



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  
(Name) (Area Code) (Telephone Number)  
DHAZELWOOD@HANOVER.COM 508-853-6332  
(E-mail Address) (FAX Number)

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

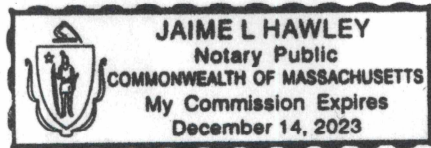
State of Massachusetts SS:  
County of Worcester

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  
**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]

## SCHEDULE F - PART 2

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	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	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	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
0899999. Total Authorized - Affiliates					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	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	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
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	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
9999999 Totals					46,177	0	0	11,333	622	10,283	1,651	22,582	0	46,471	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**

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	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.....	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 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.....	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  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	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	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.....	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	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	1.0	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						
	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	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. 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 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. 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 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.....	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**

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**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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	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			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4I - Special Property

**NONE**

Schedule P - Part 4J - Auto Physical Damage

**NONE**

Schedule P - Part 4K - Fidelity/Surety

**NONE**

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

**NONE**

Schedule P - Part 4M - International

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4T - Warranty

**N O N E**

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

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

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**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

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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**

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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.

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 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

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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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**





SUPPLEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2019  
(To Be Filed by March 1)

NAIC Group Code0088

NAIC Company Code10714

Company NameCITIZENS INSURANCE COMPANY OF ILLINOIS

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified:\$17,651

2.32 Amount estimated using reasonable assumptions:\$0

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

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

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