



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

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

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

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

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

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

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

Primary Location of Books and Records 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002, 508-853-7200-8557928
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____ **WWW.HANOVER.COM**

Statutory Statement Contact Dennis M. Hazelwood, 508-853-7200-8557928
(Name) (Area Code) (Telephone Number)
DHAZELWOOD@HANOVER.COM, 508-853-6332
(E-mail Address) (FAX Number)

OFFICERS

President John Conner Roche Vice President & Treasurer Nathaniel William Clarkin
Senior Vice President & Secretary Charles Frederick Cronin

OTHER
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

DIRECTORS OR TRUSTEES

Warren Ellison Barnes	Jeffrey Mark Farber	Lindsay France Greenfield
Dennis Francis Kerrigan Jr.	Willard Ty-Lunn Lee	David John Lovely
Denise Maureen Lowsley	John Conner Roche	Bryan James Salvatore

State of Massachusetts _____ SS _____
County of Worcester

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


John Conner Roche
President

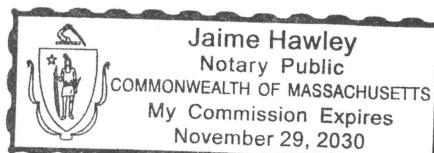
Charles Frederick Cronin
Senior Vice President & Secretary

Nathaniel William Clarkin
Vice President & Treasurer

Subscribed and sworn to before me this
4th day of February, 2025

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

Jaime L. Hawley
Notary
November 29, 2030





ANNUAL STATEMENT FOR THE YEAR 2024 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 2024								NAIC Company Code	10176		
				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 Direct Premiums Written	2 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
Line of Business															
1. Fire	0	0	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	0	0	
2.2 Multiple Peril Crop	0	0	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	0	0	
2.4 Private Crop	0	0	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	0	0	
3. Farmersowners Multiple Peril	0	0	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	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	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	0	0	
6. Mortgage Guaranty	0	0	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	0	0	
9.1 Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.2 Pet Insurance Plans	0	0	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	0	0	
11.1 Medical Professional Liability - Occurrence	0	0	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	0	0	
12. Earthquake	0	0	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	0	0	
13.2 Comprehensive (hospital and medical) group (b)	0	0	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	0	0	
15.1 Vision Only (b)	0	0	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	0	0	
15.3 Disability Income (b)	0	0	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	0	0	
15.5 Medicaid Title XIX (b)	0	0	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	0	0	
15.7 Long-Term Care (b)	0	0	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	0	0	
15.9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation	409,175	444,298	0	120,880	420,785	(92,557)	3,486,582	14,124	3,717	96,299	33,990	33,110			
17.1 Other Liability - Occurrence	0	0	0	(1,151)	19,230	9,346	12,936	12,861	12,848	(23)	0	0	0	0	
17.2 Other Liability - Claims-Made	0	0	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	0	0	
18.1 Products Liability - Occurrence	0	0	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	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	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	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	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	0	0	
21.1 Private Passenger Auto Physical Damage	0	0	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	0	0	
22. Aircraft (all perils)	0	0	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	0	0	
24. Surety	0	0	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	0	0	
27. Boiler and Machinery	0	0	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	0	0	
29. International	0	0	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	0	0	
31. Reins nonproportional assumed property	XXX	XXX	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	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	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	0	0	
35. Total (a)	409,175	444,298	0	119,729	440,015	(83,211)	3,499,518	26,985	16,565	96,276	33,990	33,110			
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	0	0	
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,279

(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 2024 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 2024								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. Farmersowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril	(19,033)	865,898	0	0	1,434,282	117,735	1,021,443	43,181	3,130	23,227	(2,000)	7)	
5.1 Commercial Multiple Peril (Non-Liability Portion)	206,338	216,679	0	112,076	4,800	2,755	39,090	488	578	3,908	31,298	16,606	
5.2 Commercial Multiple Peril (Liability Portion)	64,093	77,597	0	26,856	0	4,941	85,987	(421)	(23,093)	55,941	10,664	5,171	
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	
9.1 Inland Marine	(341)	16,540	0	0	6,988	(51,887)	286	1,175	.852	68	(44)	0	
9.2 Pet Insurance Plans	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	1,269	6,405	0	.927	0	(815)	.75	0	(63)	29	193	.103	
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	28,197	39,229	0	15,780	0	535,607	591,071	0	199,794	.202,491	4,255	2,280	
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	(53)	8	0	(50)	8	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	(162)	(1,416)	.761	0	(310)	.296	108	
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	32,685	32,685	0	0	0	0	(1,155)	.9,506	0	(317)	.5,079	.6,185	
21.1 Private Passenger Auto Physical Damage	0	0	0	0	0	(600)	(650)	(5)	0	(4)	1	0	
21.2 Commercial Auto Physical Damage	7,883	7,883	0	0	0	(89)	.234	0	(7)	17	1,572	.637	
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)	321,091	1,262,916	0	157,639	1,445,308	604,973	1,748,456	44,423	180,510	291,065	52,231	27,433	
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	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 3,006

(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 2024 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	3	4	5	6	7	8	9	10	NAIC Company Code	10176	
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		1	2	3	4	5	6	7	8	9	10	
		Line of Business		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	11	12
1. Fire	0	0	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	0	0
2.2 Multiple Peril Crop	0	0	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	0	0
2.4. Private Crop	0	0	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	0	0
3. Farmers Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril	(19,033)	865,898	0	0	0	1,434,282	117,735	1,021,443	43,181	3,130	23,227	(2,000)	17	0
5.1 Commercial Multiple Peril (Non-Liability Portion)	206,338	216,679	0	0	0	112,076	4,800	2,755	39,090	488	578	3,908	31,298	16,606
5.2 Commercial Multiple Peril (Liability Portion)	64,093	77,597	0	0	0	26,856	0	4,941	85,987	(421)	(23,093)	55,941	10,664	5,171
6. Mortgage Guaranty	0	0	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	0	0
9.1 Inland Marine	(341)	16,540	0	0	0	0	6,988	(51,887)	286	1,175	.852	68	(44)	0
9.2 Pet Insurance Plans	0	0	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	0	0
11.1 Medical Professional Liability - Occurrence	0	0	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	0	0
12. Earthquake	1,269	6,405	0	0	.927	0	0	(815)	75	0	(63)	29	193	.103
13.1 Comprehensive (hospital and medical) Ind (b)	0	0	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	0	0
14. Credit A&H (Group and Individual)	0	0	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	0	0
15.2 Dental Only (b)	0	0	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	0	0
15.4 Medicare Supplement (b)	0	0	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	0	0
15.6 Medicare Title XVIII (b)	0	0	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	0	0
15.8 Federal Employees Health Benefits Plan (b)	0	0	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	0	0
16. Workers' Compensation	409,175	444,298	0	0	120,880	420,785	(92,557)	3,486,582	14,124	3,717	96,299	33,990	33,110	
17.1 Other Liability - Occurrence	28,197	39,229	0	0	14,629	19,230	544,953	604,007	12,861	212,642	202,468	4,255	2,280	
17.2 Other Liability - Claims-Made	0	0	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	0	0
18.1 Products Liability - Occurrence	0	0	0	0	0	0	0	(53)	8	0	(50)	8	0	0
18.2 Products Liability - Claims-Made	0	0	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	0	0
19.2 Other Private Passenger Auto Liability	0	0	0	0	0	0	(162)	(1,416)	.761	0	(310)	.296	108	0
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability	32,685	32,685	0	0	0	0	0	(1,155)	.9,506	0	(317)	5,079	6,185	2,643
21.1 Private Passenger Auto Physical Damage	0	0	0	0	0	0	(600)	(650)	(5)	0	(4)	1	0	0
21.2 Commercial Auto Physical Damage	7,883	7,883	0	0	0	0	0	(89)	.234	0	(7)	17	1,572	.637
22. Aircraft (all perils)	0	0	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	0	0
24. Surety	0	0	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	0	0
27. Boiler and Machinery	0	0	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	0	0
29. International	0	0	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	0	0
31. Reins nonproportional assumed property	XXX	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	XXX	
33. Reins nonproportional assumed financial lines	XXX	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	0	0
35. Total (a)	730,266	1,707,214	0	277,368	1,885,323	521,762	5,247,974	71,408	197,075	387,341	86,221	60,543		
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	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$5,285

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
0499999. Total - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates					0	0	0	0	0	0	0	0	0	0
AA-9992114 . 00000 . MICHIGAN WC PLACEMENT FACILITY	MI			7	0	235	235	0	0	8	0	0	0	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				7	0	235	235	0	0	8	0	0	0	0
1299999. Total - Pools and Associations				7	0	235	235	0	0	8	0	0	0	0
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9999999 Totals				7	0	235	235	0	0	8	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									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		737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	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					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	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)					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	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					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0

ANNUAL STATEMENT FOR THE YEAR 2024 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										36 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)		
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	
38-0421730 ..	CITIZENS INS CO OF AMERICA	0	0	0	0	0	0	0	6,256	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	6,256	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	6,256	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates		0	0	XXX	0	0	6,256	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	0	6,256	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	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	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	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	6,256	0	0	0	0	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	XXX	XXX	XXX	XXX	
9999999 Totals		0	0	XXX	0	0	6,256	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						43	44	45	46	47	48	49	50	51	52	53												
		Overdue																												
		37	38	39	40	41	42																							
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41		Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43-44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50												
38-0421730 ..	CITIZENS INS CO OF AMERICA	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	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	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	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	XXX	0											
0899999. Total Authorized - Affiliates		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	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	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	XXX	0											
2299999. Total Unauthorized - Affiliates		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	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	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	XXX	0											
3699999. Total Certified - Affiliates		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	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	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	XXX	0											
5099999. Total Reciprocal Jurisdiction - Affiliates		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	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	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	XXX	0											
9999999 Totals		0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	XXX	0											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
38-0421730 ..	CITIZENS INS CO OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0499999. Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0899999. Total Authorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2299999. Total Unauthorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0			
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0			
3699999. Total Certified - Affiliates		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	0	0	0	0	XXX	XXX	0	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	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	XXX	XXX			
5099999. Total Reciprocal Jurisdiction - Affiliates		XXX	XXX	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	XXX	XXX			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0			
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0			
9999999 Totals		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0			

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				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	0	XXX	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	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	0	XXX	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	0	XXX	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	0	XXX	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	XXX	XXX	0	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	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	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 4

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.		.000	.0
2.		.000	.0
3.		.000	.0
4.		.000	.0
5.		.000	.0

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	CITIZENS INS CO OF AMERICA	6,256	.737	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
7.		0	.0	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
8.		0	.0	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
9.		0	.0	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
10.		0	.0	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	8,475,757	0	8,475,757
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	73,077	0	73,077
6. Net amount recoverable from reinsurers	0	6,256,000	6,256,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	8,548,834	6,256,000	14,804,834
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	5,971,000	5,971,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	0	0	0
11. Unearned premiums (Line 9)	0	285,000	285,000
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	802	0	802
19. Total liabilities excluding protected cell business (Line 26)	802	6,256,000	6,256,802
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	8,548,032	XXX	8,548,032
22. Totals (Line 38)	8,548,834	6,256,000	14,804,834

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

Yes [] No []

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

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments									12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)			
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded					
1. Prior.....	XXX.....	XXX.....	XXX.....	(1).....	(1).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2015.....	10,669.....	10,669.....	0.....	4,221.....	4,221.....	57.....	57.....	722.....	722.....	0.....	0.....	0.....	0.....	998.....
3. 2016.....	9,931.....	9,931.....	0.....	4,141.....	4,141.....	91.....	91.....	550.....	550.....	0.....	0.....	0.....	0.....	736.....
4. 2017.....	10,229.....	10,229.....	0.....	5,081.....	5,081.....	83.....	83.....	718.....	718.....	0.....	0.....	0.....	0.....	979.....
5. 2018.....	10,865.....	10,865.....	0.....	4,808.....	4,808.....	39.....	39.....	639.....	639.....	0.....	0.....	0.....	0.....	863.....
6. 2019.....	10,177.....	10,177.....	0.....	7,724.....	7,724.....	117.....	117.....	707.....	707.....	0.....	0.....	0.....	0.....	986.....
7. 2020.....	8,389.....	8,389.....	0.....	4,340.....	4,340.....	42.....	42.....	568.....	568.....	0.....	0.....	0.....	0.....	700.....
8. 2021.....	6,711.....	6,711.....	0.....	3,200.....	3,200.....	38.....	38.....	340.....	340.....	0.....	0.....	0.....	0.....	396.....
9. 2022.....	5,190.....	5,190.....	0.....	2,700.....	2,700.....	36.....	36.....	359.....	359.....	0.....	0.....	0.....	0.....	372.....
10. 2023.....	4,380.....	4,380.....	0.....	3,841.....	3,841.....	45.....	45.....	343.....	343.....	0.....	0.....	0.....	0.....	382.....
11. 2024	866	866	0	522	522	18	18	70	70	0	0	0	0	46
12. Totals	XXX	XXX	XXX	40,577	40,577	567	567	5,015	5,015	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	40.....	40.....	0.....	0.....	0.....	0.....	0.....	0.....	4.....	4.....	0.....	0.....	0.....	2.....		
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		
6. 2019.....	0.....	0.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		
7. 2020.....	0.....	0.....	6.....	6.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		
8. 2021.....	275.....	275.....	11.....	11.....	1.....	1.....	1.....	1.....	4.....	4.....	0.....	0.....	0.....	2.....		
9. 2022.....	0.....	0.....	14.....	14.....	0.....	0.....	2.....	2.....	0.....	0.....	0.....	0.....	0.....	0.....		
10. 2023.....	162.....	162.....	37.....	37.....	0.....	0.....	4.....	4.....	5.....	5.....	0.....	0.....	0.....	3.....		
11. 2024	0	0	471	471	0	0	14	14	0	0	0	0	0	0		
12. Totals	477	477	545	545	1	1	23	23	13	13	0	0	0	7		

	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. 2015.....	5,000.....	5,000.....	0.....	46.9.....	46.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	4,782.....	4,782.....	0.....	48.2.....	48.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	5,881.....	5,881.....	0.....	57.5.....	57.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	5,486.....	5,486.....	0.....	50.5.....	50.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	8,552.....	8,552.....	0.....	84.0.....	84.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	4,957.....	4,957.....	0.....	59.1.....	59.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	3,870.....	3,870.....	0.....	57.7.....	57.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	3,112.....	3,112.....	0.....	60.0.....	60.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	4,437.....	4,437.....	0.....	101.3.....	101.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024	1,095	1,095	0	126.5	126.5	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....	
2. 2015.....	52	52	0	1	1	0	0	1	1	0	0	2	
3. 2016.....	41	41	0	4	4	0	0	3	3	0	0	6	
4. 2017.....	32	32	0	20	20	0	0	3	3	0	0	4	
5. 2018.....	27	27	0	0	0	0	0	2	2	0	0	2	
6. 2019.....	22	22	0	42	42	0	0	4	4	0	0	5	
7. 2020.....	17	17	0	5	5	0	0	2	2	0	0	2	
8. 2021.....	14	14	0	1	1	0	0	1	1	0	0	1	
9. 2022.....	10	10	0	0	0	0	0	0	0	0	0	0	
10. 2023.....	2	2	0	0	0	0	0	0	0	0	0	0	
11. 2024	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	73	73	0	0	18	18	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	1	1	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2015.....	3	3	0	5.1	5.1	0.0	0	0	0.0	0	0
3. 2016.....	7	7	0	17.2	17.2	0.0	0	0	0.0	0	0
4. 2017.....	23	23	0	71.2	71.2	0.0	0	0	0.0	0	0
5. 2018.....	2	2	0	5.9	5.9	0.0	0	0	0.0	0	0
6. 2019.....	46	46	0	211.6	211.6	0.0	0	0	0.0	0	0
7. 2020.....	8	8	0	45.1	45.1	0.0	0	0	0.0	0	0
8. 2021.....	3	3	0	18.9	18.9	0.0	0	0	0.0	0	0
9. 2022.....	0	0	0	1.1	1.1	0.0	0	0	0.0	0	0
10. 2023.....	0	0	0	15.2	15.2	0.0	0	0	0.0	0	0
11. 2024	1	1	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....	
2. 2015.....	49	49	0	0	0	0	0	4	4	0	0	1	
3. 2016.....	37	37	0	0	0	0	0	0	0	0	0	0	
4. 2017.....	32	32	0	0	0	0	0	0	0	0	0	0	
5. 2018.....	29	29	0	0	0	0	0	0	0	0	0	0	
6. 2019.....	27	27	0	0	0	0	0	0	0	0	0	0	
7. 2020.....	51	51	0	0	0	0	0	3	3	0	0	1	
8. 2021.....	47	47	0	62	62	2	2	4	4	0	0	4	
9. 2022.....	31	31	0	.5	.5	0	0	4	4	0	0	3	
10. 2023.....	31	31	0	0	0	0	0	0	0	0	0	0	
11. 2024	33	33	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	66	66	2	2	15	15	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	1	1	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2022.....	0	0	1	1	0	0	1	1	0	0	0	0	0
10. 2023.....	0	0	2	2	0	0	1	1	0	0	0	0	0
11. 2024	0	0	3	3	0	0	2	2	0	0	0	0	0
12. Totals	0	0	10	10	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2015.....	4	4	0	8.1	8.1	0.0	0	0	0.0	0	0
3. 2016.....	0	0	0	0.2	0.2	0.0	0	0	0.0	0	0
4. 2017.....	0	0	0	0.3	0.3	0.0	0	0	0.0	0	0
5. 2018.....	0	0	0	0.6	0.6	0.0	0	0	0.0	0	0
6. 2019.....	1	1	0	2.5	2.5	0.0	0	0	0.0	0	0
7. 2020.....	4	4	0	7.7	7.7	0.0	0	0	0.0	0	0
8. 2021.....	70	70	0	147.1	147.1	0.0	0	0	0.0	0	0
9. 2022.....	10	10	0	32.7	32.7	0.0	0	0	0.0	0	0
10. 2023.....	3	3	0	8.3	8.3	0.0	0	0	0.0	0	0
11. 2024	5	5	0	15.5	15.5	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	20	20	0	0	1	1	0	0	XXX.....	
2. 2015.....	3,767	3,767	0	1,443	1,443	60	60	397	397	0	0	379	
3. 2016.....	2,164	2,164	0	2,789	2,789	113	113	190	190	0	0	170	
4. 2017.....	1,316	1,316	0	265	265	14	14	91	91	0	0	122	
5. 2018.....	1,393	1,393	0	161	161	7	7	70	70	0	0	94	
6. 2019.....	1,416	1,416	0	417	417	26	26	152	152	0	0	175	
7. 2020.....	1,314	1,314	0	269	269	9	9	177	177	0	0	171	
8. 2021.....	1,047	1,047	0	214	214	8	8	121	121	0	0	113	
9. 2022.....	1,092	1,092	0	487	487	14	14	113	113	0	0	124	
10. 2023.....	.813	.813	0	.155	.155	11	11	110	110	0	0	.86	
11. 2024	461	461	0	38	38	1	1	34	34	0	0	24	
12. Totals	XXX	XXX	XXX	6,258	6,258	264	264	1,454	1,454	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	338	338	440	440	5	5	32	32	3	3	0	0	5			
2. 2015.....	18	18	37	37	0	0	3	3	0	0	0	0	0			
3. 2016.....	2,351	2,351	34	34	0	0	2	2	1	1	0	0	2			
4. 2017.....	5	5	17	17	0	0	2	2	0	0	0	0	0			
5. 2018.....	11	11	44	44	0	0	4	4	0	0	0	0	0			
6. 2019.....	3	3	22	22	0	0	4	4	0	0	0	0	0			
7. 2020.....	19	19	22	22	0	0	4	4	0	0	0	0	0			
8. 2021.....	7	7	19	19	0	0	5	5	0	0	0	0	0			
9. 2022.....	8	8	30	30	0	0	7	7	0	0	0	0	0			
10. 2023.....	114	114	57	57	9	9	7	7	2	2	0	0	4			
11. 2024	87	87	117	117	0	0	12	12	3	3	0	0	5			
12. Totals	2,960	2,960	839	839	14	14	83	83	8	8	0	0	16			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2015.....	1,957	1,957	0	52.0	52.0	0.0	0	0	0.0	0	0
3. 2016.....	5,480	5,480	0	253.3	253.3	0.0	0	0	0.0	0	0
4. 2017.....	394	394	0	29.9	29.9	0.0	0	0	0.0	0	0
5. 2018.....	296	296	0	21.2	21.2	0.0	0	0	0.0	0	0
6. 2019.....	624	624	0	44.1	44.1	0.0	0	0	0.0	0	0
7. 2020.....	500	500	0	38.1	38.1	0.0	0	0	0.0	0	0
8. 2021.....	374	374	0	35.7	35.7	0.0	0	0	0.0	0	0
9. 2022.....	659	659	0	60.3	60.3	0.0	0	0	0.0	0	0
10. 2023.....	465	465	0	57.2	57.2	0.0	0	0	0.0	0	0
11. 2024	291	291	0	63.1	63.1	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	
2. 2015.....	878.....	878.....	0.....	.466.....	.466.....	.367.....	.367.....	.36.....	.36.....	0.....	0.....	31.....	
3. 2016.....	862.....	862.....	0.....	.212.....	.212.....	.2.....	.2.....	.43.....	.43.....	0.....	0.....	34.....	
4. 2017.....	788.....	788.....	0.....	.128.....	.128.....	.1.....	.1.....	.40.....	.40.....	0.....	0.....	27.....	
5. 2018.....	636.....	636.....	0.....	.52.....	.52.....	.11.....	.11.....	.30.....	.30.....	0.....	0.....	22.....	
6. 2019.....	472.....	472.....	0.....	.24.....	.24.....	.10.....	.10.....	.20.....	.20.....	0.....	0.....	13.....	
7. 2020.....	442.....	442.....	0.....	.517.....	.517.....	.37.....	.37.....	.31.....	.31.....	0.....	0.....	19.....	
8. 2021.....	450.....	450.....	0.....	.136.....	.136.....	0.....	0.....	.17.....	.17.....	0.....	0.....	9.....	
9. 2022.....	407.....	407.....	0.....	.34.....	.34.....	0.....	0.....	.15.....	.15.....	0.....	0.....	8.....	
10. 2023.....	323.....	323.....	0.....	.58.....	.58.....	.1.....	.1.....	.5.....	.5.....	0.....	0.....	1.....	
11. 2024.....	294.....	294.....	0.....	.5.....	.5.....	0.....	0.....	.3.....	.3.....	0.....	0.....	1.....	
12. Totals	XXX	XXX	XXX	1,632	1,632	431	431	240	240	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	0.....	0.....	12.....	12.....	12.....	12.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
2. 2015.....	0.....	0.....	1.....	1.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....			
3. 2016.....	0.....	0.....	1.....	1.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....			
4. 2017.....	0.....	0.....	2.....	2.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....			
5. 2018.....	0.....	0.....	2.....	2.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....			
6. 2019.....	0.....	0.....	3.....	3.....	0.....	0.....	2.....	2.....	0.....	0.....	0.....	0.....	0.....			
7. 2020.....	0.....	0.....	3.....	3.....	0.....	0.....	2.....	2.....	0.....	0.....	0.....	0.....	0.....			
8. 2021.....	0.....	0.....	6.....	6.....	0.....	0.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....			
9. 2022.....	0.....	0.....	14.....	14.....	0.....	0.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....			
10. 2023.....	0.....	0.....	23.....	23.....	0.....	0.....	9.....	9.....	0.....	0.....	0.....	0.....	0.....			
11. 2024.....	0.....	0.....	57.....	57.....	0.....	0.....	23.....	23.....	0.....	0.....	0.....	0.....	0.....			
12. Totals	0	0	125	125	12	12	48	48	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	871.....	871.....	0.....	.99.2.....	.99.2.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	259.....	259.....	0.....	.30.1.....	.30.1.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	172.....	172.....	0.....	.21.8.....	.21.8.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	96.....	96.....	0.....	.15.1.....	.15.1.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	58.....	58.....	0.....	.12.2.....	.12.2.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	591.....	591.....	0.....	.133.6.....	.133.6.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	161.....	161.....	0.....	.35.8.....	.35.8.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	69.....	69.....	0.....	.17.0.....	.17.0.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	97.....	97.....	0.....	.30.1.....	.30.1.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	89.....	89.....	0.....	.30.1.....	.30.1.....	.00.....	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX	
3. 2016	0	0	0	0	0	0	0	0	0	0	0	XXX	
4. 2017	0	0	0	0	0	0	0	0	0	0	0	XXX	
5. 2018	0	0	0	0	0	0	0	0	0	0	0	XXX	
6. 2019	0	0	0	0	0	0	0	0	0	0	0	XXX	
7. 2020	0	0	0	0	0	0	0	0	0	0	0	XXX	
8. 2021	0	0	0	0	0	0	0	0	0	0	0	XXX	
9. 2022	0	0	0	0	0	0	0	0	0	0	0	XXX	
10. 2023	0	0	0	0	0	0	0	0	0	0	0	XXX	
11. 2024	0	0	0	0	0	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2024	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2022	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2023	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2024	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	19.....	19.....	13.....	13.....	10.....	10.....	0.....	0.....	XXX.....	
2. 2015.....	155.....	155.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
3. 2016.....	130.....	130.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
4. 2017.....	130.....	130.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
5. 2018.....	113.....	113.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
6. 2019.....	99.....	99.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
7. 2020.....	82.....	82.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
8. 2021.....	55.....	55.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
9. 2022.....	40.....	40.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
10. 2023.....	43.....	43.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
11. 2024.....	39.....	39.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
12. Totals	XXX	XXX	XXX	19	19	13	13	10	10	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	530.....	530.....	0.....	0.....	200.....	200.....	0.....	0.....	3.....	3.....	0.....	0.....	5.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	0.....	0.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	18.....	18.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	21.....	21.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....
11. 2024.....	0.....	0.....	25.....	25.....	0.....	0.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....
12. Totals	530	530	74	74	200	200	3	3	3	3	0	0	5

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.1.....	0.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.3.....	0.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	1.....	1.....	0.....	1.3.....	1.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	3.....	3.....	0.....	3.7.....	3.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	6.....	6.....	0.....	10.4.....	10.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	18.....	18.....	0.....	45.5.....	45.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	22.....	22.....	0.....	50.9.....	50.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	27.....	27.....	0.....	67.8.....	67.8.....	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
7. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
11. 2024.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
3. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
4. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
5. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
6. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
7. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
8. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
9. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
10. 2023.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.0.....	0.0.....
11. 2024.....	0.....	0.....	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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2015	281	281	0	70	70	0	0	9	9	0	0	XXX	
3. 2016	265	265	0	101	101	0	0	16	16	0	0	XXX	
4. 2017	275	275	0	71	71	0	0	12	12	0	0	XXX	
5. 2018	303	303	0	82	82	0	0	16	16	0	0	XXX	
6. 2019	294	294	0	177	177	0	0	14	14	0	0	XXX	
7. 2020	236	236	0	20	20	0	0	6	6	0	0	XXX	
8. 2021	197	197	0	19	19	0	0	4	4	0	0	XXX	
9. 2022	159	159	0	13	13	0	0	4	4	0	0	XXX	
10. 2023	124	124	0	22	22	1	1	5	5	0	0	XXX	
11. 2024	23	23	0	0	0	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	575	575	1	1	86	86	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2023	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2024	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2015	79	79	0	28.0	28.0	0.0	0	0	0.0	0	0
3. 2016	117	117	0	44.1	44.1	0.0	0	0	0.0	0	0
4. 2017	83	83	0	30.1	30.1	0.0	0	0	0.0	0	0
5. 2018	99	99	0	32.6	32.6	0.0	0	0	0.0	0	0
6. 2019	191	191	0	65.1	65.1	0.0	0	0	0.0	0	0
7. 2020	26	26	0	10.9	10.9	0.0	0	0	0.0	0	0
8. 2021	23	23	0	11.7	11.7	0.0	0	0	0.0	0	0
9. 2022	17	17	0	10.7	10.7	0.0	0	0	0.0	0	0
10. 2023	29	29	0	23.4	23.4	0.0	0	0	0.0	0	0
11. 2024	0	0	0	1.9	1.9	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	(1).....	(1).....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	
2. 2015.....	58.....	58.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	
3. 2016.....	46.....	46.....	0.....	.6.....	.6.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	
4. 2017.....	40.....	40.....	0.....	.3.....	.3.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	
5. 2018.....	34.....	34.....	0.....	.4.....	.4.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	
6. 2019.....	29.....	29.....	0.....	16.....	16.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....	
7. 2020.....	33.....	33.....	0.....	36.....	36.....	0.....	0.....	19.....	19.....	0.....	0.....	5.....	
8. 2021.....	30.....	30.....	0.....	.2.....	.2.....	0.....	0.....	16.....	16.....	0.....	0.....	1.....	
9. 2022.....	21.....	21.....	0.....	.0.....	.0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
10. 2023.....	11.....	11.....	0.....	.0.....	.0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
11. 2024	8.....	8.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
12. Totals	XXX	XXX	XXX	66	66	0	0	37	37	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	.5.....	.5.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	6.....	6.....	0.....	13.5.....	13.5.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	3.....	3.....	0.....	8.1.....	8.1.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	4.....	4.....	0.....	12.6.....	12.6.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	16.....	16.....	0.....	56.8.....	56.8.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	55.....	55.....	0.....	164.7.....	164.7.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	18.....	18.....	0.....	61.3.....	61.3.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.5.....	0.5.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024	0.....	0.....	0.....	2.5.....	2.5.....	.00.....	0.....	0.....	0.0.....	0.....	0.....
12. 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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....	
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
4. 2017.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
5. 2018.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
6. 2019.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
7. 2020.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
11. 2024	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.1.....	0.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.2.....	0.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.3.....	0.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.4.....	0.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.9.....	0.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024	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 1U - Pet Insurance Plans

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

Schedule P - Part 2U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 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		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	21.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	692.....	306.....
3. 2016.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	525.....	211.....
4. 2017.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	688.....	291.....
5. 2018.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	597.....	266.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	711.....	275.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	496.....	204.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	297.....	97.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	277.....	95.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	293.....	86.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	36.....	10.....

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

1.	Prior..	000.	0	0	0	0	0	0	0	0	0	0	0	0
2.	2015..	0	0	0	0	0	0	0	0	0	0	0	1	1
3.	2016..	XXX	0	0	0	0	0	0	0	0	0	0	3	3
4.	2017..	XXX	XXX	0	0	0	0	0	0	0	0	0	2	2
5.	2018..	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	2
6.	2019..	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	5	0
7.	2020..	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2	0
8.	2021..	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1	0
9.	2022..	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10.	2023..	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

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

SCHEDULE I - PART 500 COMMERCIAL ACTIVITIES REPORT FORM													
1.	Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2.	2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
3.	2016.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4.	2017.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5.	2018.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6.	2019.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7.	2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
8.	2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	4.....	0.....
9.	2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	2.....	1.....
10.	2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....
11.	2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....

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

(EXCLUDING EXCESS WORKERS FROM ENCLAVES)												
1. Prior.....	000.	0	0	0	0	0	0	0	0	0	45	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	148	231
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	128	40
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	98	24
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	56	38
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	130	45
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	126	45
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	86	27
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	83	41
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	52	30
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	14	5

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

SCHEDULE I - PART II COMMERCIAL MOU/LLP FEE													
1.	Prior	000	0	0	0	0	0	0	0	0	0	2	0
2.	2015	0	0	0	0	0	0	0	0	0	0	20	11
3.	2016	XXX	0	0	0	0	0	0	0	0	0	20	14
4.	2017	XXX	XXX	0	0	0	0	0	0	0	0	18	9
5.	2018	XXX	XXX	XXX	0	0	0	0	0	0	0	13	9
6.	2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0	6	7
7.	2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	10	9
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	8	1
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	5	3
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	0
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....000.....												
2. 2015.....000.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

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

1. Prior.....000.....												
2. 2015.....000.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

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

1. Prior.....000.....												
2. 2015.....000.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

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

1. Prior.....000.....	0	0	0	0	0	0	0	0	0	0	0	1
2. 2015.....000.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....	0	0	0	0	0	0	0	0	0	0	0	0

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

1. Prior.....000.....												
2. 2015.....000.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....	0.....										XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	X.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XX.....							XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	.XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
3. 2016.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....
4. 2017.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....
5. 2018.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	4.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....	0.....										XXX.....	.XXX.....
3. 2016.....	XXX.....	0.....									XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XX.....							XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....						XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....					XXX.....	.XXX.....
10. 2023.....	XXX.....				XXX.....	.XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

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

1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....	0.....										XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....						XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....				XXX.....	.XXX.....
10. 2023.....	XXX.....			XXX.....	.XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....	0.....										XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....						XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....				XXX.....	.XXX.....
10. 2023.....	XXX.....			XXX.....	.XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

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

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

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines
N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence
N O N E

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

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty
N O N E

Schedule P - Part 3T - Warranty
N O N E

Schedule P - Part 3U - Pet Insurance Plans
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

Schedule P - Part 4U - Pet Insurance Plans
N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	89	.17	1	0	0	1	0	2	0	0
2. 2015	620	.688	691	692	692	692	692	692	692	692
3. 2016	XXX	.455	518	524	525	525	525	525	525	525
4. 2017	XXX	XXX	585	677	685	687	687	688	688	688
5. 2018	XXX	XXX	XXX	526	587	595	596	597	597	597
6. 2019	XXX	XXX	XXX	XXX	598	697	707	711	711	711
7. 2020	XXX	XXX	XXX	XXX	XXX	422	491	494	496	496
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	232	294	297	297
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	272	277
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	259	293
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	18	3	3	3	2	2	2	2	2	2
2. 2015	41	5	1	0	0	0	0	0	0	0
3. 2016	XXX	49	4	1	0	0	0	0	0	0
4. 2017	XXX	XXX	43	11	3	1	1	0	0	0
5. 2018	XXX	XXX	XXX	26	3	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	61	16	3	0	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	27	2	0	0	0
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	19	2	2	2
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	3	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	3
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	84	15	1	0	1	1	0	2	0	0
2. 2015	928	.996	998	998	998	998	.998	998	.998	.998
3. 2016	XXX	.676	730	735	736	736	736	736	736	736
4. 2017	XXX	XXX	877	973	977	978	978	979	979	979
5. 2018	XXX	XXX	XXX	788	854	861	862	863	863	863
6. 2019	XXX	XXX	XXX	XXX	896	980	982	984	984	986
7. 2020	XXX	XXX	XXX	XXX	XXX	622	696	698	700	700
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	337	393	396	396
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	317	367	372
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	382
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	1	0	0	0	0	0	0	0	0	0
2. 2015	1	1	1	1	1	1	1	1	1	1
3. 2016	XXX	2	3	3	3	3	3	3	3	3
4. 2017	XXX	XXX	1	2	2	2	2	2	2	2
5. 2018	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	1	3	5	5	5	5
7. 2020	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2015	0	0	0	0	0	0	0	0	0	0
3. 2016	XXX	1	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	1	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	3	2	0	0	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2015	2	2	2	2	2	2	2	2	2	2
3. 2016	XXX	6	6	6	6	6	6	6	6	6
4. 2017	XXX	XXX	3	4	4	4	4	4	4	4
5. 2018	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2019	XXX	XXX	XXX	XXX	4	5	5	5	5	5
7. 2020	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	2	0	0	0	0	0	0	0	0	0
2. 2015	0	0	0	0	0	0	0	0	0	0
3. 2016	XXX	0	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	2	2	4	4
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	1	0	0	0	0	0	0	0	0	0
2. 2015	0	0	0	0	0	0	0	0	0	0
3. 2016	XXX	0	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0	0
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	3	0	0	0	0	0	0	0	0	0
2. 2015	1	1	1	1	1	1	1	1	1	1
3. 2016	XXX	0	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	97	35	5	2	0	0	2	0	1	0
2. 2015.....	105	136	143	148	148	148	148	148	148	148
3. 2016.....	XXX.....	94	123	128	128	128	128	128	128	128
4. 2017.....	XXX.....	XXX.....	69	97	98	98	98	98	98	98
5. 2018.....	XXX.....	XXX.....	XXX.....	34	54	56	56	56	56	56
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	70	120	129	130	130	130
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	92	124	126	126	126
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	50	84	86	86
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	49	81	.83
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	38	52
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	58	19	10	8	8	8	6	4	3	5
2. 2015.....	41	14	4	0	0	0	0	0	0	0
3. 2016.....	XXX.....	.27	6	2	2	4	2	2	2	2
4. 2017.....	XXX.....	XXX.....	21	0	0	0	0	0	0	0
5. 2018.....	XXX.....	XXX.....	XXX.....	17	1	0	0	0	0	0
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	50	6	0	0	0	0
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	31	0	0	0	0
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	33	3	1	0
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.27	2	0
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	14	4
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	76	6	(2)	0	0	0	0	0	0	2
2. 2015.....	367	378	378	379	379	379	379	379	379	379
3. 2016.....	XXX.....	149	165	166	166	168	170	170	170	170
4. 2017.....	XXX.....	XXX.....	108	121	122	122	122	122	122	122
5. 2018.....	XXX.....	XXX.....	XXX.....	77	93	94	94	.94	94	94
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	147	170	174	175	175	175
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	155	169	171	171	171
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	103	113	113	113
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	109	124	124
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	80	86
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	4	1	0	1	0	0	0	0	0	0
2. 2015	15	19	19	19	19	20	20	20	20	20
3. 2016	XXX	12	20	20	20	20	20	20	20	20
4. 2017	XXX	XXX	12	18	18	18	18	18	18	18
5. 2018	XXX	XXX	XXX	7	10	13	13	13	13	13
6. 2019	XXX	XXX	XXX	XXX	4	5	5	6	6	6
7. 2020	XXX	XXX	XXX	XXX	XXX	7	9	9	10	10
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	5	7	7	8
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5	5
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	7	5	10	9	7	6	2	1	0	0
2. 2015	6	2	2	2	2	0	0	0	0	0
3. 2016	XXX	7	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	4	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	2	1	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	0	0	3	1	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	3	2	1	0	0
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	4	(1)	5	1	(2)	(1)	3	0	0	0
2. 2015	27	31	31	31	31	31	31	31	31	31
3. 2016	XXX	28	33	34	34	34	34	34	34	34
4. 2017	XXX	XXX	24	27	27	27	27	27	27	27
5. 2018	XXX	XXX	XXX	17	20	22	22	22	22	22
6. 2019	XXX	XXX	XXX	XXX	8	9	12	13	13	13
7. 2020	XXX	XXX	XXX	XXX	XXX	16	19	19	19	19
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	7	8	8	9
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	8	8
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2024	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 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	0	0	0	0	0	0	0	0	0	1
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	0	0	0	0	0	0	0	2	4	5
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	0	0	0	0	0	0	0	2	2	4
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	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 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	49	49	49	49	49	49	49	49	49	49	0
3. 2016.....	XXX	37	37	37	37	37	37	37	37	37	0
4. 2017.....	XXX	XXX	32	32	32	32	32	32	32	32	0
5. 2018.....	XXX	XXX	XXX	29	29	29	29	29	29	29	0
6. 2019.....	XXX	XXX	XXX	XXX	27	27	27	27	27	27	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	51	51	51	51	51	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	47	47	47	47	47	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	31	31	31	31	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33
13. Earned Premiums (Sch P-Pt. 1)	49	37	32	29	27	51	47	31	31	33	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	49	49	49	49	49	49	49	49	49	49	0
3. 2016.....	XXX	37	37	37	37	37	37	37	37	37	0
4. 2017.....	XXX	XXX	32	32	32	32	32	32	32	32	0
5. 2018.....	XXX	XXX	XXX	29	29	29	29	29	29	29	0
6. 2019.....	XXX	XXX	XXX	XXX	27	27	27	27	27	27	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	51	51	51	51	51	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	47	47	47	47	47	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	31	31	31	31	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	31	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33
13. Earned Premiums (Sch P-Pt. 1)	49	37	32	29	27	51	47	31	31	33	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	1	(2)	0	0	0	0	0	0	0	0	0
2. 2015.....	3,766	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	0
3. 2016.....	XXX	2,137	2,137	2,141	2,141	2,141	2,141	2,141	2,141	2,141	0
4. 2017.....	XXX	XXX	1,316	1,415	1,412	1,412	1,412	1,412	1,412	1,412	0
5. 2018.....	XXX	XXX	XXX	1,291	1,338	1,330	1,330	1,330	1,330	1,330	0
6. 2019.....	XXX	XXX	XXX	XXX	1,372	1,437	1,430	1,430	1,430	1,430	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,257	1,228	1,227	1,227	1,216	(10)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,083	1,161	1,163	1,156	(7)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,016	1,092	1,097	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	734	784	50
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	424
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	461
13. Earned Premiums (Sch P-Pt. 1)	3,767	2,164	1,316	1,393	1,416	1,314	1,047	1,092	813	461	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	1	(2)	0	0	0	0	0	0	0	0	0
2. 2015.....	3,766	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	0
3. 2016.....	XXX	2,137	2,137	2,141	2,141	2,141	2,141	2,141	2,141	2,141	0
4. 2017.....	XXX	XXX	1,316	1,415	1,412	1,412	1,412	1,412	1,412	1,412	0
5. 2018.....	XXX	XXX	XXX	1,291	1,338	1,330	1,330	1,330	1,330	1,330	0
6. 2019.....	XXX	XXX	XXX	XXX	1,372	1,437	1,430	1,430	1,430	1,430	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,257	1,228	1,227	1,227	1,216	(10)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,083	1,161	1,163	1,156	(7)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,016	1,092	1,097	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	734	784	50
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	424
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	461
13. Earned Premiums (Sch P-Pt. 1)	3,767	2,164	1,316	1,393	1,416	1,314	1,047	1,092	813	461	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	(1).....0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	879	879	879	879	879	879	879	879	879	879	0
3. 2016.....	XXX	862	862	862	862	862	862	862	862	862	0
4. 2017.....	XXX	XXX	788	792	793	793	793	793	793	793	0
5. 2018.....	XXX	XXX	XXX	631	621	621	621	621	621	621	0
6. 2019.....	XXX	XXX	XXX	XXX	482	482	482	482	482	482	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	441	441	444	444	444	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	450	450	459	459	459	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	396	395	395	395	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	324	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294	294
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294
13. Earned Premiums (Sch P-Pt. 1)	878	862	788	636	472	442	450	407	323	294	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	(1).....0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	879	879	879	879	879	879	879	879	879	879	0
3. 2016.....	XXX	862	862	862	862	862	862	862	862	862	0
4. 2017.....	XXX	XXX	788	792	793	793	793	793	793	793	0
5. 2018.....	XXX	XXX	XXX	631	621	621	621	621	621	621	0
6. 2019.....	XXX	XXX	XXX	XXX	482	482	482	482	482	482	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	441	441	444	444	444	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	450	450	459	459	459	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	396	395	395	395	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	324	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294	294
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294
13. Earned Premiums (Sch P-Pt. 1)	878	862	788	636	472	442	450	407	323	294	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	155	155	155	155	155	155	155	155	155	155	0
3. 2016.....	XXX	130	130	130	130	130	130	130	130	130	0
4. 2017.....	XXX	XXX	130	131	131	131	131	131	131	131	0
5. 2018.....	XXX	XXX	XXX	112	112	112	112	112	112	112	0
6. 2019.....	XXX	XXX	XXX	XXX	99	98	98	98	98	98	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	83	83	84	84	84	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	54	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	40	40	40	40	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	43	43	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	39	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39
13. Earned Premiums (Sch P-Pt. 1)	155	130	130	113	99	82	55	40	43	39	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	155	155	155	155	155	155	155	155	155	155	0
3. 2016.....	XXX	130	130	130	130	130	130	130	130	130	0
4. 2017.....	XXX	XXX	130	131	131	131	131	131	131	131	0
5. 2018.....	XXX	XXX	XXX	112	112	112	112	112	112	112	0
6. 2019.....	XXX	XXX	XXX	XXX	99	98	98	98	98	98	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	83	83	84	84	84	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	54	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	40	40	40	40	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	43	43	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	39	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39
13. Earned Premiums (Sch P-Pt. 1)	155	130	130	113	99	82	55	40	43	39	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	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 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X	X				
9. 2022.....	XXX	XXX	X	XXX	X	X	X	X			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X	X				
9. 2022.....	XXX	XXX	X	XXX	X	X	X	X			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X	X				
9. 2022.....	XXX	XXX	X	XXX	X	X	X	X			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X	X				
9. 2022.....	XXX	XXX	X	XXX	X	X	X	X			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	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 2024 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2018.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2019.....	XXX	XXX	XXX	XXX	1	1	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	1	3	1	1	0	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2018.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2019.....	XXX	XXX	XXX	XXX	1	1	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	1	3	1	1	0	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior	0	0
1.602 2015	0	0
1.603 2016	0	0
1.604 2017	0	0
1.605 2018	0	0
1.606 2019	0	0
1.607 2020	0	0
1.608 2021	0	0
1.609 2022	0	0
1.610 2023	0	0
1.611 2024	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 [X] No []

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

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska						
29. Nevada	N					
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 2024 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)	*
.....	The Hanover Insurance Group .....	.....	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.....	.....
.....	The Hanover Insurance Group .....	.....	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.....	.....
.....	The Hanover Insurance Group .....	.....	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	10212	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.....	.....
.....	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.....	.....
.....	The Hanover Insurance Group .....	.....	54-1632456 ..	.....	.....	Campania Holding Company, Inc. .....	.. VA..... NIA.....	The Hanover Insurance Group, Inc. ....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.0088 ..	The Hanover Insurance Group	12260	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	31534	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	10714	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	10176	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	10395	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.....	.....
.....	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.....	.....
.....	The Hanover Insurance Group .....	.....	27-2400275 ..	.....	.....	Educators Insurance Agency, Inc. .....	.. MA..... NIA.....	The Hanover Insurance Group, Inc. ....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.....	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	22306	04-2217600 ..	.....	.....	Massachusetts Bay Insurance Company .....	.. NH..... IA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.....	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	42552	16-1140177 ..	.....	.....	NOVA Casualty Company .....	.. NY..... IA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.....	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.....	.....
.....	The Hanover Insurance Group .....	.....	38-3324634 ..	.....	.....	Professionals Direct, Inc. .....	.. MI..... NIA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.0088 ..	The Hanover Insurance Group	36064	04-3063898 ..	.....	.....	The Hanover American Insurance Company .....	.. NH..... IA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.....	The Hanover Insurance Group .....	.....	98-1303999 ..	.....	.....	The Hanover Atlantic Insurance Company Ltd. ....	.. BMU..... IA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... YES.....	.....
.0088 ..	The Hanover Insurance Group	41602	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	22292	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 .....	.....	04-3263626 ..	.....	.....	The Hanover Insurance Group, Inc. .....	.. DE..... UIP.....	.....	.....	.....	0.000 ..	.....	.....	... NO.....	.....
.0088 ..	The Hanover Insurance Group	13147	74-3242673 ..	.....	.....	The Hanover National Insurance Company .....	.. NH..... IA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.....	The Hanover Insurance Group .....	.....	04-2448927 ..	.....	.....	VeraVest Investments, Inc. .....	.. MA..... NIA.....	The Hanover Insurance Group, Inc. ....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.0088 ..	The Hanover Insurance Group	10815	52-0903682 ..	.....	.....	Verlan Fire Insurance Company .....	.. NH..... IA.....	The Hanover Insurance Company .....	.....	.....	Ownership, Board,Management	100.000 ..	The Hanover Insurance Group, Inc. ....	... NO.....	.....
.....	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.....

NONE

Asterisk
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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	1,000,000	0	0	0	0	*	0	1,000,000	384,214,972
10212	04-3272695	Allmerica Financial Alliance Ins Co.	(1,000,000)	0	0	0	0	0	*	0	(1,000,000)	272,953,749
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	10,000,000	0	0	0	0	*	0	(133,336,066)	1,177,641,594
	04-3194493	Allmerica Plus Insurance Agency, Inc.	(200,000)	0	0	0	0	0	*	0	(200,000)	0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(400,000)	0	0	0	0	0	*	0	(400,000)	2,691,785
31534	38-0421730	Citizens Insurance Co. of America	(59,000,000)	0	0	0	140,927,543	5,801,207	*	0	87,728,750	(477,061,784)
10714	36-4123481	Citizens Insurance Co. of Illinois	(900,000)	0	0	0	0	0	*	0	(900,000)	62,063,513
10176	38-3167100	Citizens Insurance Co. of Ohio	(750,000)	0	0	0	0	0	*	0	(750,000)	6,256,218
10395	35-1958418	Citizens Insurance Co. of the Midwest	(3,000,000)	0	0	0	0	0	*	0	(112,790,825)	1,438,584,462
36064	04-3063898	The Hanover American Insurance Co.	(2,600,000)	0	0	0	0	0	*	0	(94,922,520)	518,948,594
	98-1300399	The Hanover Atlantic Insurance Company	0	0	0	0	0	0	*	0	(72,989,229)	180,597,897
22292	13-5129825	The Hanover Insurance Company	(30,550,000)	(10,000,000)	0	0	(29,072,818)	682,846,843	*	0	(125,000,000)	488,224,025
41602	75-1827351	The Hanover Casualty Company	(700,000)	0	0	0	0	0	*	0	(700,000)	79,379,582
22306	04-2217600	Massachusetts Bay Insurance Company	(1,000,000)	0	0	0	0	0	*	0	(182,309,357)	1,027,100,455
42552	16-1140177	NOVA Casualty Co.	0	(1,000,000)	0	0	0	0	*	0	(1,000,000)	569,737,131
	04-3263626	The Hanover Insurance Group, Inc.	100,900,000	0	0	0	(111,854,725)	0	*	125,000,000	114,045,275	0
13147	74-3242673	The Hanover National Insurance Company	(250,000)	0	0	0	0	0	*	0	(250,000)	0
10815	52-0903682	Verian Fire Insurance Co.	(550,000)	0	0	0	0	0	*	0	(89,450,053)	133,848,157
	04-2854021	Opus Investment Management, Inc.	0	0	0	0	0	0	*	0	0	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 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 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\\ Affiliation of Column 5 Over Column 6 (Yes/No)
AIX Specialty Insurance Company	NOVA Casualty Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Allmerica Financial Alliance Insurance Co.	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Allmerica Financial Benefit Insurance Co.	The Hanover Insurance Company	100.000	.....NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	.....NO.....
Campmed Casualty & 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.....
Verian Fire Insurance Company	The Hanover Insurance Company	100.000NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000NO.....
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ANNUAL STATEMENT FOR THE YEAR 2024 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

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.

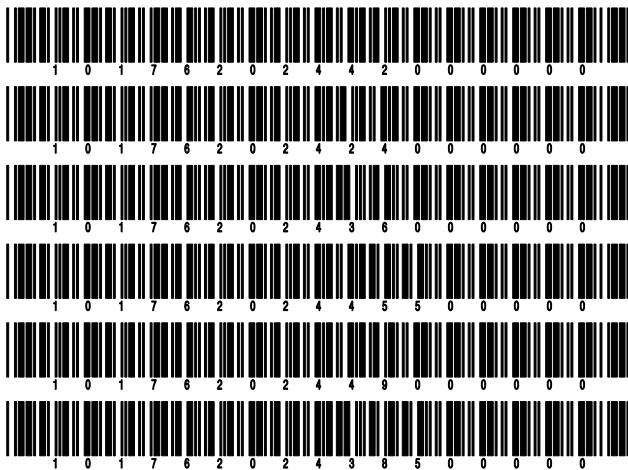
MARCH FILING		
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and 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?	NO
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 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.
- 12.
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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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



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



20. Reinsurance Attestation Supplement [Document Identifier 399]



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



22. Bail Bond Supplement [Document Identifier 500]



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



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



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



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



29. Market Conduct Annual Statement (MCAS) Premium Exhibit
[Document Identifier 600]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



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



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



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



35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -
Parts 1 and 2 [Document Identifier 290]



36. Private Flood Insurance Supplement [Document Identifier 560]



37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

NONE



SUPPLEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

NAIC Group Code 0088

NAIC Company Code 10176

Company Name CITIZENS 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 [] 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 [] 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: \$0

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	6
\$0	\$0	\$0	\$0	0.0 %	0.0 %



SUPPLEMENT FOR THE YEAR 2024 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 Code 0088

NAIC Company Code 10176

	Direct Business Only			
	Prior Year		Current Year	
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 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	51,439	28,197	19,230	10,002
7. Personal umbrella	(152)	0	0	0
8. Employment liability	0	0	0	0
9. Aggregate write-ins for facilities & premises (CGL)	0	0	0	0
10. Internet & cyber liability	0	0	0	0
11. Aggregate write-ins for other	16	0	0	520,000
12. Total ASL 17 - other liability (sum of lines 1 through 11)	51,303	28,197	19,230	530,002
DETAILS OF WRITE-INS				
0901. Aggregate of facilities & premises (CGL) lines of business less than 10% category	0	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 through 0903 plus 0998)(Line 9 above)	0	0	0	0
1101. Aggregate of facilities & premises (CGL) lines of business less than 10% category	16	0	0	520,000
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	16	0	0	520,000