



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Illinois

NAIC Group Code 0088 0088 NAIC Company Code 10714 Employer's ID Number 36-4123481  
(Current) (Prior)

Organized under the Laws of Illinois, State of Domicile or Port of Entry IL  
Country of Domicile United States of America

Incorporated/Organized 01/02/1997 Commenced Business 01/24/1997

Statutory Home Office 333 West Pierce Road, Suite 300 Itasca, IL, US 60143-3114  
(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  
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OFFICERS

President John Conner Roche Executive Vice President & Treasurer Ann Kirkpatrick Tripp #  
Secretary Charles Frederick Cronin

OTHER

Mark Leo Berthiaume, Executive Vice President Jeffrey Mark Farber, Executive Vice President & CFO J. Kendall Huber, Executive Vice President & GC  
Richard William Lavey, Executive Vice President Denise Maureen Lowsley #, Executive Vice President Bryan James Salvatore, Executive Vice President  
Mark Joseph Welzenbach, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison Barnes # Mark Leo Berthiaume Jeffrey Mark Farber  
J. Kendall Huber Jeremy Glenn Jackson Denise Maureen Lowsley #  
John Conner Roche Bryan James Salvatore Helen Ryan Savaiano  
John Grant Scott III Ann Kirkpatrick Tripp Mark Joseph Welzenbach

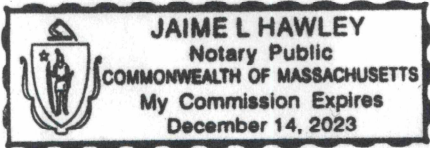
State of Massachusetts SS:  
County of Worcester

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 Charles Frederick Cronin  
President Secretary

Subscribed and sworn to before me this 3rd day of February, 2020  
Jaime L. Hawley  
Notary  
December 14, 2023

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	5,474,834	0	5,474,834	5,320,288
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....71,855, Schedule E - Part 1), cash equivalents (\$ .....0, Schedule E - Part 2) and short-term investments (\$ .....0, Schedule DA) .....	71,855	0	71,855	128,304
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivable for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	5,546,689	0	5,546,689	5,448,592
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	23,388	0	23,388	23,125
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0	0
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ .....0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	797
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ .....0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	5,570,077	0	5,570,077	5,472,514
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	5,570,077	0	5,570,077	5,472,514
DETAILS OF WRITE-INS				
1101. ....	0	0	0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. ....	0	0	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	0	0
4. Commissions payable, contingent commissions and other similar charges .....	0	0
5. Other expenses (excluding taxes, licenses and fees) .....	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	0	0
7.1 Current federal and foreign income taxes (including \$ .....0 on realized capital gains (losses)) .....	224	0
7.2 Net deferred tax liability .....	19,141	18,483
8. Borrowed money \$ .....0 and interest thereon \$ .....0 .....	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....22,582,000 and including warranty reserves of \$ .....0 and accrued accident and health experience rating refunds including \$ .....0 for medical loss ratio rebate per the Public Health Service Act) .....	0	0
10. Advance premium .....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders .....	0	0
11.2 Policyholders .....	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	0	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....	0	0
14. Amounts withheld or retained by company for account of others .....	0	0
15. Remittances and items not allocated .....	0	0
16. Provision for reinsurance (including \$ .....0 certified) (Schedule F, Part 3, Column 78) .....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0
18. Drafts outstanding .....	0	0
19. Payable to parent, subsidiaries and affiliates .....	776	693
20. Derivatives .....	0	0
21. Payable for securities .....	0	0
22. Payable for securities lending .....	0	0
23. Liability for amounts held under uninsured plans .....	0	0
24. Capital notes \$ .....0 and interest thereon \$ .....0 .....	0	0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	20,141	19,176
27. Protected cell liabilities .....	0	0
28. Total liabilities (Lines 26 and 27) .....	20,141	19,176
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	1,500,000	1,500,000
31. Preferred capital stock .....	0	0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....	0	0
34. Gross paid in and contributed surplus .....	2,000,000	2,000,000
35. Unassigned funds (surplus) .....	2,049,936	1,953,338
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$ .....0 ) .....	0	0
36.2 .....0 shares preferred (value included in Line 31 \$ .....0 ) .....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	5,549,936	5,453,338
38. TOTALS (Page 2, Line 28, Col. 3) .....	5,570,077	5,472,514
DETAILS OF WRITE-INS		
2501. ....	0	0
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0
2901. ....	0	0
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0
3201. ....	0	0
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above) .....	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	0	0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	0	0
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0
7. Net income of protected cells	0	0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	0	0
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	110,139	97,503
10. Net realized capital gains or (losses) less capital gains tax of \$ 2,500 (Exhibit of Capital Gains (Losses) )	9,637	18,466
11. Net investment gain (loss) (Lines 9 + 10)	119,776	115,969
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 )	0	0
13. Finance and service charges not included in premiums	0	0
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	119,776	115,969
17. Dividends to policyholders	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	119,776	115,969
19. Federal and foreign income taxes incurred	22,520	23,580
20. Net income (Line 18 minus Line 19)(to Line 22)	97,256	92,389
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	5,453,338	5,357,828
22. Net income (from Line 20)	97,256	92,389
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	(658)	3,121
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0
31. Cumulative effect of changes in accounting principles	0	0
32. Capital changes:		
32.1 Paid in	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0
32.3 Transferred to surplus	0	0
33. Surplus adjustments:		
33.1 Paid in	0	0
33.2 Transferred to capital (Stock Dividend)	0	0
33.3 Transferred from capital	0	0
34. Net remittances from or (to) Home Office	0	0
35. Dividends to stockholders	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	96,598	95,510
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	5,549,936	5,453,338
DETAILS OF WRITE-INS		
0501.	0	0
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401.	0	0
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0
3701.	0	0
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	0	0
2. Net investment income .....	91,922	81,694
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	91,922	81,694
5. Benefit and loss related payments .....	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....2,500 tax on capital gains (losses) .....	24,000	20,000
10. Total (Lines 5 through 9) .....	24,000	20,000
11. Net cash from operations (Line 4 minus Line 10) .....	67,922	61,694
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	124,091	200,454
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	124,091	200,454
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	248,545	1,078,965
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	248,545	1,078,965
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(124,454)	(878,511)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	83	40
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	83	40
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(56,449)	(816,777)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	128,304	945,081
19.2 End of period (Line 18 plus Line 19.1) .....	71,855	128,304

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN						
Line of Business	1	Reinsurance Assumed		Reinsurance Ceded		6
	Direct Business (a)	2	3	4	5	Net Premiums Written Cols. 1+2+3-4-5
1. Fire .....	157,589	0	0	157,589	0	0
2. Allied lines .....	338,586	0	0	338,586	0	0
3. Farmowners multiple peril .....	0	0	0	0	0	0
4. Homeowners multiple peril .....	38,145,716	0	0	38,145,716	0	0
5. Commercial multiple peril .....	3,423,464	0	0	3,423,464	0	0
6. Mortgage guaranty .....	0	0	0	0	0	0
8. Ocean marine .....	0	0	0	0	0	0
9. Inland marine .....	1,309,854	0	0	1,309,854	0	0
10. Financial guaranty .....	0	0	0	0	0	0
11.1 Medical professional liability - occurrence .....	0	0	0	0	0	0
11.2 Medical professional liability - claims-made .....	0	0	0	0	0	0
12. Earthquake .....	587,711	0	0	587,711	0	0
13. Group accident and health .....	0	0	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0
15. Other accident and health .....	0	0	0	0	0	0
16. Workers' compensation .....	1,481,770	0	0	1,481,770	0	0
17.1 Other liability - occurrence .....	36,496	0	0	36,496	0	0
17.2 Other liability - claims-made .....	190	0	0	190	0	0
17.3 Excess workers' compensation .....	0	0	0	0	0	0
18.1 Products liability - occurrence .....	611	0	0	611	0	0
18.2 Products liability - claims-made .....	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability .....	374,511	0	0	374,511	0	0
19.3, 19.4 Commercial auto liability .....	22,226	0	0	22,226	0	0
21. Auto physical damage .....	291,859	0	0	291,859	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0
26. Burglary and theft .....	0	0	0	0	0	0
27. Boiler and machinery .....	6,314	0	0	6,314	0	0
28. Credit .....	0	0	0	0	0	0
29. International .....	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property .....	XXX	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
35. TOTALS	46,176,897	0	0	46,176,897	0	0
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
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis?    Yes [    ]    No [ X ]

If yes:    1. The amount of such installment premiums \$ .....0

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ .....0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 -3 )	Net Losses Unpaid Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire .....	249,703	0	249,703	0	0	0	0	0.0
2.	Allied lines .....	49,989	0	49,989	0	0	0	0	0.0
3.	Farmowners multiple peril .....	0	0	0	0	0	0	0	0.0
4.	Homeowners multiple peril .....	27,802,329	0	27,802,329	0	0	0	0	0.0
5.	Commercial multiple peril .....	3,419,535	0	3,419,535	0	0	0	0	0.0
6.	Mortgage guaranty .....	0	0	0	0	0	0	0	0.0
8.	Ocean marine .....	0	0	0	0	0	0	0	0.0
9.	Inland marine .....	320,254	0	320,254	0	0	0	0	0.0
10.	Financial guaranty .....	0	0	0	0	0	0	0	0.0
11.1	Medical professional liability - occurrence .....	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
12.	Earthquake .....	0	0	0	0	0	0	0	0.0
13.	Group accident and health .....	0	0	0	0	0	0	0	0.0
14.	Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0.0
15.	Other accident and health .....	0	0	0	0	0	0	0	0.0
16.	Workers' compensation .....	2,341,913	30	2,341,943	0	0	0	0	0.0
17.1	Other liability - occurrence .....	60,959	0	60,959	0	0	0	0	0.0
17.2	Other liability - claims-made .....	0	0	0	0	0	0	0	0.0
17.3	Excess workers' compensation .....	0	0	0	0	0	0	0	0.0
18.1	Products liability - occurrence .....	0	0	0	0	0	0	0	0.0
18.2	Products liability - claims-made .....	0	0	0	0	0	0	0	0.0
19.1, 19.2	Private passenger auto liability .....	347,360	0	347,360	0	0	0	0	0.0
19.3, 19.4	Commercial auto liability .....	0	0	0	0	0	0	0	0.0
21.	Auto physical damage .....	128,459	0	128,459	0	0	0	0	0.0
22.	Aircraft (all perils) .....	0	0	0	0	0	0	0	0.0
23.	Fidelity .....	0	0	0	0	0	0	0	0.0
24.	Surety .....	0	0	0	0	0	0	0	0.0
26.	Burglary and theft .....	0	0	0	0	0	0	0	0.0
27.	Boiler and machinery .....	0	0	0	0	0	0	0	0.0
28.	Credit .....	0	0	0	0	0	0	0	0.0
29.	International .....	0	0	0	0	0	0	0	0.0
30.	Warranty .....	0	0	0	0	0	0	0	0.0
31.	Reinsurance - nonproportional assumed property .....	XXX	0	0	0	0	0	0	0.0
32.	Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	0	0	0	0.0
33.	Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	0	0	0	0.0
34.	Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35.	TOTALS	34,720,501	30	34,720,531	0	0	0	0	0.0
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
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0.0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire .....	50,939	0	50,939	0	8,758	0	8,758	0	0
2.	Allied lines .....	0	0	0	0	18,889	0	18,889	0	0
3.	Farmowners multiple peril .....	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril .....	6,596,064	0	6,596,064	0	7,590,800	0	7,590,800	0	0
5.	Commercial multiple peril .....	963,161	0	963,161	0	1,127,277	0	1,127,277	0	0
6.	Mortgage guaranty .....	0	0	0	0	0	0	0	0	0
8.	Ocean marine .....	0	0	0	0	0	0	0	0	0
9.	Inland marine .....	26,780	0	26,780	0	56,273	0	56,273	0	0
10.	Financial guaranty .....	0	0	0	0	0	0	0	0	0
11.1	Medical professional liability - occurrence .....	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
12.	Earthquake .....	0	0	0	0	21,787	0	21,787	0	0
13.	Group accident and health .....	0	0	0	0	0	0	0	(a) 0	0
14.	Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0	0
15.	Other accident and health .....	0	0	0	0	0	0	0	(a) 0	0
16.	Workers' compensation .....	3,192,407	719	3,193,126	0	1,167,133	3,248	1,170,381	0	0
17.1	Other liability - occurrence .....	100,000	0	100,000	0	113,095	0	113,095	0	0
17.2	Other liability - claims-made .....	0	0	0	0	(37)	0	(37)	0	0
17.3	Excess workers' compensation .....	0	0	0	0	0	0	0	0	0
18.1	Products liability - occurrence .....	0	0	0	0	973	0	973	0	0
18.2	Products liability - claims-made .....	0	0	0	0	0	0	0	0	0
19.1, 19.2	Private passenger auto liability .....	394,200	0	394,200	0	180,588	0	180,588	0	0
19.3, 19.4	Commercial auto liability .....	3,000	0	3,000	0	7,663	0	7,663	0	0
21.	Auto physical damage .....	5,411	0	5,411	0	(13,697)	0	(13,697)	0	0
22.	Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0
23.	Fidelity .....	0	0	0	0	0	0	0	0	0
24.	Surety .....	0	0	0	0	0	0	0	0	0
26.	Burglary and theft .....	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery .....	0	0	0	0	0	0	0	0	0
28.	Credit .....	0	0	0	0	0	0	0	0	0
29.	International .....	0	0	0	0	0	0	0	0	0
30.	Warranty .....	0	0	0	0	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property .....	XXX	0	0	0	XXX	0	0	0	0
32.	Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	XXX	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	XXX	0	0	0	0
34.	Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0
35.	TOTALS .....	11,331,962	719	11,332,681	0	10,279,502	3,248	10,282,750	0	0
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
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0

(a) Including \$ 0 for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....	1,856,877	0	0	1,856,877
1.2 Reinsurance assumed .....	0	0	0	0
1.3 Reinsurance ceded .....	1,856,877	0	0	1,856,877
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct excluding contingent .....	0	6,454,364	0	6,454,364
2.2 Reinsurance assumed, excluding contingent .....	0	0	0	0
2.3 Reinsurance ceded, excluding contingent .....	0	6,454,364	0	6,454,364
2.4 Contingent - direct .....	0	522,595	0	522,595
2.5 Contingent - reinsurance assumed .....	0	0	0	0
2.6 Contingent - reinsurance ceded .....	0	522,595	0	522,595
2.7 Policy and membership fees .....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	0	0	0
3. Allowances to managers and agents .....	0	0	0	0
4. Advertising .....	0	0	3	3
5. Boards, bureaus and associations .....	0	0	0	0
6. Surveys and underwriting reports .....	0	0	0	0
7. Audit of assureds' records .....	0	0	0	0
8. Salary and related items:				
8.1 Salaries .....	0	0	4,647	4,647
8.2 Payroll taxes .....	0	0	0	0
9. Employee relations and welfare .....	0	0	933	933
10. Insurance .....	0	0	0	0
11. Directors' fees .....	0	0	0	0
12. Travel and travel items .....	0	0	78	78
13. Rent and rent items .....	0	0	148	148
14. Equipment .....	0	0	303	303
15. Cost or depreciation of EDP equipment and software .....	0	0	0	0
16. Printing and stationery .....	0	0	11	11
17. Postage, telephone and telegraph, exchange and express .....	0	0	19	19
18. Legal and auditing .....	0	0	81	81
19. Totals (Lines 3 to 18) .....	0	0	6,223	6,223
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....0 .....	0	0	0	0
20.2 Insurance department licenses and fees .....	0	0	0	0
20.3 Gross guaranty association assessments .....	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate) .....	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	0	0	0
21. Real estate expenses .....	0	0	0	0
22. Real estate taxes .....	0	0	0	0
23. Reimbursements by uninsured plans .....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses .....	0	0	2,417	2,417
25. Total expenses incurred .....	0	0	8,640	(a) 8,640
26. Less unpaid expenses - current year .....	0	0	0	0
27. Add unpaid expenses - prior year .....	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	8,640	8,640
<b>DETAILS OF WRITE-INS</b>				
2401. Custodial Fees .....	0	0	537	537
2402. Outside Data Processing .....	0	0	1,649	1,649
2403. Miscellaneous .....	0	0	231	231
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	2,417	2,417

(a) Includes management fees of \$ .....8,103 to affiliates and \$ .....0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a) .....104,108	.....104,370
1.1	Bonds exempt from U.S. tax .....	(a) .....0	.....0
1.2	Other bonds (unaffiliated) .....	(a) .....10,734	.....10,734
1.3	Bonds of affiliates .....	(a) .....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b) .....0	.....0
2.11	Preferred stocks of affiliates .....	(b) .....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c) .....0	.....0
4.	Real estate .....	(d) .....0	.....0
5	Contract loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments .....	(e) .....3,675	.....3,675
7	Derivative instruments .....	(f) .....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	118,517	118,779
11.	Investment expenses .....		(g) .....8,640
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....0
14.	Depreciation on real estate and other invested assets .....		(i) .....0
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....8,640
17.	Net investment income (Line 10 minus Line 16) .....		110,139
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		0

- (a) Includes \$ .....19,284 accrual of discount less \$ .....1,329 amortization of premium and less \$ .....20 paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.
- (e) Includes \$ .....1,036 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.
- (f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.
- (g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....0	.....0	.....0	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....0	.....0	.....0	.....0	.....0
1.2	Other bonds (unaffiliated) .....	.....12,137	.....0	.....12,137	.....0	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....0	.....0
5.	Contract loans .....	.....0	.....0	.....0	.....0	.....0
6.	Cash, cash equivalents and short-term investments .....	.....0	.....0	.....0	.....0	.....0
7.	Derivative instruments .....	.....0	.....0	.....0	.....0	.....0
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	12,137	0	12,137	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27)			
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)			
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)			

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Citizens Insurance Company of Illinois ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Illinois Insurance Department.

The Illinois Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Illinois Insurance Law. The National Association of Insurance Commissioners ("NAIC") "Accounting Practices and Procedures Manual" ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Illinois. The State has not adopted any prescribed accounting practices that differ from those found in NAIC SAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Illinois is shown below:

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 97,256	\$ 92,389
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 97,256</u>	<u>\$ 92,389</u>
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 5,549,936	\$ 5,453,338
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 5,549,936</u>	<u>\$ 5,453,338</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by loans are stated at either amortized cost or fair value, using the scientific interest method, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
- (3) The Company does not own any common stocks.
- (4) The Company does not own any preferred stocks.
- (5) The Company does not own any mortgage loans.
- (6) The Company does not own any loan-backed bonds or structured securities.
- (7) The Company does not own any stocks of, or have any interest in, any subsidiaries.
- (8) The Company does not own any other invested assets.
- (9) The Company does not own any derivatives.
- (10)The Company does utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11)Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported ("IBNR"). Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12)The Company has not modified its capitalization policy from the prior year.
- (13)The Company does not write major medical insurance with prescription drug coverage.

D. Going Concern

Not applicable

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

NOTE 3 Business Combinations and Goodwill

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

A., B., C., D., E., F., G., H., I., J., K.

Not applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
j. On deposit with states	\$ 1,943,698	\$ -	\$ -	\$ -	\$ 1,943,698	\$ 1,942,887	\$ 811
k. On deposit with other regulatory bodies	\$ 693,270	\$ -	\$ -	\$ -	\$ 693,270	\$ 691,015	\$ 2,255
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
n. Other restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
o. Total Restricted Assets	\$ 2,636,968	\$ -	\$ -	\$ -	\$ 2,636,968	\$ 2,633,902	\$ 3,066

(a) Subset of Column 1  
(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements	\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts	\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock	\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ -	\$ 1,943,698	34.895%	34.895%
k. On deposit with other regulatory bodies	\$ -	\$ 693,270	12.446%	12.446%
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ -	\$ 2,636,968	47.342%	47.342%

(c) Column 5 divided by Asset Page, Column 1, Line 28  
(d) Column 9 divided by Asset Page, Column 3, Line 28

2-4.

Not applicable

M., N., O., P., Q.

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

Not applicable

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2018			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(f) Deferred Tax Liabilities	\$ -	\$ 19,141	\$ 19,141	\$ -	\$ 18,483	\$ 18,483	\$ -	\$ 658	\$ 658
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (19,141)	\$ (19,141)	\$ -	\$ (18,483)	\$ (18,483)	\$ -	\$ (658)	\$ (658)

2.

	As of End of Current Period			12/31/2018			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 832,490	XXX	XXX	\$ 820,773	XXX	XXX	\$ 11,717
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

3.

	2019	2018
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	37022.000%	35294.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$5,549,936	\$5,453,338

4. Tax Planning Strategies

- a. There is no financial impact of the Company's tax planning strategies.
- b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes [ ] No [X]

B. The Company does not have any deferred tax liabilities that are not recognized for amounts described in Accounting Standards Codification 740, Income Tax.

NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2018	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 22,520	\$ 23,580	\$ (1,060)
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal	\$ 22,520	\$ 23,580	\$ (1,060)
(d) Federal income tax on net capital gains	\$ 2,500	\$ 4,908	\$ (2,408)
(e) Utilization of capital loss carry-forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Federal and foreign income taxes incurred	\$ 25,020	\$ 28,488	\$ (3,468)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve	\$ -	\$ -	\$ -
(3) Policyholder reserves	\$ -	\$ -	\$ -
(4) Investments	\$ -	\$ -	\$ -
(5) Deferred acquisition costs	\$ -	\$ -	\$ -
(6) Policyholder dividends accrual	\$ -	\$ -	\$ -
(7) Fixed Assets	\$ -	\$ -	\$ -
(8) Compensation and benefits accrual	\$ -	\$ -	\$ -
(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ -	\$ -	\$ -
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ -	\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ -	\$ -
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ -	\$ -
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed Assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserves	\$ -	\$ -	\$ -
(5) Other (including items <5% of total ordinary tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(b) Capital:			
(1) Investments	\$ 19,141	\$ 18,483	\$ 658
(2) Real estate	\$ -	\$ -	\$ -
(3) Other (including items <5% of total capital tax liabilities)	\$ -	\$ -	\$ -
(99) Subtotal	\$ 19,141	\$ 18,483	\$ 658
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 19,141	\$ 18,483	\$ 658
4. Net deferred tax assets/liabilities (2i - 3c)	\$ (19,141)	\$ (18,483)	\$ (658)

The change in net deferred income taxes is comprised of the following, exclusive of non-admitted assets:

	(1) As of End of Current Period	(2) 12/31/2018	(3) (Col. 1 - 2) Change
Adjusted gross deferred tax assets	\$ -	\$ -	\$ -
Total deferred tax liabilities	\$ 19,141	\$ 18,483	\$ 658
Net deferred tax assets (liabilities)	\$ (19,141)	\$ (18,483)	\$ (658)
Tax effect of change in unrealized gains (losses)			\$ -
Change in net deferred income tax			\$ (658)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Tax Rate

The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	As of End of Current Period	
	Tax	Rate
Tax provision at statutory rate	\$ 25,678	21.0%
Total	\$ 25,678	21.0%
	As of End of Current Period	
	Tax	Rate
Federal income taxes incurred	\$ 22,520	18.4%
Realized capital gains tax	\$ 2,500	2.0%
Change in net deferred income taxes	\$ 658	0.6%
Total statutory income taxes	\$ 25,678	21.0%



NOTES TO FINANCIAL STATEMENTS

E. Operating Loss and Tax Credit Carryforwards

- 1. At the end of the current reporting period, the Company has no net operating loss carryforwards, no capital loss carryforwards, and no alternative minimum tax credits.
- 2. The Company has the following federal income taxes which are available for recoupment in the event of future losses:

For the tax year 2018:	\$	27,656
For the tax year 2019:	\$	22,684

- 3. At the end of the current reporting period, the Company has no deposits under section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

- 1. The Company's Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC	Massachusetts Bay Insurance Company
AIX Holdings, Inc.	NOVA American Group, Inc.
AIX, Inc.	NOVA Casualty Company
AIX Insurance Services of California, Inc.	Opus Investment Management, Inc.
AIX Specialty Insurance Company	Professionals Direct, Inc.
Allmerica Financial Alliance Insurance Company	Professionals Direct Insurance Services, Inc.
Allmerica Financial Benefit Insurance Company	The Hanover American Insurance Company
Allmerica Plus Insurance Agency, Inc.	The Hanover Atlantic Insurance Company Ltd.
Campania Holding Company, Inc.	The Hanover Casualty Company
Campmed Casualty & Indemnity Company, Inc.	The Hanover Insurance Company
Citizens Insurance Company of America	The Hanover Insurance Group, Inc.
Citizens Insurance Company of Ohio	The Hanover National Insurance Company
Citizens Insurance Company of the Midwest	The Hanover New Jersey Insurance Company
Educators Insurance Agency, Inc.	VeraVest Investments, Inc.
Hanover Specialty Insurance Brokers, Inc.	Verlan Fire Insurance Company
Hanover Texas Insurance Management Company, Inc.	Verlan Holdings, Inc.

- 2. The Board of Directors has delegated to Company Management, the development and maintenance of appropriate Federal Income Tax allocation policies and procedures, which are subject to written agreement between the companies. The Federal Income tax for all subsidiaries in the consolidated return of The Hanover Insurance Group, Inc. ("THG") is calculated on a separate return basis. Any current tax liability is paid to THG. Tax benefits resulting from taxable operating losses or credits of THG's subsidiaries are reimbursed to the subsidiary when such losses or credits can be utilized on a consolidated return basis.

- G. The Company has no federal or foreign income tax loss contingencies, for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

The Company is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover") which, in turn, is a wholly-owned subsidiary of Opus Investment Management, Inc. ("Opus"), which, in turn, is a wholly-owned non-insurance subsidiary of THG, a publicly traded company incorporated in Delaware.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

Not applicable

C. Change in Terms of Intercompany Arrangements

Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$776 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Guarantees or Contingencies for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

Companies affiliated with Hanover have entered into an intercompany Consolidated Service Agreement. Under the agreement, legal entities will be charged the cost of the service provided or expenses paid by the entity providing the service or paying the expense. In addition, these entities will be charged a portion of the costs associated with activities that are performed for the good of THG legal entities.

Investment related services are provided by Opus pursuant to an intercompany Advisory Agreement.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

H., I., J., K., L., M., N., O.

Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 11 Debt

Not applicable

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The labor for the Company is provided and paid for by Hanover. As such, the Company is included in the benefit plans in force for Hanover. Charges for actual salary and benefit costs for services provided to the Company by Hanover employees are ceded 100% pursuant to the Company's Intercompany Reinsurance Agreement.

A., B., C., D., E., F., G., H., I.

Not applicable

NOTE 13 Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) Outstanding Shares

The Company has 20,000 shares of \$500 par value common stock authorized and 3,000 shares issued and outstanding.

(2) Dividend Rate of Preferred Stock

Not applicable

(3-6) Dividend Restrictions

Pursuant to Illinois' statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Illinois Insurance Commissioner, is limited to the greater of 10% of such insurer's statutory policyholder surplus as of the preceding December 31, or prior year net income. Accordingly, the maximum dividend that may be paid at January 1, 2020 without prior approval from the Illinois Commissioner of Insurance is \$554,994. Dividends or distributions made within the preceding twelve months were considered in the above computations.

(7-13)

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

A., B., C., D., E., F.

Not applicable

G. All Other Contingencies

The Company routinely engages in various legal proceedings in the normal course of business, including claims for punitive damages. In the opinion of management, none of such contingencies are expected to have a material effect on the Company's financial position, although it is possible that the results of operations in a particular quarter or annual period would be materially affected by an adverse development or unfavorable outcome.

NOTE 15 Leases

The Company has no material lease obligations at this time.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A., B.

Not applicable

C. Wash Sales

The Company generally does not sell and reacquire securities within 30 days of the sale date. There were no wash sale transactions with a NAIC designation of 3 or below in the current year.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

a. There were no assets carried at fair value at the end of the reporting period.

b. There were no liabilities carried at fair value at the end of the reporting period.

(2) The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the reporting period.

(3) The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.

NOTES TO FINANCIAL STATEMENTS

(4) The Company utilizes a third party pricing service for the valuation of the majority of its fixed maturity securities and receives one quote per security. When quoted market prices in an active market are available, they are provided by the pricing service as the fair value and such values are classified as Level 1. Since fixed maturities other than U.S. Treasury securities generally do not trade on a daily basis, the pricing service prepares estimates of fair value for those securities using pricing applications based on a market approach. Inputs into the fair value pricing applications which are common to all asset classes include benchmark U.S. Treasury security yield curves, reported trades of identical or similar fixed maturity securities, broker/dealer quotes of identical or similar fixed maturity securities and structural characteristics of the security, such as maturity date, coupon, mandatory principal payment dates, frequency of interest and principal payments and optional principal redemption features. Inputs into the fair value application for the corporate bond include the overall credit quality, including assessments of the level and variability of: industry economic sensitivity; company financial policies; quality of management; regulatory environment; competitive position; indenture restrictive covenants; and security of collateral.

The Company holds a privately placed corporate bond that does not have an active market and for which the pricing service cannot provide fair value. The Company determines the fair value for this security using matrix pricing. The Company will use observable market data to the extent it is available, but is also required to use a certain amount of unobservable judgment due to the illiquid nature of the securities involved.

(5) Not applicable

B. Not applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 5,550,462	\$ 5,474,834	\$ 5,215,626	\$ -	\$ 334,836	\$ -	\$ -
Cash and Short-Term Investments	\$ 71,855	\$ 71,855	\$ 71,855	\$ -	\$ -	\$ -	\$ -

D., E.

Not applicable

NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures

IBNR loss and loss adjustment expense reserves are allocated to the Company based on the proportion of the Company's earned premiums and case loss reserves relative to other affiliates in the Hanover Insurance Group. Fluctuations by affiliate and state may occur as a result of this re-estimation process.

The Company elected to use rounding to the nearest dollar in reporting amounts in the Statement, except as otherwise directed by instructions.

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

The Company has reviewed its investments in mortgage-backed securities and has determined that these investments are not subprime.

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not applicable

NOTE 22 Events Subsequent

Not applicable

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

A summary for reinsurance recoverable from individual companies that are individually in excess of 3% of statutory surplus is as follows:

NAIC	Federal ID	Reinsurer	Recoverable
22292	13-5129825	THE HANOVER INSURANCE COMPANY	\$46,470,000

B. Reinsurance Recoverable in Dispute

Not applicable

NOTES TO FINANCIAL STATEMENTS

C. Reinsurance Assumed and Ceded

(1) The following table summarizes ceded and assumed unearned premiums and the related commissions equity at the end of the current reporting period:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ -	\$ -	\$ 22,581,785	\$ -	\$ (22,581,785)	\$ -
b. All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Total	\$ -	\$ -	\$ 22,581,785	\$ -	\$ (22,581,785)	\$ -
d. Direct Unearned Premium Reserve						\$ 22,581,785

(2) Not applicable

(3) Not applicable

D., E., F., G., H., I., J.

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	12/31/2019
3. Was anticipated investment income utilized in the calculation?	Yes [X] No [ ]

NOTE 31 High Deductibles

Not applicable

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

NOTE 33 Asbestos/Environmental Reserves

Not applicable

NOTE 34 Subscriber Savings Accounts

Not applicable

NOTE 35 Multiple Peril Crop Insurance

Not applicable

NOTE 36 Financial Guaranty Insurance

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Illinois

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000944695

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2019

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2014

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

11/16/2015

3.4

By what department or departments?  
Illinois Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes ☐ No ☒  
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes ☐ No ☒  
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,  
7.21 State the percentage of foreign control;  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

0.0 %

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ X ] No [ ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Opus Investment Management, Inc.	Worcester, MA				YES

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Jonathan Blake, Vice President and Lead Reserving Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$0
- 12.2

If, yes provide explanation:
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ ]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [ X ] No [ ]
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [ X ] No [ ]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).

The Hanover's Code of Conduct has been amended to remove references related to companies that are no longer with the group. The only other substantive updates were enhanced provisions about the company's inclusion and diversity efforts as well as workplace conduct and employee safety matters. The Code continues to be applicable to all directors, officers, senior financial officers, and employees, each of whom is accountable for adherence to the Code.
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2  Issuing or Confirming Bank Name	3  Circumstances That Can Trigger the Letter of Credit	4  Amount
			0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$ 0

20.12 To stockholders not officers\$ 0

20.13 Trustees, supreme or grand (Fraternal Only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$ 0

20.22 To stockholders not officers\$ 0

20.23 Trustees, supreme or grand (Fraternal Only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others\$ 0

21.22 Borrowed from others\$ 0

21.23 Leased from others \$ 0

21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ 0

22.22 Amount paid as expenses \$ 0

22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

24.10 For the reporting entity’s security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [ X ] No [ ]

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	0
		25.22 Subject to reverse repurchase agreements	\$	0
		25.23 Subject to dollar repurchase agreements	\$	0
		25.24 Subject to reverse dollar repurchase agreements	\$	0
		25.25 Placed under option agreements	\$	0
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
		25.27 FHLB Capital Stock	\$	0
		25.28 On deposit with states	\$	1,943,698
		25.29 On deposit with other regulatory bodies	\$	693,270
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
		25.32 Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		0

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ] N/A [ X ]

If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..

Yes [ ] No [ ]

26.4	If the response to 26.3 is YES, does the reporting entity utilize:	26.41 Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
		26.42 Permitted accounting practice	Yes [ ] No [ ]
		26.43 Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon	225 Liberty Street, New York, NY 10286



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Opus Investment Management, Inc. ....	A.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107569 .....	Opus Investment Management, Inc. ....		Securities Exchange Commission .....	DS.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		0
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		0	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	5,474,834	5,550,462	75,628
30.2 Preferred stocks .....	0	0	0
30.3 Totals	5,474,834	5,550,462	75,628

30.4 Describe the sources or methods utilized in determining the fair values:  
Fair values are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analysis. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	0
.....	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

37.1 Amount of payments for legal expenses, if any? .....\$ .....0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....0
.....	
.....	

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....0
.....	
.....	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force? .....

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U. S. business only. ....

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

\$ 0

1.31

Reason for excluding .....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance. ....

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned .....

\$ 0

1.62

Total incurred claims .....

\$ 0

1.63

Number of covered lives .....

0

All years prior to most current three years

1.64

Total premium earned .....

\$ 0

1.65

Total incurred claims .....

\$ 0

1.66

Number of covered lives .....

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned .....

\$ 0

1.72

Total incurred claims .....

\$ 0

1.73

Number of covered lives .....

0

All years prior to most current three years

1.74

Total premium earned .....

\$ 0

1.75

Total incurred claims .....

\$ 0

1.76

Number of covered lives .....

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator .....

0

0

2.2

Premium Denominator .....

0

0

2.3

Premium Ratio (2.1/2.2) .....

0.000

0.000

2.4

Reserve Numerator .....

0

0

2.5

Reserve Denominator .....

0

0

2.6

Reserve Ratio (2.4/2.5) .....

0.000

0.000

3.1

Does the reporting entity issue both participating and non-participating policies? .....

Yes [ X ] No [ ]

3.2

If yes, state the amount of calendar year premiums written on:

3.21

Participating policies .....

\$ 0

3.22

Non-participating policies .....

\$ 46,176,897

4.

For mutual reporting Entities and Reciprocal Exchanges Only:

4.1

Does the reporting entity issue assessable policies? .....

Yes [ ] No [ ]

4.2

Does the reporting entity issue non-assessable policies? .....

Yes [ ] No [ ]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....

% 0.0

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....

\$ 0

5.

For Reciprocal Exchanges Only:

5.1

Does the Exchange appoint local agents? .....

Yes [ ] No [ ]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation.....

Yes [ ] No [ ] N/A [ ]

5.22

As a direct expense of the exchange.....

Yes [ ] No [ ] N/A [ ]

5.3

What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....

Yes [ ] No [ ]

5.5

If yes, give full information .....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
The Company cedes 100% of its business to The Hanover Insurance Company (Hanover). Hanover maintains workers' compensation coverage under its casualty excess of loss reinsurance agreement.

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  
The Company uses multiple models including RMS v18.1 and AIR Touchstone v5 Catastrophe Modeling software packages to estimate the Company's probable maximum loss. These exposures are a combination of personal and commercial property risks.

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
The Company cedes 100% to Hanover. Hanover purchases catastrophe reinsurance in the amount of \$900 million excess \$200 million for all perils to protect itself, along with a top-and-agg (\$75 million excess of \$300 million aggregate layer, and \$75 million excess of \$1.1 billion occurrence layer) effective 07/01/2019.

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?

Yes

[ ]

No

[ X ]

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.  
The Company cedes 100% of its business to Hanover.

7.1

Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)?

Yes

[ ]

No

[ X ]

7.2

If yes, indicate the number of reinsurance contracts containing such provisions:

0

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?

Yes

[ ]

No

[ ]

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes

[ ]

No

[ X ]

8.2

If yes, give full information

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.

Yes

[ ]

No

[ X ]

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes

[ ]

No

[ X ]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 37 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes

[ ]

No

[ X ]

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or,  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes

[ ]

No

[ X ]

Yes

[ X ]

No

[ ]

Yes

[ ]

No

[ X ]

10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes

[ X ]

No

[ ]

N/A

[ ]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]

11.2 If yes, give full information  
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses .....\$ .....0

12.12 Unpaid underwriting expenses (including loss adjustment expenses) .....\$ .....0

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds .....\$ .....0

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ X ] N/A [ ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From .....0.0 %

12.42 To .....0.0 %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves , including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of the current year:

12.61 Letters of credit .....\$ .....0

12.62 Collateral and other funds .....\$ .....0

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): .....\$ .....0

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ....1

14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:  
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]

15.2 If yes, give full information  
.....

16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....	0	0	0	0	0
16.12 Products .....	0	0	0	0	0
16.13 Automobile .....	0	0	0	0	0
16.14 Other* .....	0	0	0	0	0

\* Disclose type of coverage:

.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

17.1

Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance? .....

Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11

Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance .....

\$ .....0

17.12

Unfunded portion of Interrogatory 17.11 .....

\$ .....0

17.13

Paid losses and loss adjustment expenses portion of Interrogatory 17.11.....

\$ .....0

17.14

Case reserves portion of Interrogatory 17.11 .....

\$ .....0

17.15

Incurred but not reported portion of Interrogatory 17.11 .....

\$ .....0

17.16

Unearned premium portion of Interrogatory 17.11 .....

\$ .....0

17.17

Contingent commission portion of Interrogatory 17.11 .....

\$ .....0

18.1

Do you act as a custodian for health savings accounts? .....

Yes [ ] No [ X ]

18.2

If yes, please provide the amount of custodial funds held as of the reporting date. ....

\$ .....0

18.3

Do you act as an administrator for health savings accounts? .....

Yes [ ] No [ X ]

18.4

If yes, please provide the balance of funds administered as of the reporting date. ....

\$ .....0

19.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ ] No [ X ]

19.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....

Yes [ ] No [ X ]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,915,804	2,153,007	3,744,689	4,111,380	3,504,388
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,685,599	2,570,067	2,418,308	2,421,801	2,431,722
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	41,575,494	39,420,585	38,808,646	36,835,585	34,682,771
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	46,176,897	44,143,659	44,971,643	43,368,766	40,618,880
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	0	0
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14. Net investment gain or (loss) (Line 11)	119,776	115,969	111,735	93,412	82,673
15. Total other income (Line 15)	0	0	0	0	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	22,520	23,580	24,542	19,171	21,827
18. Net income (Line 20)	97,256	92,389	87,193	74,241	60,846
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	5,570,077	5,472,514	5,380,086	5,293,074	4,718,734
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	20,141	19,176	22,258	22,278	8,916
22. Losses (Page 3, Line 1)	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31)	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
26. Surplus as regards policyholders (Page 3, Line 37)	5,549,936	5,453,338	5,357,828	5,270,796	4,709,818
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	67,922	61,694	38,228	37,615	39,160
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	5,549,936	5,453,338	5,357,828	5,270,796	4,709,818
29. Authorized control level risk-based capital	14,991	15,451	16,850	16,217	15,800
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1)	98.7	97.6	82.3	89.1	93.0
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	1.3	2.4	17.7	10.9	7.0
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	0	0	0	0	0
52. Dividends to stockholders (Line 35) .....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	96,598	95,510	87,032	560,978	55,376
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	2,750,262	976,340	2,645,138	1,288,423	2,466,176
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	748,405	449,008	583,297	543,775	657,064
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	31,221,864	25,917,835	25,743,772	14,457,363	14,046,376
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	34,720,531	27,343,183	28,972,207	16,289,561	17,169,615
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	0	0	0	0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	0	0	0	0	0
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3) .....	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4) .....	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8) .....	0.0	0.0	0.0	0.0	0.0
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0).....	0.0	0.0	0.0	0.0	0.0
<b>Two Year Loss Development (\$000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? ..... Yes [     ] No [     ]

If no, please explain: .....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0088 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2019 NAIC Company Code 10714

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 .....	157,589	158,891	.0	71,646	249,703	254,599	59,697	4,721	9,467	2,854	20,488	2,413
2.1 Allied lines .....	338,586	310,733	.0	146,573	49,989	48,129	18,891	2,029	11,012	4,077	45,799	5,141
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	.1	.0	.0	.0	(55)	(2)	.0	(68)	.1	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril .....	38,145,716	36,927,432	.0	19,160,725	27,802,329	32,846,301	14,186,864	352,635	711,796	636,343	5,763,380	581,988
5.1 Commercial multiple peril (non-liability portion) .....	2,401,149	2,493,602	.0	1,113,915	2,079,249	1,373,532	188,126	150,213	139,792	41,077	405,077	36,864
5.2 Commercial multiple peril (liability portion) .....	1,022,315	1,062,350	.0	462,190	1,340,286	990,454	1,902,311	632,903	888,279	1,014,080	181,501	15,735
6. Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine .....	1,309,854	1,282,637	.0	634,523	320,254	281,488	83,053	346	(5,803)	18,231	203,188	19,996
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake .....	587,711	577,182	.0	297,421	.0	21,787	21,787	.0	8,315	8,315	90,874	8,976
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,250
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation .....	1,481,770	1,655,972	253	471,911	2,341,913	(321,104)	4,359,539	129,385	115,513	182,506	152,611	22,866
17.1 Other Liability - occurrence .....	36,496	34,923	.0	14,434	60,959	55,507	213,095	11,328	(59,640)	13,077	5,606	556
17.2 Other Liability - claims made .....	190	190	.0	14	.0	(37)	(37)	.0	(63)	.31	35	3
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability .....	611	611	.0	21	.0	(2,240)	973	.0	276	797	115	9
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 .....	374,511	397,602	.0	108,518	347,360	314,325	574,788	44,338	40,203	36,786	58,106	5,798
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 .....	22,226	16,128	.0	11,783	.0	(594)	10,663	.0	(2,050)	4,184	4,083	329
21.1 Private passenger auto physical damage .....	282,550	292,895	.0	81,777	125,882	117,456	(9,888)	.0	(142)	382	43,413	4,357
21.2 Commercial auto physical damage .....	9,309	5,958	.0	5,341	2,577	4,456	1,602	.0	(2)	14	1,700	137
22. Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft .....	.0	.0	.0	.0	.0	(9)	.0	.0	(6)	.0	.0	.0
27. Boiler and machinery .....	6,314	7,572	.0	992	.0	.0	.0	.0	.0	.0	984	99
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
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a) .....	46,176,897	45,224,679	253	22,581,784	34,720,501	35,983,995	21,611,462	1,327,898	1,856,879	1,962,755	6,976,960	706,517
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....147,214  
(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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS  
**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0088 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2019 NAIC Company Code 10714

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	157,589	158,891	.0	71,646	249,703	254,599	59,697	4,721	9,467	2,854	20,488	2,413
2.1 Allied lines .....	338,586	310,733	.0	146,573	49,989	48,129	18,891	2,029	11,012	4,077	45,799	5,141
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	.1	.0	.0	.0	(55)	(2)	.0	(68)	.1	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril .....	38,145,716	36,927,432	.0	19,160,725	27,802,329	32,846,301	14,186,864	352,635	711,796	636,343	5,763,380	581,988
5.1 Commercial multiple peril (non-liability portion) .....	2,401,149	2,493,602	.0	1,113,915	2,079,249	1,373,532	188,126	150,213	139,792	41,077	405,077	36,864
5.2 Commercial multiple peril (liability portion) .....	1,022,315	1,062,350	.0	462,190	1,340,286	990,454	1,902,311	632,903	888,279	1,014,080	181,501	15,735
6. Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine .....	1,309,854	1,282,637	.0	634,523	320,254	281,488	83,053	346	(5,803)	18,231	203,188	19,996
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake .....	587,711	577,182	.0	297,421	.0	21,787	21,787	.0	8,315	8,315	90,874	8,976
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,250
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation .....	1,481,770	1,655,972	253	471,911	2,341,913	(321,104)	4,359,539	129,385	115,513	182,506	152,611	22,866
17.1 Other Liability - occurrence .....	36,496	34,923	.0	14,434	60,959	55,507	213,095	11,328	(59,640)	13,077	5,606	556
17.2 Other Liability - claims made .....	190	190	.0	14	.0	(37)	(37)	.0	(63)	.31	35	3
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability .....	611	611	.0	21	.0	(2,240)	973	.0	276	797	115	9
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 .....	374,511	397,602	.0	108,518	347,360	314,325	574,788	44,338	40,203	36,786	58,106	5,798
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 .....	22,226	16,128	.0	11,783	.0	(594)	10,663	.0	(2,050)	4,184	4,083	329
21.1 Private passenger auto physical damage .....	282,550	292,895	.0	81,777	125,882	117,456	(9,888)	.0	(142)	382	43,413	4,357
21.2 Commercial auto physical damage .....	9,309	5,958	.0	5,341	2,577	4,456	1,602	.0	(2)	14	1,700	137
22. Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft .....	.0	.0	.0	.0	.0	(9)	.0	.0	(6)	.0	.0	.0
27. Boiler and machinery .....	6,314	7,572	.0	992	.0	.0	.0	.0	.0	.0	984	99
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
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a) .....	46,176,897	45,224,679	253	22,581,784	34,720,501	35,983,995	21,611,462	1,327,898	1,856,879	1,962,755	6,976,960	706,517
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....147,214  
(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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

## SCHEDULE F - PART 1

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

## SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987	1986	1985	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	161
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1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 3

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

1  ID Number	2  NAIC Com- pany Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Special Code	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On								16  Amount in Dispute included in Column 15	Reinsurance Payable		19  Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20  Funds Held by Company Under Reinsurance Treaties	
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commis- sions		15  Columns 7 through 14 Totals	17  Ceded Balances Payable			18  Other Amounts Due to Reinsurers
13-5129825	22292	THE HANOVER INSURANCE COMPANY	NH		46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	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					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	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
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	0	0	0	46,471	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-5129825	THE HANOVER INSURANCE COMPANY	0	0		0	0	46,471	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	46,471	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	46,471	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
0899999. Total Authorized - Affiliates		0	0	XXX	0	0	46,471	0	0	0	0	0	0	0	XXX	0	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	0	46,471	0	0	0	0	0	0	0	XXX	0	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	XXX	0	0	46,471	0	0	0	0	0	0	0	XXX	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
9999999 Totals		0	0	XXX	0	0	46,471	0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44  Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48  Amounts Received Prior 90 Days	49  Percentage Overdue Col. 42/Col. 43	50  Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51  Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52  Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53  Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37  Current	Overdue					43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38  1 - 29 Days	39  30 - 90 Days	40  91 - 120 Days	41  Over 120 Days	42  Total Overdue Cols. 38+39 +40+41												
13-5129825 ...	THE HANOVER INSURANCE COMPANY	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
9999999 Totals		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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															
		54  Certified Reinsurer Rating (1 through 6)	55  Effective Date of Certified Reinsurer Rating	56  Percent Collateral Required for Full Credit (0% through 100%)	57  Catastrophe Recoverables Qualifying for Collateral Deferral	58  Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59  Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60  Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61  Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63  Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64  Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0			69  Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														66  Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67  Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68  20% of Amount in Col. 67	
13-5129825 ...	THE HANOVER INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999 Totals				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized 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)
13-5129825 ...	THE HANOVER INSURANCE COMPANY .....	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	XXX	0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	XXX	0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

## SCHEDULE F - PART 4

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

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	THE HANOVER INSURANCE COMPANY	46,470	22,582	Yes [ X ] No [ ]
7.		0	0	Yes [ ] No [ ]
8.		0	0	Yes [ ] No [ ]
9.		0	0	Yes [ ] No [ ]
10.		0	0	Yes [ ] No [ ]

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

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	5,546,689	0	5,546,689
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 .....	23,388	0	23,388
6. Net amount recoverable from reinsurers .....	0	46,470,000	46,470,000
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	5,570,077	46,470,000	52,040,077
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	0	23,888,000	23,888,000
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	19,365	0	19,365
11. Unearned premiums (Line 9) .....	0	22,582,000	22,582,000
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 .....	776	0	776
19. Total liabilities excluding protected cell business (Line 26) .....	20,141	46,470,000	46,490,141
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	5,549,936	XXX	5,549,936
22. Totals (Line 38)	5,570,077	46,470,000	52,040,077

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

Yes [ X ] No [ ]

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

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

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

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES  
SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	1,380	1,380	299	299	477	477	0	0	XXX
2. 2010.....	18,944	18,944	0	19,528	19,528	523	523	1,416	1,416	0	0	XXX
3. 2011.....	23,863	23,863	0	17,099	17,099	510	510	1,687	1,687	0	0	XXX
4. 2012.....	27,716	27,716	0	18,136	18,136	421	421	1,628	1,628	0	0	XXX
5. 2013.....	30,456	30,456	0	17,843	17,843	327	327	2,013	2,013	0	0	XXX
6. 2014.....	34,600	34,600	0	24,094	24,094	548	548	2,725	2,725	0	0	XXX
7. 2015.....	39,626	39,626	0	18,750	18,750	914	914	2,864	2,864	0	0	XXX
8. 2016.....	42,111	42,111	0	15,547	15,547	524	524	3,164	3,164	0	0	XXX
9. 2017.....	44,679	44,679	0	34,286	34,286	787	787	3,274	3,274	0	0	XXX
10. 2018.....	44,277	44,277	0	18,189	18,189	385	385	2,564	2,564	0	0	XXX
11. 2019.....	45,225	45,225	0	24,379	24,379	166	166	3,498	3,498	0	0	XXX
12. Totals	XXX	XXX	XXX	209,233	209,233	5,405	5,405	25,308	25,308	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	1,192	1,192	680	680	77	77	88	88	10	10	0	0	XXX
2. 2010.....	200	200	67	67	0	0	11	11	2	2	0	0	XXX
3. 2011.....	72	72	69	69	0	0	17	17	2	2	0	0	XXX
4. 2012.....	0	0	72	72	0	0	23	23	0	0	0	0	XXX
5. 2013.....	0	0	59	59	0	0	30	30	3	3	0	0	XXX
6. 2014.....	414	414	119	119	5	5	50	50	9	9	0	0	XXX
7. 2015.....	154	154	135	135	0	0	72	72	6	6	0	0	XXX
8. 2016.....	108	108	218	218	169	169	104	104	5	5	0	0	XXX
9. 2017.....	1,007	1,007	314	314	162	162	203	203	29	29	0	0	XXX
10. 2018.....	5,518	5,518	655	655	84	84	318	318	75	75	0	0	XXX
11. 2019.....	2,668	2,668	7,896	7,896	126	126	426	426	171	171	0	0	XXX
12. Totals	11,333	11,333	10,283	10,283	622	622	1,340	1,340	311	311	0	0	XXX

	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. 2010.....	21,747	21,747	0	114.8	114.8	0.0	0	0	0.0	0	0
3. 2011.....	19,456	19,456	0	81.5	81.5	0.0	0	0	0.0	0	0
4. 2012.....	20,280	20,280	0	73.2	73.2	0.0	0	0	0.0	0	0
5. 2013.....	20,274	20,274	0	66.6	66.6	0.0	0	0	0.0	0	0
6. 2014.....	27,964	27,964	0	80.8	80.8	0.0	0	0	0.0	0	0
7. 2015.....	22,895	22,895	0	57.8	57.8	0.0	0	0	0.0	0	0
8. 2016.....	19,839	19,839	0	47.1	47.1	0.0	0	0	0.0	0	0
9. 2017.....	40,061	40,061	0	89.7	89.7	0.0	0	0	0.0	0	0
10. 2018.....	27,788	27,788	0	62.8	62.8	0.0	0	0	0.0	0	0
11. 2019.....	39,330	39,330	0	87.0	87.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Schedule P - Part 2 - Summary

**N O N E**

Schedule P - Part 3 - Summary

**N O N E**

Schedule P - Part 4 - Summary

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	6,509	6,509	0	8,889	8,889	92	92	622	622	0	0	984
3. 2011.....	11,693	11,693	0	10,766	10,766	139	139	994	994	0	0	1,929
4. 2012.....	15,999	15,999	0	13,239	13,239	236	236	1,029	1,029	0	0	2,051
5. 2013.....	20,009	20,009	0	15,145	15,145	184	184	1,436	1,436	0	0	2,124
6. 2014.....	23,853	23,853	0	20,188	20,188	131	131	2,101	2,101	0	0	2,616
7. 2015.....	28,319	28,319	0	13,415	13,415	148	148	2,331	2,331	0	0	2,408
8. 2016.....	30,758	30,758	0	12,681	12,681	157	157	2,529	2,529	0	0	2,246
9. 2017.....	33,163	33,163	0	23,992	23,992	170	170	2,723	2,723	0	0	3,731
10. 2018.....	34,866	34,866	0	15,652	15,652	306	306	2,061	2,061	0	0	2,850
11. 2019.....	36,927	36,927	0	22,392	22,392	116	116	2,987	2,987	0	0	3,403
12. Totals	XXX	XXX	XXX	156,359	156,359	1,680	1,680	18,814	18,814	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	2	2	0	0	2	2	0	0	0	0	0
4. 2012.....	0	0	7	7	0	0	3	3	0	0	0	0	0
5. 2013.....	0	0	4	4	0	0	2	2	1	1	0	0	1
6. 2014.....	0	0	22	22	0	0	6	6	0	0	0	0	0
7. 2015.....	20	20	21	21	0	0	7	7	1	1	0	0	1
8. 2016.....	26	26	58	58	20	20	41	41	3	3	0	0	2
9. 2017.....	25	25	105	105	8	8	90	90	4	4	0	0	3
10. 2018.....	4,486	4,486	369	369	84	84	150	150	49	49	0	0	37
11. 2019.....	2,039	2,039	7,004	7,004	0	0	225	225	112	112	0	0	84
12. Totals	6,596	6,596	7,591	7,591	111	111	525	525	171	171	0	0	128

	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. 2010.....	9,604	9,604	0	147.6	147.6	0.0	0	0	0.0	0	0
3. 2011.....	11,903	11,903	0	101.8	101.8	0.0	0	0	0.0	0	0
4. 2012.....	14,514	14,514	0	90.7	90.7	0.0	0	0	0.0	0	0
5. 2013.....	16,773	16,773	0	83.8	83.8	0.0	0	0	0.0	0	0
6. 2014.....	22,448	22,448	0	94.1	94.1	0.0	0	0	0.0	0	0
7. 2015.....	15,943	15,943	0	56.3	56.3	0.0	0	0	0.0	0	0
8. 2016.....	15,515	15,515	0	50.4	50.4	0.0	0	0	0.0	0	0
9. 2017.....	27,116	27,116	0	81.8	81.8	0.0	0	0	0.0	0	0
10. 2018.....	23,157	23,157	0	66.4	66.4	0.0	0	0	0.0	0	0
11. 2019.....	34,874	34,874	0	94.4	94.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	2,804	2,804	0	1,385	1,385	29	29	189	189	0	0	340
3. 2011.....	2,268	2,268	0	717	717	8	8	137	137	0	0	219
4. 2012.....	1,846	1,846	0	1,167	1,167	61	61	135	135	0	0	202
5. 2013.....	1,476	1,476	0	495	495	0	0	106	106	0	0	173
6. 2014.....	1,157	1,157	0	317	317	3	3	79	79	0	0	122
7. 2015.....	895	895	0	946	946	40	40	58	58	0	0	97
8. 2016.....	733	733	0	251	251	0	0	59	59	0	0	100
9. 2017.....	596	596	0	247	247	46	46	47	47	0	0	68
10. 2018.....	493	493	0	64	64	0	0	24	24	0	0	40
11. 2019.....	398	398	0	68	68	0	0	23	23	0	0	35
12. Totals	XXX	XXX	XXX	5,657	5,657	186	186	857	857	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2013.....	0	0	2	2	0	0	1	1	0	0	0	0	0
6. 2014.....	0	0	4	4	0	0	2	2	0	0	0	0	0
7. 2015.....	0	0	4	4	0	0	2	2	0	0	0	0	0
8. 2016.....	0	0	4	4	0	0	4	4	0	0	0	0	0
9. 2017.....	208	208	8	8	0	0	7	7	1	1	0	0	3
10. 2018.....	148	148	40	40	0	0	11	11	2	2	0	0	5
11. 2019.....	39	39	116	116	0	0	10	10	3	3	0	0	7
12. Totals	394	394	181	181	0	0	37	37	7	7	0	0	15

	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. 2010.....	1,604	1,604	0	57.2	57.2	0.0	0	0	0.0	0	0
3. 2011.....	862	862	0	38.0	38.0	0.0	0	0	0.0	0	0
4. 2012.....	1,365	1,365	0	73.9	73.9	0.0	0	0	0.0	0	0
5. 2013.....	604	604	0	41.0	41.0	0.0	0	0	0.0	0	0
6. 2014.....	404	404	0	34.9	34.9	0.0	0	0	0.0	0	0
7. 2015.....	1,050	1,050	0	117.3	117.3	0.0	0	0	0.0	0	0
8. 2016.....	318	318	0	43.4	43.4	0.0	0	0	0.0	0	0
9. 2017.....	564	564	0	94.5	94.5	0.0	0	0	0.0	0	0
10. 2018.....	289	289	0	58.5	58.5	0.0	0	0	0.0	0	0
11. 2019.....	259	259	0	65.2	65.2	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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	78	78	0	1	1	0	0	2	2	0	0	2
3. 2011.....	82	82	0	2	2	0	0	1	1	0	0	1
4. 2012.....	124	124	0	7	7	0	0	2	2	0	0	4
5. 2013.....	138	138	0	22	22	0	0	5	5	0	0	8
6. 2014.....	138	138	0	41	41	0	0	9	9	0	0	14
7. 2015.....	121	121	0	8	8	0	0	3	3	0	0	4
8. 2016.....	88	88	0	2	2	0	0	1	1	0	0	1
9. 2017.....	70	70	0	8	8	0	0	3	3	0	0	4
10. 2018.....	14	14	0	0	0	0	0	1	1	0	0	1
11. 2019.....	16	16	0	0	0	0	0	0	0	0	0	1
12. Totals	XXX	XXX	XXX	92	92	0	0	26	26	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014.....	0	0	0	0	0	0	1	1	0	0	0	0	0
7. 2015.....	0	0	0	0	0	0	1	1	0	0	0	0	0
8. 2016.....	0	0	1	1	0	0	1	1	0	0	0	0	0
9. 2017.....	0	0	2	2	0	0	1	1	0	0	0	0	0
10. 2018.....	0	0	1	1	0	0	0	0	0	0	0	0	0
11. 2019.....	3	3	2	2	0	0	0	0	1	1	0	0	1
12. Totals	3	3	8	8	0	0	4	4	1	1	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010.....	3	3	0	3.8	3.8	0.0	0	0	0.0	0	0
3. 2011.....	3	3	0	3.1	3.1	0.0	0	0	0.0	0	0
4. 2012.....	9	9	0	7.6	7.6	0.0	0	0	0.0	0	0
5. 2013.....	28	28	0	20.1	20.1	0.0	0	0	0.0	0	0
6. 2014.....	51	51	0	36.9	36.9	0.0	0	0	0.0	0	0
7. 2015.....	12	12	0	9.8	9.8	0.0	0	0	0.0	0	0
8. 2016.....	4	4	0	5.0	5.0	0.0	0	0	0.0	0	0
9. 2017.....	14	14	0	20.4	20.4	0.0	0	0	0.0	0	0
10. 2018.....	2	2	0	12.4	12.4	0.0	0	0	0.0	0	0
11. 2019.....	6	6	0	39.1	39.1	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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION**

**(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	1,381	1,381	22	22	2	2	0	0	XXX
2. 2010.....	4,041	4,041	0	6,299	6,299	377	377	244	244	0	0	362
3. 2011.....	4,051	4,051	0	2,287	2,287	201	201	208	208	0	0	271
4. 2012.....	3,453	3,453	0	1,035	1,035	85	85	172	172	0	0	197
5. 2013.....	1,946	1,946	0	289	289	49	49	92	92	0	0	93
6. 2014.....	2,157	2,157	0	385	385	61	61	111	111	0	0	106
7. 2015.....	2,464	2,464	0	803	803	48	48	99	99	0	0	89
8. 2016.....	2,972	2,972	0	642	642	48	48	147	147	0	0	131
9. 2017.....	3,454	3,454	0	961	961	89	89	173	173	0	0	173
10. 2018.....	2,129	2,129	0	443	443	29	29	91	91	0	0	94
11. 2019.....	1,656	1,656	0	143	143	8	8	86	86	0	0	88
12. Totals	XXX	XXX	XXX	14,668	14,668	1,018	1,018	1,425	1,425	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	916	916	612	612	0	0	49	49	6	6	0	0	6
2. 2010.....	200	200	56	56	0	0	5	5	2	2	0	0	2
3. 2011.....	72	72	53	53	0	0	8	8	2	2	0	0	2
4. 2012.....	0	0	46	46	0	0	9	9	0	0	0	0	0
5. 2013.....	0	0	25	25	0	0	6	6	0	0	0	0	0
6. 2014.....	239	239	43	43	0	0	7	7	8	8	0	0	8
7. 2015.....	34	34	51	51	0	0	10	10	2	2	0	0	2
8. 2016.....	32	32	62	62	0	0	15	15	1	1	0	0	1
9. 2017.....	393	393	83	83	0	0	23	23	9	9	0	0	10
10. 2018.....	835	835	55	55	0	0	22	22	15	15	0	0	16
11. 2019.....	472	472	85	85	0	0	28	28	29	29	0	0	31
12. Totals	3,193	3,193	1,170	1,170	0	0	183	183	74	74	0	0	78

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010.....	7,183	7,183	0	177.8	177.8	0.0	0	0	0.0	0	0
3. 2011.....	2,832	2,832	0	69.9	69.9	0.0	0	0	0.0	0	0
4. 2012.....	1,347	1,347	0	39.0	39.0	0.0	0	0	0.0	0	0
5. 2013.....	461	461	0	23.7	23.7	0.0	0	0	0.0	0	0
6. 2014.....	853	853	0	39.5	39.5	0.0	0	0	0.0	0	0
7. 2015.....	1,047	1,047	0	42.5	42.5	0.0	0	0	0.0	0	0
8. 2016.....	946	946	0	31.8	31.8	0.0	0	0	0.0	0	0
9. 2017.....	1,731	1,731	0	50.1	50.1	0.0	0	0	0.0	0	0
10. 2018.....	1,491	1,491	0	70.0	70.0	0.0	0	0	0.0	0	0
11. 2019.....	851	851	0	51.4	51.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	277	277	474	474	0	0	XXX
2. 2010.....	3,388	3,388	0	1,860	1,860	24	24	179	179	0	0	163
3. 2011.....	3,622	3,622	0	2,408	2,408	163	163	199	199	0	0	195
4. 2012.....	4,038	4,038	0	1,782	1,782	36	36	125	125	0	0	96
5. 2013.....	4,433	4,433	0	1,109	1,109	91	91	205	205	0	0	184
6. 2014.....	4,861	4,861	0	2,451	2,451	300	300	272	272	0	0	226
7. 2015.....	5,332	5,332	0	2,904	2,904	656	656	236	236	0	0	175
8. 2016.....	5,119	5,119	0	1,490	1,490	319	319	283	283	0	0	121
9. 2017.....	4,935	4,935	0	8,508	8,508	482	482	234	234	0	0	130
10. 2018.....	4,258	4,258	0	1,421	1,421	45	45	301	301	0	0	103
11. 2019.....	3,556	3,556	0	1,202	1,202	38	38	322	322	0	0	69
12. Totals	XXX	XXX	XXX	25,135	25,135	2,431	2,431	2,832	2,832	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	276	276	65	65	77	77	38	38	4	4	0	0	3
2. 2010.....	0	0	10	10	0	0	5	5	0	0	0	0	0
3. 2011.....	0	0	13	13	0	0	6	6	0	0	0	0	0
4. 2012.....	0	0	19	19	0	0	9	9	0	0	0	0	0
5. 2013.....	0	0	25	25	0	0	18	18	1	1	0	0	1
6. 2014.....	175	175	48	48	5	5	33	33	1	1	0	0	1
7. 2015.....	0	0	57	57	0	0	51	51	0	0	0	0	0
8. 2016.....	50	50	85	85	149	149	42	42	1	1	0	0	1
9. 2017.....	381	381	105	105	155	155	80	80	14	14	0	0	10
10. 2018.....	49	49	162	162	0	0	122	122	8	8	0	0	6
11. 2019.....	32	32	538	538	126	126	138	138	15	15	0	0	11
12. Totals	963	963	1,127	1,127	511	511	544	544	46	46	0	0	33

	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. 2010.....	2,079	2,079	0	61.4	61.4	0.0	0	0	0.0	0	0
3. 2011.....	2,790	2,790	0	77.0	77.0	0.0	0	0	0.0	0	0
4. 2012.....	1,970	1,970	0	48.8	48.8	0.0	0	0	0.0	0	0
5. 2013.....	1,451	1,451	0	32.7	32.7	0.0	0	0	0.0	0	0
6. 2014.....	3,285	3,285	0	67.6	67.6	0.0	0	0	0.0	0	0
7. 2015.....	3,905	3,905	0	73.2	73.2	0.0	0	0	0.0	0	0
8. 2016.....	2,420	2,420	0	47.3	47.3	0.0	0	0	0.0	0	0
9. 2017.....	9,959	9,959	0	201.8	201.8	0.0	0	0	0.0	0	0
10. 2018.....	2,109	2,109	0	49.5	49.5	0.0	0	0	0.0	0	0
11. 2019.....	2,410	2,410	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

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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
3. 2011.....	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
4. 2012.....	.....2	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
5. 2013.....	.....5	.....5	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
6. 2014.....	.....4	.....4	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
7. 2015.....	.....8	.....8	.....0	.....1	.....1	.....0	.....0	.....2	.....2	.....0	.....0	XXX
8. 2016.....	.....9	.....9	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
9. 2017.....	.....11	.....11	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
10. 2018.....	.....10	.....10	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
11. 2019.....	.....8	.....8	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
12. Totals	XXX	XXX	XXX	1	1	0	0	2	2	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015.....	3	3	0	34.7	34.7	0.0	0	0	0.0	0	0
8. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019.....	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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	7	7	0	0	0	0	0	0	0	0	0	0
3. 2011.....	4	4	0	0	0	0	0	1	1	0	0	1
4. 2012.....	29	29	0	16	16	0	0	3	3	0	0	4
5. 2013.....	142	142	0	67	67	2	2	10	10	0	0	11
6. 2014.....	114	114	0	97	97	54	54	12	12	0	0	7
7. 2015.....	34	34	0	0	0	21	21	2	2	0	0	2
8. 2016.....	27	27	0	0	0	0	0	0	0	0	0	0
9. 2017.....	22	22	0	0	0	0	0	0	0	0	0	0
10. 2018.....	30	30	0	0	0	0	0	0	0	0	0	0
11. 2019.....	35	35	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	179	179	77	77	29	29	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013.....	0	0	3	3	0	0	2	2	0	0	0	0	0
6. 2014.....	0	0	3	3	0	0	1	1	0	0	0	0	0
7. 2015.....	100	100	1	1	0	0	1	1	2	2	0	0	1
8. 2016.....	0	0	2	2	0	0	1	1	0	0	0	0	0
9. 2017.....	0	0	3	3	0	0	1	1	0	0	0	0	0
10. 2018.....	0	0	6	6	0	0	1	1	0	0	0	0	0
11. 2019.....	0	0	94	94	0	0	6	6	0	0	0	0	0
12. Totals	100	100	113	113	0	0	13	13	2	2	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010.....	0	0	0	1.0	1.0	0.0	0	0	0.0	0	0
3. 2011.....	1	1	0	21.8	21.8	0.0	0	0	0.0	0	0
4. 2012.....	19	19	0	63.8	63.8	0.0	0	0	0.0	0	0
5. 2013.....	84	84	0	59.0	59.0	0.0	0	0	0.0	0	0
6. 2014.....	166	166	0	145.9	145.9	0.0	0	0	0.0	0	0
7. 2015.....	128	128	0	382.6	382.6	0.0	0	0	0.0	0	0
8. 2016.....	3	3	0	12.3	12.3	0.0	0	0	0.0	0	0
9. 2017.....	3	3	0	15.2	15.2	0.0	0	0	0.0	0	0
10. 2018.....	8	8	0	25.8	25.8	0.0	0	0	0.0	0	0
11. 2019.....	100	100	0	284.9	284.9	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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013.....	3	3	0	0	0	0	0	0	0	0	0	0
6. 2014.....	17	17	0	0	0	0	0	0	0	0	0	0
7. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019.....	0	0	0	(3.1)	(3.1)	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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2018.....	2,130	2,130	.....0	.....515	.....515	.....4	.....4	.....61	.....61	.....0	.....0	XXX
3. 2019.....	2,329	2,329	.....0	.....452	.....452	.....4	.....4	.....56	.....56	.....0	.....0	XXX
4. Totals.....	XXX	XXX	XXX	.....968	.....968	.....9	.....9	.....117	.....117	.....0	.....0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	13	13	0	0	3	3	0	0	0	0	0
2. 2018	0	0	23	23	0	0	11	11	0	0	0	0	0
3. 2019	78	78	69	69	0	0	19	19	9	9	0	0	4
4. Totals	78	78	106	106	0	0	33	33	9	9	0	0	4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2018	615	615	0	28.9	28.9	0.0	0	0	0.0	0	0
3. 2019	688	688	0	29.5	29.5	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2018.....	345	345	.....0	.....93	.....93	.....0	.....0	.....25	.....25	.....0	.....0	80
3. 2019.....	299	299	0	122	122	0	0	23	23	0	0	71
4. Totals	XXX	XXX	XXX	217	217	0	0	48	48	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0
2. 2018	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0
3. 2019	5	5	(12)	(12)	0	0	0	0	1	1	0	0	3
4. Totals	5	5	(14)	(14)	0	0	0	0	1	1	0	0	3

	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. 2018.....	117	117	0	33.9	33.9	0.0	0	0	0.0	0	0
3. 2019.....	140	140	0	47.0	47.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

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

**N O N E**

Schedule P - Part 1M - International

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	1	1	0	0	0	0	0	0	0	0	0	0
5. 2013.....	7	7	0	0	0	0	0	0	0	0	0	0
6. 2014.....	9	9	0	0	0	0	0	0	0	0	0	0
7. 2015.....	14	14	0	0	0	0	0	0	0	0	0	0
8. 2016.....	13	13	0	0	0	0	0	0	0	0	0	0
9. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018.....	1	1	0	0	0	0	0	0	0	0	0	0
11. 2019.....	1	1	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	1	1	0	0	1	1	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010.....	0	0	0	1.2	1.2	0.0	0	0	0.0	0	0
3. 2011.....	0	0	0	3.8	3.8	0.0	0	0	0.0	0	0
4. 2012.....	0	0	0	4.1	4.1	0.0	0	0	0.0	0	0
5. 2013.....	0	0	0	0.9	0.9	0.0	0	0	0.0	0	0
6. 2014.....	0	0	0	0.8	0.8	0.0	0	0	0.0	0	0
7. 2015.....	0	0	0	0.7	0.7	0.0	0	0	0.0	0	0
8. 2016.....	0	0	0	1.2	1.2	0.0	0	0	0.0	0	0
9. 2017.....	0	0	0	(53.5)	(53.5)	0.0	0	0	0.0	0	0
10. 2018.....	0	0	0	59.9	59.9	0.0	0	0	0.0	0	0
11. 2019.....	1	1	0	104.3	104.3	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

**NONE**

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

**NONE**

Schedule P - Part 1T - Warranty

**NONE**

Schedule P - Part 2A - Homeowners/Farmowners

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 2E - Commercial Multiple Peril

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 2I - Special Property

**NONE**

Schedule P - Part 2J - Auto Physical Damage

**N O N E**

Schedule P - Part 2K - Fidelity/Surety

**N O N E**

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

**N O N E**

Schedule P - Part 2M - International

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**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		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	2	0
2. 2010.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	813	171
3. 2011.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,511	418
4. 2012.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	1,612	439
5. 2013.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	1,587	536
6. 2014.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	2,022	594
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	1,643	764
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	1,526	718
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	2,450	1,278
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	1,783	1,030
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2,485	834

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	48	0
2. 2010.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	259	81
3. 2011.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	170	49
4. 2012.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	158	44
5. 2013.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	130	43
6. 2014.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	95	27
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	73	24
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	68	32
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	43	22
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	22	13
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	16	12

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
2. 2010.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2	0
3. 2011.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	1	0
4. 2012.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	2	2
5. 2013.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	7	1
6. 2014.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	8	6
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	3	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	1	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	2	2
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	0	1
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	100	0
2. 2010.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	238	122
3. 2011.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	144	125
4. 2012.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	118	79
5. 2013.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	47	46
6. 2014.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	47	51
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	28	59
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	83	47
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	129	34
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	49	29
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	38	19

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	23	0
2. 2010.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	109	54
3. 2011.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	122	73
4. 2012.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	53	43
5. 2013.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	105	78
6. 2014.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	130	95
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	113	62
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	71	49
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	73	47
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	70	27
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	43	15



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000										XXX	XXX
2. 2010.....											XXX	XXX
3. 2011.....	XXX										XXX	XXX
4. 2012.....	XXX	XXX									XXX	XXX
5. 2013.....	XXX	XXX	XXX								XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....	.000	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0	1
4. 2012.....	XXX	XXX	0	0	0	0	0	0	0	0	3	1
5. 2013.....	XXX	XXX	XXX	0	0	0	0	0	0	0	10	1
6. 2014.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	5	2
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

Schedule P - Part 4A - Homeowners/Farmowners

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

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

**N O N E**

Schedule P - Part 4M - International

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	28	1	0	1	0	0	0	0	0	0
2. 2010.....	733	805	810	811	813	813	813	813	813	813
3. 2011.....	XXX	1,343	1,500	1,507	1,507	1,510	1,511	1,511	1,511	1,511
4. 2012.....	XXX	XXX	1,427	1,600	1,603	1,608	1,608	1,611	1,611	1,612
5. 2013.....	XXX	XXX	XXX	1,374	1,558	1,581	1,586	1,587	1,587	1,587
6. 2014.....	XXX	XXX	XXX	XXX	1,810	2,010	2,018	2,019	2,022	2,022
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,329	1,627	1,639	1,643	1,643
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,323	1,515	1,523	1,526
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,138	2,433	2,450
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,532	1,783
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,485

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2010.....	33	6	2	2	0	0	0	0	0	0
3. 2011.....	XXX	48	4	5	3	0	0	0	0	0
4. 2012.....	XXX	XXX	64	8	11	7	5	1	1	0
5. 2013.....	XXX	XXX	XXX	94	17	5	2	0	1	1
6. 2014.....	XXX	XXX	XXX	XXX	69	7	1	1	0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	110	11	4	1	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	76	13	3	2
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	14	3
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	108	37
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	20	1	0	1	1	0	0	0	0	0
2. 2010.....	923	980	982	984	984	984	984	984	984	984
3. 2011.....	XXX	1,769	1,918	1,927	1,927	1,928	1,929	1,929	1,929	1,929
4. 2012.....	XXX	XXX	1,854	2,032	2,041	2,049	2,049	2,051	2,051	2,051
5. 2013.....	XXX	XXX	XXX	1,927	2,094	2,116	2,122	2,122	2,124	2,124
6. 2014.....	XXX	XXX	XXX	XXX	2,382	2,600	2,608	2,613	2,616	2,616
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,015	2,393	2,404	2,408	2,408
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,033	2,239	2,243	2,246
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,276	3,715	3,731
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,512	2,850
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,403

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	83	31	11	2	2	0	0	2	0	0
2. 2010.....	178	241	254	256	258	258	258	258	258	259
3. 2011.....	XXX	114	160	167	170	170	170	170	170	170
4. 2012.....	XXX	XXX	113	150	157	157	157	158	158	158
5. 2013.....	XXX	XXX	XXX	96	122	128	129	130	130	130
6. 2014.....	XXX	XXX	XXX	XXX	70	93	95	95	95	95
7. 2015.....	XXX	XXX	XXX	XXX	XXX	58	67	73	73	73
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	49	67	68	68
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	41	43
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	22
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	50	22	7	5	2	2	2	0	0	0
2. 2010.....	59	12	5	3	1	1	1	1	1	0
3. 2011.....	XXX	33	5	2	0	0	0	0	0	0
4. 2012.....	XXX	XXX	34	7	1	1	1	0	0	0
5. 2013.....	XXX	XXX	XXX	26	5	2	1	0	0	0
6. 2014.....	XXX	XXX	XXX	XXX	25	2	0	0	0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	13	4	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	16	2	1	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	5	3
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	47	9	1	1	0	0	0	0	0	1
2. 2010.....	297	333	340	340	340	340	340	340	340	340
3. 2011.....	XXX	184	211	218	219	219	219	219	219	219
4. 2012.....	XXX	XXX	176	200	202	202	202	202	202	202
5. 2013.....	XXX	XXX	XXX	151	170	173	173	173	173	173
6. 2014.....	XXX	XXX	XXX	XXX	114	122	122	122	122	122
7. 2015.....	XXX	XXX	XXX	XXX	XXX	89	94	97	97	97
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	91	100	100	100
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	60	67	68
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	40
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2010.....	2	2	2	2	2	2	2	2	2	2
3. 2011.....	XXX	1	1	1	1	1	1	1	1	1
4. 2012.....	XXX	XXX	1	2	2	2	2	2	2	2
5. 2013.....	XXX	XXX	XXX	6	7	7	7	7	7	7
6. 2014.....	XXX	XXX	XXX	XXX	5	7	7	8	8	8
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1	3	3	3	3
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2014.....	XXX	XXX	XXX	XXX	3	0	0	0	0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	3	0	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2010.....	2	2	2	2	2	2	2	2	2	2
3. 2011.....	XXX	1	1	1	1	1	1	1	1	1
4. 2012.....	XXX	XXX	2	4	4	4	4	4	4	4
5. 2013.....	XXX	XXX	XXX	8	8	8	8	8	8	8
6. 2014.....	XXX	XXX	XXX	XXX	13	13	13	14	14	14
7. 2015.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	102	46	21	7	12	1	2	2	3	6
2. 2010.....	109	179	212	223	229	236	238	238	238	238
3. 2011.....	XXX	78	123	133	140	143	144	144	144	144
4. 2012.....	XXX	XXX	51	94	110	115	117	117	117	118
5. 2013.....	XXX	XXX	XXX	22	36	40	43	45	47	47
6. 2014.....	XXX	XXX	XXX	XXX	23	34	38	43	47	47
7. 2015.....	XXX	XXX	XXX	XXX	XXX	11	23	25	25	28
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	43	71	78	83
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	107	129
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	49
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	82	47	36	28	17	16	14	12	12	6
2. 2010.....	78	55	31	22	12	4	2	2	2	2
3. 2011.....	XXX	56	26	16	6	4	2	2	2	2
4. 2012.....	XXX	XXX	53	18	7	3	1	1	1	0
5. 2013.....	XXX	XXX	XXX	12	6	4	4	2	0	0
6. 2014.....	XXX	XXX	XXX	XXX	21	16	14	8	6	8
7. 2015.....	XXX	XXX	XXX	XXX	XXX	17	6	5	5	2
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	34	13	7	1
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	25	10
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	16
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	39	14	13	1	1	0	0	0	3	0
2. 2010.....	267	343	356	360	361	362	362	362	362	362
3. 2011.....	XXX	229	265	269	270	271	271	271	271	271
4. 2012.....	XXX	XXX	156	187	193	196	197	197	197	197
5. 2013.....	XXX	XXX	XXX	72	87	89	93	93	93	93
6. 2014.....	XXX	XXX	XXX	XXX	85	100	102	102	104	106
7. 2015.....	XXX	XXX	XXX	XXX	XXX	78	85	88	88	89
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	116	129	130	131
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	140	165	173
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87	94
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	27	12	7	2	0	0	0	1	1	0
2. 2010.....	79	102	105	108	109	109	109	109	109	109
3. 2011.....	XXX	79	112	116	116	122	122	122	122	122
4. 2012.....	XXX	XXX	40	52	52	52	53	53	53	53
5. 2013.....	XXX	XXX	XXX	63	97	103	104	105	105	105
6. 2014.....	XXX	XXX	XXX	XXX	91	118	124	129	129	130
7. 2015.....	XXX	XXX	XXX	XXX	XXX	72	104	111	111	113
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	42	61	69	71
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	55	65	73
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	70
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	49	36	28	5	7	7	6	4	3	3
2. 2010.....	18	6	4	0	0	0	0	0	0	0
3. 2011.....	XXX	28	10	7	5	0	0	0	0	0
4. 2012.....	XXX	XXX	10	4	1	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	21	9	3	1	1	1	1
6. 2014.....	XXX	XXX	XXX	XXX	39	19	12	4	4	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	28	9	3	3	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	18	9	4	1
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	14	10
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	6
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	60	14	22	3	4	1	198	92	358	422
2. 2010.....	131	157	160	161	163	163	163	163	163	163
3. 2011.....	XXX	162	191	194	194	195	195	195	195	195
4. 2012.....	XXX	XXX	82	90	93	93	95	96	96	96
5. 2013.....	XXX	XXX	XXX	127	174	180	181	182	183	184
6. 2014.....	XXX	XXX	XXX	XXX	179	213	220	221	226	226
7. 2015.....	XXX	XXX	XXX	XXX	XXX	136	172	175	175	175
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	91	116	120	121
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	107	121	130
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89	103
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69

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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	0	3	3	3	3	3	3	3
5. 2013.....	XXX	XXX	XXX	6	10	10	10	10	10	10
6. 2014.....	XXX	XXX	XXX	XXX	1	4	4	4	4	5
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	1	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	2	0	0	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2014.....	XXX	XXX	XXX	XXX	3	2	2	2	2	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	1	1	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	1	1	1	1	1	1	1	1	1
4. 2012.....	XXX	XXX	2	4	4	4	4	4	4	4
5. 2013.....	XXX	XXX	XXX	8	11	11	11	11	11	11
6. 2014.....	XXX	XXX	XXX	XXX	5	7	7	7	7	7
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	1	2	2	2
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019.....	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 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	78	78	78	78	78	78	78	78	78	78	0
3. 2011.....	XXX	82	82	82	82	82	82	82	82	82	0
4. 2012.....	XXX	XXX	124	124	124	124	124	124	124	124	0
5. 2013.....	XXX	XXX	XXX	138	138	138	138	138	138	138	0
6. 2014.....	XXX	XXX	XXX	XXX	138	138	138	138	138	138	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	121	121	121	121	121	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	88	88	88	88	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	70	70	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	14	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16
13. Earned Premiums (Sch P-Pt. 1)	78	82	124	138	138	121	88	70	14	16	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	78	78	78	78	78	78	78	78	78	78	0
3. 2011.....	XXX	82	82	82	82	82	82	82	82	82	0
4. 2012.....	XXX	XXX	124	124	124	124	124	124	124	124	0
5. 2013.....	XXX	XXX	XXX	138	138	138	138	138	138	138	0
6. 2014.....	XXX	XXX	XXX	XXX	138	138	138	138	138	138	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	121	121	121	121	121	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	88	88	88	88	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	70	70	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	14	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16
13. Earned Premiums (Sch P-Pt. 1)	78	82	124	138	138	121	88	70	14	16	XXX

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

**(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	(22)	(14)	4	0	0	(4)	0	0	0	0	0
2. 2010.....	4,063	4,219	4,176	4,175	4,174	4,174	4,174	4,174	4,174	4,174	0
3. 2011.....	XXX	3,908	3,923	3,911	3,905	3,904	3,904	3,904	3,904	3,904	0
4. 2012.....	XXX	XXX	3,478	3,592	3,577	3,573	3,573	3,573	3,573	3,573	0
5. 2013.....	XXX	XXX	XXX	1,846	1,895	1,891	1,889	1,884	1,884	1,884	0
6. 2014.....	XXX	XXX	XXX	XXX	2,128	2,173	2,171	2,162	2,162	2,162	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,433	2,482	2,472	2,471	2,471	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,927	3,053	3,056	3,054	(2)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,353	3,409	3,406	(3)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,071	2,139	68
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,593	1,593
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,656
13. Earned Premiums (Sch P-Pt. 1)	4,041	4,051	3,453	1,946	2,157	2,464	2,972	3,454	2,129	1,656	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	(22)	(14)	4	0	0	(4)	0	0	0	0	0
2. 2010.....	4,063	4,219	4,176	4,175	4,174	4,174	4,174	4,174	4,174	4,174	0
3. 2011.....	XXX	3,908	3,923	3,911	3,905	3,904	3,904	3,904	3,904	3,904	0
4. 2012.....	XXX	XXX	3,478	3,592	3,577	3,573	3,573	3,573	3,573	3,573	0
5. 2013.....	XXX	XXX	XXX	1,846	1,895	1,891	1,889	1,884	1,884	1,884	0
6. 2014.....	XXX	XXX	XXX	XXX	2,128	2,173	2,171	2,162	2,162	2,162	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,433	2,482	2,472	2,471	2,471	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,927	3,053	3,056	3,054	(2)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,353	3,409	3,406	(3)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,071	2,139	68
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,593	1,593
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,656
13. Earned Premiums (Sch P-Pt. 1)	4,041	4,051	3,453	1,946	2,157	2,464	2,972	3,454	2,129	1,656	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	4	(1)	0	0	0	0	0	0	0	0	0
2. 2010.....	3,384	3,378	3,377	3,377	3,377	3,377	3,377	3,377	3,377	3,377	0
3. 2011.....	XXX	3,630	3,632	3,634	3,634	3,634	3,634	3,634	3,634	3,634	0
4. 2012.....	XXX	XXX	4,036	4,041	4,042	4,042	4,042	4,042	4,042	4,042	0
5. 2013.....	XXX	XXX	XXX	4,426	4,426	4,425	4,425	4,425	4,425	4,425	0
6. 2014.....	XXX	XXX	XXX	XXX	4,861	4,874	4,874	4,873	4,873	4,873	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	5,320	5,333	5,326	5,326	5,326	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	5,106	5,099	5,098	5,098	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,950	4,962	4,962	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,247	4,244	(3)
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,559	3,559
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,556
13. Earned Premiums (Sch P-Pt. 1)	3,388	3,622	4,038	4,433	4,861	5,332	5,119	4,935	4,258	3,556	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	4	(1)	0	0	0	0	0	0	0	0	0
2. 2010.....	3,384	3,378	3,377	3,377	3,377	3,377	3,377	3,377	3,377	3,377	0
3. 2011.....	XXX	3,630	3,632	3,634	3,634	3,634	3,634	3,634	3,634	3,634	0
4. 2012.....	XXX	XXX	4,036	4,041	4,042	4,042	4,042	4,042	4,042	4,042	0
5. 2013.....	XXX	XXX	XXX	4,426	4,426	4,425	4,425	4,425	4,425	4,425	0
6. 2014.....	XXX	XXX	XXX	XXX	4,861	4,874	4,874	4,873	4,873	4,873	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	5,320	5,333	5,326	5,326	5,326	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	5,106	5,099	5,098	5,098	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,950	4,962	4,962	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,247	4,244	(3)
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,559	3,559
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,556
13. Earned Premiums (Sch P-Pt. 1)	3,388	3,622	4,038	4,433	4,861	5,332	5,119	4,935	4,258	3,556	XXX

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	7	6	6	6	6	6	6	6	6	6	0
3. 2011.....	XXX	5	3	3	3	3	3	3	3	3	0
4. 2012.....	XXX	XXX	31	31	31	31	31	31	31	31	0
5. 2013.....	XXX	XXX	XXX	142	144	144	144	144	144	144	0
6. 2014.....	XXX	XXX	XXX	XXX	113	114	114	114	114	114	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	32	33	33	33	33	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	27	24	24	24	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	25	25	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	30	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35
13. Earned Premiums (Sch P-Pt. 1)	7	4	29	142	114	34	27	22	30	35	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	7	6	6	6	6	6	6	6	6	6	0
3. 2011.....	XXX	5	3	3	3	3	3	3	3	3	0
4. 2012.....	XXX	XXX	31	31	31	31	31	31	31	31	0
5. 2013.....	XXX	XXX	XXX	142	144	144	144	144	144	144	0
6. 2014.....	XXX	XXX	XXX	XXX	113	114	114	114	114	114	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	32	33	33	33	33	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	27	24	24	24	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	25	25	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	30	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35
13. Earned Premiums (Sch P-Pt. 1)	7	4	29	142	114	34	27	22	30	35	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2014.....	XXX	XXX	XXX	XXX	17	17	17	17	17	17	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019.....	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	3	17	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2014.....	XXX	XXX	XXX	XXX	17	17	17	17	17	17	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019.....	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	3	17	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX



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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2013.....	XXX	XXX	XXX	7	7	7	7	7	7	7	0
6. 2014.....	XXX	XXX	XXX	XXX	9	10	10	10	10	10	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	14	15	15	15	15	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	12	11	11	11	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	0	0	1	7	9	14	13	0	1	1	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2010.....	0	0	0	0	0	0	0	0	0	0	0
3. 2011.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2013.....	XXX	XXX	XXX	7	7	7	7	7	7	7	0
6. 2014.....	XXX	XXX	XXX	XXX	9	10	10	10	10	10	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX	14	15	15	15	15	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	12	11	11	11	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	0	0	1	7	9	14	13	0	1	1	XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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	2010 .....	0	0
1.603	2011 .....	0	0
1.604	2012 .....	0	0
1.605	2013 .....	0	0
1.606	2014 .....	0	0
1.607	2015 .....	0	0
1.608	2016 .....	0	0
1.609	2017 .....	0	0
1.610	2018 .....	0	0
1.611	2019 .....	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 years 2017 and 2019. ....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories									
States, Etc.	1  Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4  Dividends Paid or Credited to Policyholders on Direct Business	5  Direct Losses Paid (Deducting Salvage)	6  Direct Losses Incurred	7  Direct Losses Unpaid	8  Finance and Service Charges Not Included in Premiums	9  Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2  Direct Premiums Written	3  Direct Premiums Earned						
1. Alabama .....	AL	N	0	0	0	0	0	0	0
2. Alaska .....	AK	N	0	0	0	0	0	0	0
3. Arizona .....	AZ	N	0	0	0	0	0	0	0
4. Arkansas .....	AR	N	0	0	0	0	0	0	0
5. California .....	CA	N	0	0	0	0	0	0	0
6. Colorado .....	CO	N	0	0	0	0	0	0	0
7. Connecticut .....	CT	N	0	0	0	0	0	0	0
8. Delaware .....	DE	N	0	0	0	0	0	0	0
9. District of Columbia .....	DC	N	0	0	0	0	0	0	0
10. Florida .....	FL	N	0	0	0	0	0	0	0
11. Georgia .....	GA	N	0	0	0	0	0	0	0
12. Hawaii .....	HI	N	0	0	0	0	0	0	0
13. Idaho .....	ID	N	0	0	0	0	0	0	0
14. Illinois .....	IL	L	46,176,897	45,224,679	253	34,720,501	35,983,995	21,611,462	147,214
15. Indiana .....	IN	N	0	0	0	0	0	0	0
16. Iowa .....	IA	N	0	0	0	0	0	0	0
17. Kansas .....	KS	N	0	0	0	0	0	0	0
18. Kentucky .....	KY	N	0	0	0	0	0	0	0
19. Louisiana .....	LA	N	0	0	0	0	0	0	0
20. Maine .....	ME	N	0	0	0	0	0	0	0
21. Maryland .....	MD	N	0	0	0	0	0	0	0
22. Massachusetts .....	MA	N	0	0	0	0	0	0	0
23. Michigan .....	MI	N	0	0	0	0	0	0	0
24. Minnesota .....	MN	N	0	0	0	0	0	0	0
25. Mississippi .....	MS	N	0	0	0	0	0	0	0
26. Missouri .....	MO	N	0	0	0	0	0	0	0
27. Montana .....	MT	N	0	0	0	0	0	0	0
28. Nebraska .....	NE	N	0	0	0	0	0	0	0
29. Nevada .....	NV	N	0	0	0	0	0	0	0
30. New Hampshire .....	NH	N	0	0	0	0	0	0	0
31. New Jersey .....	NJ	N	0	0	0	0	0	0	0
32. New Mexico .....	NM	N	0	0	0	0	0	0	0
33. New York .....	NY	N	0	0	0	0	0	0	0
34. North Carolina .....	NC	N	0	0	0	0	0	0	0
35. North Dakota .....	ND	N	0	0	0	0	0	0	0
36. Ohio .....	OH	N	0	0	0	0	0	0	0
37. Oklahoma .....	OK	N	0	0	0	0	0	0	0
38. Oregon .....	OR	N	0	0	0	0	0	0	0
39. Pennsylvania .....	PA	N	0	0	0	0	0	0	0
40. Rhode Island .....	RI	N	0	0	0	0	0	0	0
41. South Carolina .....	SC	N	0	0	0	0	0	0	0
42. South Dakota .....	SD	N	0	0	0	0	0	0	0
43. Tennessee .....	TN	N	0	0	0	0	0	0	0
44. Texas .....	TX	N	0	0	0	0	0	0	0
45. Utah .....	UT	N	0	0	0	0	0	0	0
46. Vermont .....	VT	N	0	0	0	0	0	0	0
47. Virginia .....	VA	N	0	0	0	0	0	0	0
48. Washington .....	WA	N	0	0	0	0	0	0	0
49. West Virginia .....	WV	N	0	0	0	0	0	0	0
50. Wisconsin .....	WI	N	0	0	0	0	0	0	0
51. Wyoming .....	WY	N	0	0	0	0	0	0	0
52. American Samoa .....	AS	N	0	0	0	0	0	0	0
53. Guam .....	GU	N	0	0	0	0	0	0	0
54. Puerto Rico .....	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N	0	0	0	0	0	0	0
57. Canada .....	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien ..	OT	XXX	0	0	0	0	0	0	0
59. Totals	XXX	46,176,897	45,224,679	253	34,720,501	35,983,995	21,611,462	147,214	0
DETAILS OF WRITE-INS									
58001. ....	XXX								
58002. ....	XXX								
58003. ....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....0  
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....0  
R - Registered - Non-domiciled RRGs.....0  
Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....56

(b) Explanation of basis of allocation of premiums by states, etc.  
Fire, Allied Lines, Homeowners, Commercial multiple peril, Earthquake, Glass, Burglary, Boiler and Machinery - location of property insured. Ocean Marine - state contract was negotiated. Inland Marine - location of insured. Liability other than auto - location of insured plant. Auto liability and physical damage - place of principal garage. Workers' Compensation - state in which work is performed. Fidelity: forgery bonds - location of insured; of employer; All Other - location of employer. Surety: Judicial bonds - location of court; License bonds - location of obligee; Contracts - location of work; Supply bonds - location of contractors; All other - location of principal.

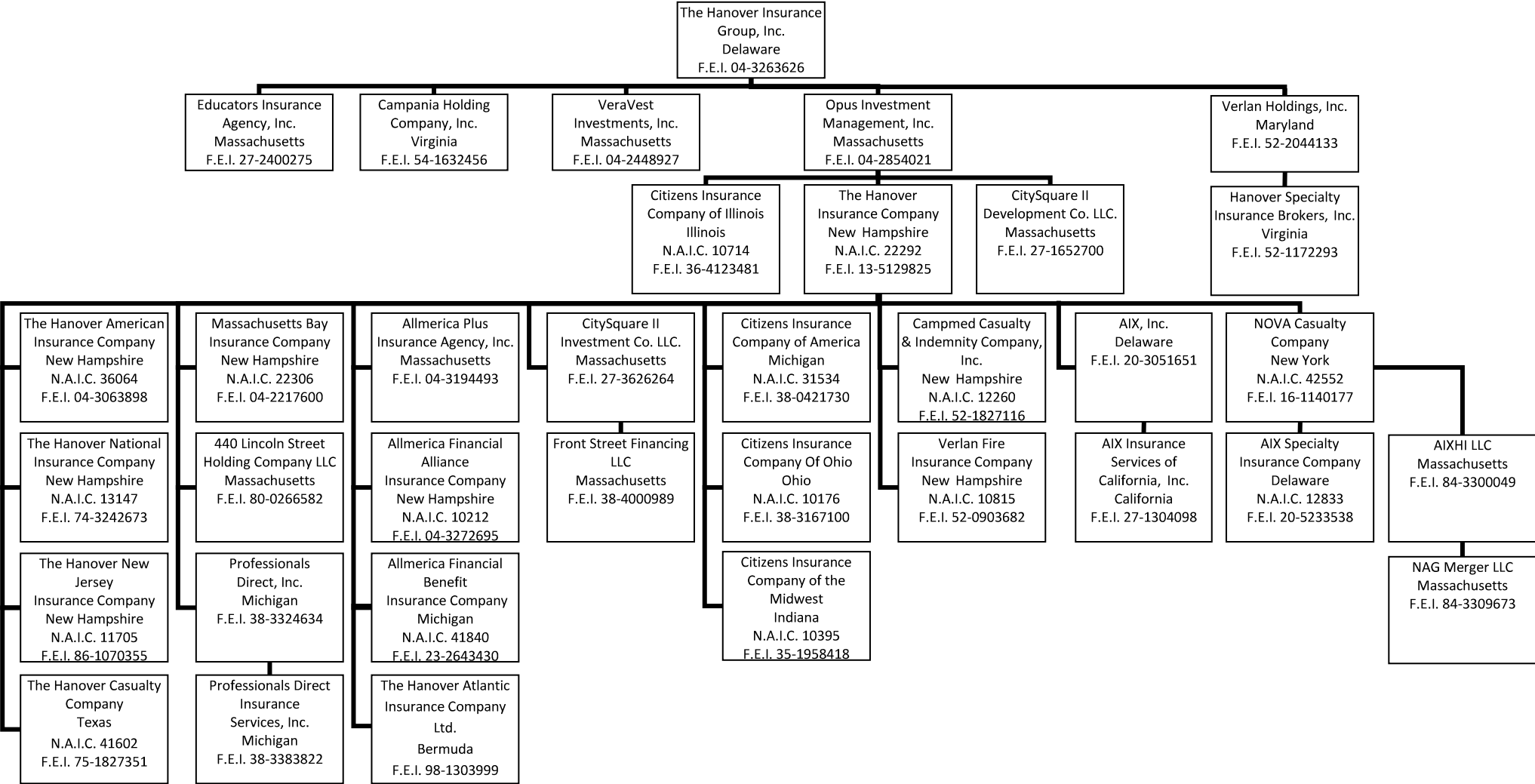
SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



Note: All Companies are wholly-owned.

Allmerica Securities Trust  
Massachusetts

Affiliated Investment Management Company

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
	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.	N	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1304098				AIX Insurance Services of California, Inc.	CA	NIA	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
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.	N	
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.	N	
	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.	N	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
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.	N	
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.	N	
0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	RE	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	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.	N	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
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.	Y	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UDP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3383822				Professionals Direct Ins. Services, Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
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.	N	
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	Y	
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.	N	
0088	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		N	
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.	N	
0088	The Hanover Insurance Group	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
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.	N	
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	

Asterisk	

NONE



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co. ....	0	0	0	0	0	0		0	0	269,667,361
	20-2875170	AIX Holdings, Inc. ....	(300,000)	0	0	0	0	0		0	(300,000)	0
10212	04-3272695	Allmerica Financial Alliance Ins Co. ....	(400,000)	0	0	0	0	0		0	(400,000)	200,993,914
41840	23-2643430	Allmerica Financial Benefit Ins Co. ....	0	3,000,000	0	0	0	(68,370,702)		0	(65,370,702)	674,989,744
	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. ....	(500,000)	0	0	0	0	0		0	(500,000)	13,257,580
31534	38-0421730	Citizens Insurance Co. of America ....	(106,000,000)	0	(87,094,985)	0	160,083,279	(87,995,735)		0	(121,007,441)	(165,159,317)
10714	36-4123481	Citizens Insurance Co. of Illinois ....	0	0	0	0	0	0		0	0	46,471,245
10176	38-3167100	Citizens Insurance Co. of Ohio ....	(1,300,000)	0	0	0	0	0		0	(1,300,000)	16,930,325
10395	35-1958418	Citizens Insurance Co. of the Midwest ....	0	12,000,000	0	0	0	(105,181,977)		0	(93,181,977)	1,039,144,547
36064	04-3063898	The Hanover American Insurance Co. ....	0	1,000,000	0	0	0	(85,150,827)		0	(84,150,827)	419,640,349
	98-1300399	The Hanover Atlantic Insurance Company ....	0	0	0	0	0	0		0	0	4,942,997
22292	13-5129825	The Hanover Insurance Company ....	(25,600,000)	(16,000,000)	17,495,094	0	(95,888,923)	519,793,556		(125,000,000)	274,799,727	(4,141,020,518)
11705	86-1070355	Hanover New Jersey Insurance Company ....	(800,000)	0	0	0	0	0		0	(800,000)	3,108
41602	75-1827351	The Hanover Casualty Company ....	(1,000,000)	0	0	0	0	0		0	(1,000,000)	75,959,220
22306	04-2217600	Massachusetts Bay Insurance Company ....	(3,000,000)	0	0	0	0	(173,094,315)		0	(176,094,315)	906,727,359
42552	16-1140177	NOVA Casualty Co. ....	0	0	0	0	0	0		0	0	539,451,795
	04-3263626	The Hanover Insurance Group, Inc. ....	140,000,000	0	69,599,891	0	(64,194,356)	0		125,000,000	270,405,535	0
13147	74-3242673	The Hanover National Insurance Company ....	(300,000)	0	0	0	0	0		0	(300,000)	0
10815	52-0903682	Verlan Fire Insurance Co. ....	(600,000)	0	0	0	0	0		0	(600,000)	98,000,291
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS





SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1? .....	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6.	Will Management’s Discussion and Analysis be filed by April 1? .....	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1? .....	YES
10.	Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES
















The following supplemental reports are required to be filed as part of your annual statement filing **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		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	YES
25.	Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
26.	Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
27.	Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit’s Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....	YES
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....	NO
AUGUST FILING		
37.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:		
12.		
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35.		
36.		

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 7 1 4 2 0 1 9 3 6 5 0 0 0 0 0
21.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 7 1 4 2 0 1 9 3 9 9 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 7 1 4 2 0 1 9 4 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 0 7 1 4 2 0 1 9 5 0 0 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 7 1 4 2 0 1 9 2 2 4 0 0 0 0 0
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 7 1 4 2 0 1 9 2 2 5 0 0 0 0 0
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 7 1 4 2 0 1 9 2 2 6 0 0 0 0 0
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 0 7 1 4 2 0 1 9 5 5 5 0 0 0 0 0
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 7 1 4 2 0 1 9 2 3 0 0 0 0 0 0
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 7 1 4 2 0 1 9 3 0 6 0 0 0 0 0
31.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 0 7 1 4 2 0 1 9 2 1 0 0 0 0 0 0
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 0 7 1 4 2 0 1 9 2 1 6 0 0 0 0 0
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 0 7 1 4 2 0 1 9 2 1 7 0 0 0 0 0
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 1 0 7 1 4 2 0 1 9 2 8 0 0 0 0 0 0
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 1 0 7 1 4 2 0 1 9 3 0 0 0 0 0 0 0

**NONE**

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments .....	5,139,973	92.667	5,139,973	0	5,139,973	92.667
1.02 All other governments .....	0	0.000	0	0	0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed .....	0	0.000	0	0	0	0.000
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed .....	0	0.000	0	0	0	0.000
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed .....	0	0.000	0	0	0	0.000
1.06 Industrial and miscellaneous .....	334,861	6.037	334,861	0	334,861	6.037
1.07 Hybrid securities .....	0	0.000	0	0	0	0.000
1.08 Parent, subsidiaries and affiliates .....	0	0.000	0	0	0	0.000
1.09 SVO identified funds .....	0	0.000	0	0	0	0.000
1.10 Unaffiliated Bank loans .....	0	0.000	0	0	0	0.000
1.11 Total long-term bonds .....	5,474,834	98.705	5,474,834	0	5,474,834	98.705
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated) .....	0	0.000	0	0	0	0.000
2.02 Parent, subsidiaries and affiliates .....	0	0.000	0	0	0	0.000
2.03 Total preferred stocks .....	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated) .....	0	0.000	0	0	0	0.000
3.02 Industrial and miscellaneous Other (Unaffiliated) .....	0	0.000	0	0	0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded .....	0	0.000	0	0	0	0.000
3.04 Parent, subsidiaries and affiliates Other .....	0	0.000	0	0	0	0.000
3.05 Mutual funds .....	0	0.000	0	0	0	0.000
3.06 Unit investment trusts .....	0	0.000	0	0	0	0.000
3.07 Closed-end funds .....	0	0.000	0	0	0	0.000
3.08 Total common stocks .....	0	0.000	0	0	0	0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages .....	0	0.000	0	0	0	0.000
4.02 Residential mortgages .....	0	0.000	0	0	0	0.000
4.03 Commercial mortgages .....	0	0.000	0	0	0	0.000
4.04 Mezzanine real estate loans .....	0	0.000	0	0	0	0.000
4.05 Total mortgage loans .....	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company .....	0	0.000	0	0	0	0.000
5.02 Properties held for production of income .....	0	0.000	0	0	0	0.000
5.03 Properties held for sale .....	0	0.000	0	0	0	0.000
5.04 Total real estate .....	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1) .....	71,855	1.295	71,855	0	71,855	1.295
6.02 Cash equivalents (Schedule E, Part 2) .....	0	0.000	0	0	0	0.000
6.03 Short-term investments (Schedule DA) .....	0	0.000	0	0	0	0.000
6.04 Total cash, cash equivalents and short-term investments .....	71,855	1.295	71,855	0	71,855	1.295
7. Contract loans .....	0	0.000	0	0	0	0.000
8. Derivatives (Schedule DB) .....	0	0.000	0	0	0	0.000
9. Other invested assets (Schedule BA) .....	0	0.000	0	0	0	0.000
10. Receivables for securities .....	0	0.000	0	0	0	0.000
11. Securities Lending (Schedule DL, Part 1).....	0	0.000	0	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11) .....	0	0.000	0	0	0	0.000
13. Total invested assets	5,546,689	100.000	5,546,689	0	5,546,689	100.000

Schedule A - Verification - Real Estate

**N O N E**

Schedule B - Verification - Mortgage Loans

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16	
	3.2 Totals, Part 3, Column 12	
4.	Accrual of discount	
5.	Unrealized valuation increase (decrease):	
	5.1 Totals, Part 1, Column 13	
	5.2 Totals, Part 3, Column 9	
6.	Total gain (loss) on disposals, Part 3, Column 19	
7.	Deduct amounts received on disposals, Part 3, Column 1	
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17	
	9.2 Totals, Part 3, Column 14	
10.	Deduct current year's other than temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15	
	10.2 Totals, Part 3, Column 11	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	5,320,288
2.	Cost of bonds and stocks acquired, Part 3, Column 7	248,545
3.	Accrual of discount	19,284
4.	Unrealized valuation increase (decrease):	
	4.1. Part 1, Column 12	0
	4.2. Part 2, Section 1, Column 15	0
	4.3. Part 2, Section 2, Column 13	0
	4.4. Part 4, Column 11	0
5.	Total gain (loss) on disposals, Part 4, Column 19	12,137
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	124,091
7.	Deduct amortization of premium	1,329
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1. Part 1, Column 15	0
	8.2. Part 2, Section 1, Column 19	0
	8.3. Part 2, Section 2, Column 16	0
	8.4. Part 4, Column 15	0
9.	Deduct current year's other than temporary impairment recognized:	
	9.1. Part 1, Column 14	0
	9.2. Part 2, Section 1, Column 17	0
	9.3. Part 2, Section 2, Column 14	0
	9.4. Part 4, Column 13	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	5,474,834
12.	Deduct total nonadmitted amounts	0
13.	Statement value at end of current period (Line 11 minus Line 12)	5,474,834

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1. United States .....	5,139,973	5,215,626	5,114,419	5,175,000
Governments (Including all obligations guaranteed by governments)	2. Canada .....	0	0	0	0
	3. Other Countries	0	0	0	0
	4. Totals	5,139,973	5,215,626	5,114,419	5,175,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals	0	0	0	0
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (unaffiliated)	8. United States .....	334,861	334,836	277,762	366,041
	9. Canada .....	0	0	0	0
	10. Other Countries	0	0	0	0
	11. Totals	334,861	334,836	277,762	366,041
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	5,474,834	5,550,462	5,392,181	5,541,041
PREFERRED STOCKS	14. United States .....	0	0	0	
Industrial and Miscellaneous (unaffiliated)	15. Canada .....	0	0	0	
	16. Other Countries	0	0	0	
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS	20. United States .....	0	0	0	
Industrial and Miscellaneous (unaffiliated)	21. Canada .....	0	0	0	
	22. Other Countries	0	0	0	
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	5,474,834	5,550,462	5,392,181	



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1 .....	1,125,842	3,525,194	488,937	0	0	XXX	5,139,973	93.9	4,884,207	91.8	5,139,973	0
1.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.7 Totals	1,125,842	3,525,194	488,937	0	0	XXX	5,139,973	93.9	4,884,207	91.8	5,139,973	0
2. All Other Governments												
2.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed												
4.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS  
**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
6.1 NAIC 1 .....	109,778	225,083	0	0	0	XXX	334,861	6.1	436,081	8.2	0	334,861
6.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.7 Totals	109,778	225,083	0	0	0	XXX	334,861	6.1	436,081	8.2	0	334,861
7. Hybrid Securities												
7.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1 .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.2 NAIC 2 .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.3 NAIC 3 .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.4 NAIC 4 .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.5 NAIC 5 .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.6 NAIC 6 .....	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.1 NAIC 1 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.2 NAIC 2 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.3 NAIC 3 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.4 NAIC 4 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.5 NAIC 5 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.6 NAIC 6 .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS  
**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1 .....	(d) 1,235,620	3,750,277	488,937	0	0	0	5,474,834	100.0	XXX	XXX	5,139,973	334,861
11.2 NAIC 2 .....	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.3 NAIC 3 .....	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4 .....	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5 .....	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.6 NAIC 6 .....	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.7 Totals .....	1,235,620	3,750,277	488,937	0	0	0	(b) 5,474,834	100.0	XXX	XXX	5,139,973	334,861
11.8 Line 11.7 as a % of Col. 7	22.6	68.5	8.9	0.0	0.0	0.0	100.0	XXX	XXX	XXX	93.9	6.1
12. Total Bonds Prior Year												
12.1 NAIC 1 .....	110,406	3,831,974	1,377,908	0	0	0	XXX	XXX	5,320,288	100.0	4,884,207	436,081
12.2 NAIC 2 .....	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.3 NAIC 3 .....	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.4 NAIC 4 .....	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
12.5 NAIC 5 .....	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
12.6 NAIC 6 .....	0	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
12.7 Totals .....	110,406	3,831,974	1,377,908	0	0	0	XXX	XXX	(b) 5,320,288	100.0	4,884,207	436,081
12.8 Line 12.7 as a % of Col. 9	2.1	72.0	25.9	0.0	0.0	0.0	XXX	XXX	100.0	XXX	91.8	8.2
13. Total Publicly Traded Bonds												
13.1 NAIC 1 .....	1,125,842	3,525,194	488,937	0	0	0	5,139,973	93.9	4,884,207	91.8	5,139,973	XXX
13.2 NAIC 2 .....	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.3 NAIC 3 .....	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.4 NAIC 4 .....	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.5 NAIC 5 .....	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.6 NAIC 6 .....	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
13.7 Totals .....	1,125,842	3,525,194	488,937	0	0	0	5,139,973	93.9	4,884,207	91.8	5,139,973	XXX
13.8 Line 13.7 as a % of Col. 7	21.9	68.6	9.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	20.6	64.4	8.9	0.0	0.0	0.0	93.9	XXX	XXX	XXX	93.9	XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1 .....	109,778	225,083	0	0	0	0	334,861	6.1	436,081	8.2	XXX	334,861
14.2 NAIC 2 .....	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.3 NAIC 3 .....	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4 .....	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5 .....	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6 .....	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals .....	109,778	225,083	0	0	0	0	334,861	6.1	436,081	8.2	XXX	334,861
14.8 Line 14.7 as a % of Col. 7	32.8	67.2	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	2.0	4.1	0.0	0.0	0.0	0.0	6.1	XXX	XXX	XXX	XXX	6.1

(a) Includes \$ .....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$ .....0 current year of bonds with Z designations and \$ .....0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.  
(c) Includes \$ .....0 current year, \$ .....0 prior year of bonds with 5GI designations and \$ .....0 current year, \$ .....0 prior year of bonds with 6\* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS  
**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.01 Issuer Obligations .....	1,125,842	3,525,194	488,937	0	0	XXX	5,139,973	93.9	4,884,207	91.8	5,139,973	0
1.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.05 Totals	1,125,842	3,525,194	488,937	0	0	XXX	5,139,973	93.9	4,884,207	91.8	5,139,973	0
2. All Other Governments												
2.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous												
6.01 Issuer Obligations .....	109,778	225,083	0	0	0	XXX	334,861	6.1	436,081	8.2	0	334,861
6.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.05 Totals	109,778	225,083	0	0	0	XXX	334,861	6.1	436,081	8.2	0	334,861
7. Hybrid Securities												
7.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.04 Other Loan-Backed and Structured Securities .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.05 Affiliated Bank Loans - Issued .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.06 Affiliated Bank Loans - Acquired .....	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE D - PART 1A - SECTION 2 (Continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.02 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.03 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.02 Unaffiliated Bank Loans - Acquired	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.03 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Total Bonds Current Year												
11.01 Issuer Obligations	1,235,620	3,750,277	488,937	0	0	XXX	5,474,834	100.0	XXX	XXX	5,139,973	334,861
11.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.08 Totals	1,235,620	3,750,277	488,937	0	0	0	5,474,834	100.0	XXX	XXX	5,139,973	334,861
11.09 Line 11.08 as a % of Col. 7	22.6	68.5	8.9	0.0	0.0	0.0	100.0	XXX	XXX	XXX	93.9	6.1
12. Total Bonds Prior Year												
12.01 Issuer Obligations	110,406	3,831,974	1,377,908	0	0	XXX	XXX	XXX	5,320,288	100.0	4,884,207	436,081
12.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
12.06 Affiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.08 Totals	110,406	3,831,974	1,377,908	0	0	0	XXX	XXX	5,320,288	100.0	4,884,207	436,081
12.09 Line 12.08 as a % of Col. 9	2.1	72.0	25.9	0.0	0.0	0.0	XXX	XXX	100	XXX	91.8	8.2
13. Total Publicly Traded Bonds												
13.01 Issuer Obligations	1,125,842	3,525,194	488,937	0	0	XXX	5,139,973	93.9	4,884,207	91.8	5,139,973	XXX
13.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
13.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
13.08 Totals	1,125,842	3,525,194	488,937	0	0	0	5,139,973	93.9	4,884,207	91.8	5,139,973	XXX
13.09 Line 13.08 as a % of Col. 7	21.9	68.6	9.5	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11	20.6	64.4	8.9	0.0	0.0	0.0	93.9	XXX	XXX	XXX	93.9	XXX
14. Total Privately Placed Bonds												
14.01 Issuer Obligations	109,778	225,083	0	0	0	XXX	334,861	6.1	436,081	8.2	XXX	334,861
14.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.08 Totals	109,778	225,083	0	0	0	0	334,861	6.1	436,081	8.2	XXX	334,861
14.09 Line 14.08 as a % of Col. 7	32.8	67.2	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11	2.0	4.1	0.0	0.0	0.0	0.0	6.1	XXX	XXX	XXX	XXX	6.1

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

**SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS**

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....	0	0	0	0
2. Cost of cash equivalents acquired .....	1,248,964	1,248,964	0	0
3. Accrual of discount .....	1,036	1,036	0	0
4. Unrealized valuation increase (decrease) .....	0	0	0	0
5. Total gain (loss) on disposals .....	0	0	0	0
6. Deduct consideration received on disposals .....	1,250,000	1,250,000	0	0
7. Deduct amortization of premium .....	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0	0	0
11. Deduct total nonadmitted amounts .....	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0	0	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

**N O N E**

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 1 - Mortgage Loans Owned

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-3F-5	U.S. Treasury Notes				1	486,504	102.8440	514,220	500,000	488,937	0	1,253	0	0	2.250	2.562	MN	1,453	11,250	01/12/2018	11/15/2027
912828-3P-3	U.S. Treasury Notes				1	393,844	102.6640	410,656	400,000	395,473	0	841	0	0	2.250	2.492	JD	25	9,000	01/12/2018	12/31/2024
912828-5D-8	U.S. Treasury Notes				1	198,617	104.4410	208,882	200,000	198,935	0	266	0	0	2.875	3.026	MS	1,461	5,750	10/19/2018	09/30/2023
912828-NT-3	U.S. Treasury Notes	.SD			1	1,136,870	100.6020	1,131,773	1,125,000	1,125,842	0	(1,328)	0	0	2.625	2.503	FA	11,154	29,531	10/21/2010	08/15/2020
912828-T3-4	U.S. Treasury Notes				1	992,699	99.1950	991,950	1,000,000	997,351	0	1,489	0	0	1.125	1.279	MS	2,859	11,250	11/02/2016	09/30/2021
912828-TY-6	U.S. Treasury Notes	.SD			1	1,163,161	100.0740	1,200,888	1,200,000	1,188,463	0	3,866	0	0	1.625	1.971	MN	2,518	19,500	01/28/2013	11/15/2022
912828-W4-8	U.S. Treasury Notes	.SD			1	494,180	101.8560	509,280	500,000	496,404	0	813	0	0	2.125	2.307	FA	3,590	10,625	03/17/2017	02/29/2024
912828-YV-6	U.S. Treasury Notes				1	248,544	99.1910	247,977	250,000	248,568	0	22	0	0	1.500	1.622	MN	328	0	11/27/2019	11/30/2024
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						5,114,419	XXX	5,215,626	5,175,000	5,139,973	0	7,222	0	0	XXX	XXX	XXX	23,388	96,906	XXX	XXX
0599999. Total - U.S. Government Bonds						5,114,419	XXX	5,215,626	5,175,000	5,139,973	0	7,222	0	0	XXX	XXX	XXX	23,388	96,906	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2499999. Total - U.S. Political Subdivisions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
3199999. Total - U.S. Special Revenues Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
00841F-AA-7	Advantage Capital Tax Credit Notes			9	1FE	277,762	91.4750	334,836	366,041	334,861	0	9,186	0	0	0.000	6.160	MAR	0	0	07/28/2015	05/15/2023
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						277,762	XXX	334,836	366,041	334,861	0	9,186	0	0	XXX	XXX	XXX	0	0	XXX	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						277,762	XXX	334,836	366,041	334,861	0	9,186	0	0	XXX	XXX	XXX	0	0	XXX	XXX
4899999. Total - Hybrid Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6099999. Subtotal - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6599999. Subtotal - Unaffiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7699999. Total - Issuer Obligations						5,392,181	XXX	5,550,462	5,541,041	5,474,834	0	16,408	0	0	XXX	XXX	XXX	23,388	96,906	XXX	XXX
7799999. Total - Residential Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7899999. Total - Commercial Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999. Total - Other Loan-Backed and Structured Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999. Total - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8199999. Total - Affiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8299999. Total - Unaffiliated Bank Loans						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999 - Total Bonds						5,392,181	XXX	5,550,462	5,541,041	5,474,834	0	16,408	0	0	XXX	XXX	XXX	23,388	96,906	XXX	XXX

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned  
**N O N E**

Schedule D - Part 2 - Section 2 - Common Stocks Owned  
**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

## SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

## SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

CUSIP Identi- fication	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Con- sideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date
										11	12	13	14	15						
										Unrealized Valuation Increase/ Decrease	Current Year's (Amor- tization)/ Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value						
00841#--AA-7	Advantage Capital Tax Credit Notes 0.000% 05/15/23		10/15/2019	Redemption 100.0000		124,091	124,091	94,164	110,407	0	1,548	0	1,548	0	111,954	0	12,137	12,137	0	.05/15/2023
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						124,091	124,091	94,164	110,407	0	1,548	0	1,548	0	111,954	0	12,137	12,137	0	XXX
8399997. Total - Bonds - Part 4						124,091	124,091	94,164	110,407	0	1,548	0	1,548	0	111,954	0	12,137	12,137	0	XXX
8399998. Total - Bonds - Part 5						0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8399999. Total - Bonds						124,091	124,091	94,164	110,407	0	1,548	0	1,548	0	111,954	0	12,137	12,137	0	XXX
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999998. Total - Preferred Stocks - Part 5						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. Total - Common Stocks - Part 5						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999 - Totals						124,091	XXX	94,164	110,407	0	1,548	0	1,548	0	111,954	0	12,137	12,137	0	XXX

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

**NONE**

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

**NONE**

Schedule D - Part 6 - Section 2

**NONE**

Schedule DA - Part 1 - Short-Term Investments Owned

**NONE**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**NONE**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

**NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**NONE**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

**NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of  
Current Year

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Bank of New York Mellon ..... New York, NY .....		0.000	0	0	71,855	XXX
0199998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	71,855	XXX
0299998 Deposits in ... 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	71,855	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	XXX
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	0	0	71,855	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January.....	127,808	4. April.....	182,027	7. July.....	261,109	10. October.....	276,551
2. February.....	147,377	5. May.....	226,972	8. August.....	25,282	11. November.....	321,322
3. March.....	146,825	6. June.....	26,838	9. September.....	276,911	12. December.....	71,855

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
NONE								
8899999 - Total Cash Equivalents								



SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1	2	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3	4	5	6
States, Etc.	Type of Deposit	Purpose of Deposit	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	Fair Value
1. Alabama	AL		0	0	0	0
2. Alaska	AK		0	0	0	0
3. Arizona	AZ		0	0	0	0
4. Arkansas	AR		0	0	0	0
5. California	CA		0	0	0	0
6. Colorado	CO		0	0	0	0
7. Connecticut	CT		0	0	0	0
8. Delaware	DE		0	0	0	0
9. District of Columbia	DC		0	0	0	0
10. Florida	FL		0	0	0	0
11. Georgia	GA		0	0	0	0
12. Hawaii	HI		0	0	0	0
13. Idaho	ID		0	0	0	0
14. Illinois	IL	B For the Benefit of All Policyholders	1,943,698	1,963,175	0	0
15. Indiana	IN		0	0	0	0
16. Iowa	IA		0	0	0	0
17. Kansas	KS		0	0	0	0
18. Kentucky	KY		0	0	0	0
19. Louisiana	LA		0	0	0	0
20. Maine	ME		0	0	0	0
21. Maryland	MD		0	0	0	0
22. Massachusetts	MA		0	0	0	0
23. Michigan	MI		0	0	0	0
24. Minnesota	MN		0	0	0	0
25. Mississippi	MS		0	0	0	0
26. Missouri	MO		0	0	0	0
27. Montana	MT		0	0	0	0
28. Nebraska	NE		0	0	0	0
29. Nevada	NV		0	0	0	0
30. New Hampshire	NH		0	0	0	0
31. New Jersey	NJ		0	0	0	0
32. New Mexico	NM		0	0	0	0
33. New York	NY		0	0	0	0
34. North Carolina	NC		0	0	0	0
35. North Dakota	ND		0	0	0	0
36. Ohio	OH		0	0	0	0
37. Oklahoma	OK		0	0	0	0
38. Oregon	OR		0	0	0	0
39. Pennsylvania	PA		0	0	0	0
40. Rhode Island	RI		0	0	0	0
41. South Carolina	SC		0	0	0	0
42. South Dakota	SD		0	0	0	0
43. Tennessee	TN		0	0	0	0
44. Texas	TX		0	0	0	0
45. Utah	UT		0	0	0	0
46. Vermont	VT		0	0	0	0
47. Virginia	VA		0	0	0	0
48. Washington	WA		0	0	0	0
49. West Virginia	WV		0	0	0	0
50. Wisconsin	WI		0	0	0	0
51. Wyoming	WY		0	0	0	0
52. American Samoa	AS		0	0	0	0
53. Guam	GU		0	0	0	0
54. Puerto Rico	PR		0	0	0	0
55. U.S. Virgin Islands	VI		0	0	0	0
56. Northern Mariana Islands	MP		0	0	0	0
57. Canada	CAN		0	0	0	0
58. Aggregate Alien and Other	OT	XXX	0	0	693,270	700,518
59. Subtotal	XXX	XXX	1,943,698	1,963,175	693,270	700,518
DETAILS OF WRITE-INS						
5801. U.S. Treasury Notes 1 5/8% Due 11/15/2022 MN15	B	Worker's Compensation	0	0	693,270	700,518
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	693,270	700,518

ALPHABETICAL INDEX

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