0
8. Employment liability .....	0	0	0	0
9. Aggregate write-ins for facilities & premises (CGL) .....	(1,505)	0	0	0
10. Internet & cyber liability .....	0	0	0	0
11. Aggregate write-ins for other .....	0	16	0	0
12. Total ASL 17 - other liability (sum of Lines 1 through 11)	33,202	51,303	0	20,004
DETAILS OF WRITE-INS				
0901. Aggregate of facilities & premises (CGL) lines of business less than 10% category .....	(1,505)	0	0	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	(1,505)	0	0	0
1101. Aggregate of facilities & premises (CGL) lines of business less than 10% category .....	0	16	0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	16	0	0



SUPPLEMENT FOR THE YEAR 2023 OF THE CITIZENS INSURANCE COMPANY OF OHIO

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF:**

NAIC Group Code      0088

NAIC Company Code      10176

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	
2. Health .....	
3. Homeowners .....	
4. Individual Annuity .....	
5. Individual Life .....	
6. Lender-Placed Home and Auto .....	
7. Long-Term Care .....	
8. Other Health .....	
9. Private Flood .....	
10. Private Passenger Auto .....	
11. Short-Term Limited Duration Health Plans .....	
12. Travel	