

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
Citizens Insurance Company of Illinois

NAIC Group Code00880088NAIC Company Code10714Employer's ID Number36-4123481
(Current)(Prior)

Organized under the Laws of _____, State of Domicile or Port of Entry IL
Country of DomicileUnited States of America

Incorporated/Organized01/02/1997Commenced Business01/24/1997

Statutory Home Office333 West Pierce Road, Suite 300Itasca, IL, US 60143-3114
(Street and Number)(City or Town, State, Country and Zip Code)

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

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

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

Internet Website AddressWWW.HANOVER.COM

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

OFFICERS

PresidentJohn Conner RocheVice President & TreasurerNathaniel William Clarkin #

Senior Vice President & SecretaryCharles Frederick Cronin

OTHER

Jeffrey Mark Farber, Executive Vice President & CFO
Willard Ty-Lunn Lee #, Executive Vice President
Mark Joseph Welzenbach, Executive Vice President

Dennis Francis Kerrigan Jr., Executive Vice President & GC
Denise Maureen Lowsley, Executive Vice President

Richard William Lavey, Executive Vice President
Bryan James Salvatore, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison BarnesJeffrey Mark FarberLindsay France Greenfield #

Jeremy Glenn JacksonDennis Francis Kerrigan Jr.Greggory Steward Ketay #

Willard Ty-Lunn Lee #Denise Maureen LowsleyJoellen Mary Mendoza #

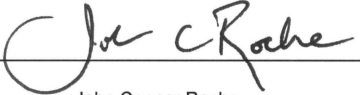
Armando Gennaro PetruzzelliJohn Conner RocheBryan James Salvatore

Helen Ryan SavaianoMark Joseph Welzenbach


State ofMassachusettsSS

County ofWorcester


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



John Conner Roche
President

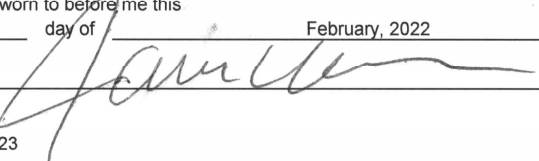


Charles Frederick Cronin
Senior Vice President & Secretary



Nathan William Clarkin
Vice President & Treasurer

Subscribed and sworn to before me this
2nd day of February, 2022



Jaime L. Hawley
Notary
December 14, 2023

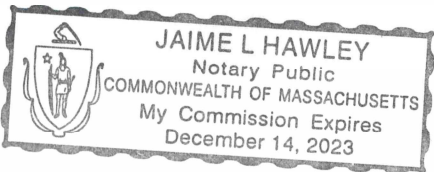
a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....





ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

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	199,149	178,099	.0	97,816	483,582	149,464	9,551	2,813	2,463	1,757	28,040	3,046
2.1 Allied lines	503,117	453,513	.0	246,606	116,730	130,175	28,477	166	7,880	11,492	73,785	7,699
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	43,971,136	40,657,136	.0	22,491,915	30,605,971	30,179,782	11,041,971	463,663	549,024	667,331	6,903,748	672,687
5.1 Commercial multiple peril (non-liability portion)	2,193,987	2,287,701	.0	984,180	1,079,913	260,498	233,208	33,379	28,559	47,123	377,851	33,752
5.2 Commercial multiple peril (liability portion)	824,027	873,656	.0	380,425	371,552	(8,654)	2,330,879	203,409	280,476	921,909	153,326	12,717
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	1,411,375	1,338,479	.0	694,034	333,317	283,168	61,162	.0	(2,570)	10,615	226,459	21,614
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	730,204	646,678	.0	374,496	.0	11,376	24,997	.0	(1,219)	4,781	116,103	11,146
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-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	940,105	757,811	.0	487,539	864,690	(366,429)	2,763,082	50,365	9,488	86,354	130,920	14,280
17.1 Other Liability - occurrence	42,418	35,172	.0	22,785	11,088	13,005	128,826	37,875	14,739	12,168	6,436	668
17.2 Other Liability - claims made	570	299	.0	285	.0	(5)	1	.0	11	49	92	9
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	7,259	3,812	.0	3,467	.0	1,071	1,551	.0	1,074	1,474	1,397	109
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	260,657	274,914	.0	82,918	184,747	63,891	470,666	71,371	65,528	27,419	41,226	4,025
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	29,735	21,878	.0	18,549	.0	(547)	5,626	.0	(553)	2,570	5,378	1,702
21.1 Private passenger auto physical damage	206,490	213,631	.0	65,166	3,450	16,214	7,601	.0	(80)	268	32,259	3,186
21.2 Commercial auto physical damage	14,337	9,638	.0	9,540	9,812	11,749	1,975	.0	(1)	18	2,626	217
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	845	423	.0	422	.0	44	44	.0	16	16	127	13
27. Boiler and machinery	10,217	10,469	.0	993	.0	.0	.0	.0	.0	.0	1,552	156
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)	51,345,628	47,763,309	0	25,961,136	34,064,852	30,744,802	17,109,617	863,041	954,835	1,795,344	8,101,325	787,026
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 \$ 96,807

(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 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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NAIC Group Code 0088

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

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	199,149	178,099	.0	97,816	483,582	149,464	9,551	2,813	2,463	1,757	28,040	3,046
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2.2 Multiple peril crop0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	43,971,136	40,657,136	.0	22,491,915	30,605,971	30,179,782	11,041,971	463,663	549,024	667,331	6,903,748	672,687
5.1 Commercial multiple peril (non-liability portion)	2,193,987	2,287,701	.0	984,180	1,079,913	260,498	233,208	33,379	28,559	47,123	377,851	33,752
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6. Mortgage guaranty0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	1,411,375	1,338,479	.0	694,034	333,317	283,168	61,162	.0	(2,570)	10,615	226,459	21,614
10. Financial guaranty0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	730,204	646,678	.0	374,496	.0	11,376	24,997	.0	(1,219)	4,781	116,103	11,146
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15.4 Non-renewable for stated reasons only (b)0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
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15.8 Federal employees health benefits plan premium (b)0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	940,105	757,811	.0	487,539	864,690	(366,429)	2,763,082	50,365	9,488	86,354	130,920	14,280
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18. Products liability	7,259	3,812	.0	3,467	.0	1,071	1,551	.0	1,074	1,474	1,397	109
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	260,657	274,914	.0	82,918	184,747	63,891	470,666	71,371	65,528	27,419	41,226	4,025
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23. Fidelity0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	845	423	.0	422	.0	44	44	.0	16	16	127	13
27. Boiler and machinery	10,217	10,469	.0	993	.0	.0	.0	.0	.0	.0	1,552	156
28. Credit0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. International0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	51,345,628	47,763,309	0	25,961,136	34,064,852	30,744,802	17,109,617	863,041	954,835	1,795,344	8,101,325	787,026
DETAILS OF WRITE-INS												
3401.												
3402.												
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3498. Summary of remaining write-ins for Line 34 from overflow page0	.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 \$ 96,807

(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 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 1

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 2

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

ANNUAL STATEMENT FOR THE YEAR 2021 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		51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Affiliates					51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					51,346	0	0	9,251	638	7,862	1,473	25,961	0	45,185	0	0	0	45,185	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	45,185	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	0	45,185	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	45,185	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	45,185	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	45,185	0	0	0	0	0	0	0	XXX	0	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999	Total Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999	Total Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999	Total Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non- U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999	Total Reciprocal Jurisdiction - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	XXX	0	0	45,185	0	0	0	0	0	0	0	XXX	0	0
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals	0	0	XXX	0	0	45,185	0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	0.0	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	0.0	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	0.0	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	0.0	XXX	0
0899999. Total Authorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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	0.0	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	0.0	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	0.0	XXX	0
2299999. Total Unauthorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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	0.0	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	0.0	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	0.0	XXX	0
3699999. Total Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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	0.0	XXX	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
9999999 Totals	0	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 2021 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
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999	Totals			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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 and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	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%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	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
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
5099999	Total Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	0	0	0	XXX	XXX	0
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0
9999999	Totals	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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 2021 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
	<u>Name of Reinsurer</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>
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
	<u>Name of Reinsurer</u>	<u>Total Recoverables</u>	<u>Ceded Premiums</u>	<u>Affiliated</u>
6.	THE HANOVER INSURANCE COMPANY	45,185	51,346	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)	6,703,235	0	6,703,235
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	21,259	0	21,259
6. Net amount recoverable from reinsurers	0	45,185,000	45,185,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	6,724,494	45,185,000	51,909,494
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	19,224,000	19,224,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	15,658	0	15,658
11. Unearned premiums (Line 9)	0	25,961,000	25,961,000
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	5,361	0	5,361
19. Total liabilities excluding protected cell business (Line 26)	21,019	45,185,000	45,206,019
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	6,703,475	XXX	6,703,475
22. Totals (Line 38)	6,724,494	45,185,000	51,909,494

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 2021 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. 2012.....	15,999	15,999	0	13,239	13,239	236	236	1,029	1,029	0	0	2,051
3. 2013.....	20,009	20,009	0	15,245	15,245	184	184	1,437	1,437	0	0	2,124
4. 2014.....	23,853	23,853	0	20,199	20,199	131	131	2,102	2,102	0	0	2,617
5. 2015.....	28,319	28,319	0	13,613	13,613	150	150	2,333	2,333	0	0	2,411
6. 2016.....	30,758	30,758	0	13,417	13,417	262	262	2,535	2,535	0	0	2,254
7. 2017.....	33,163	33,163	0	24,068	24,068	170	170	2,725	2,725	0	0	3,734
8. 2018.....	34,866	34,866	0	20,347	20,347	588	588	2,085	2,085	0	0	2,875
9. 2019.....	36,927	36,927	0	32,021	32,021	204	204	3,277	3,277	0	0	3,867
10. 2020.....	38,365	38,365	0	35,450	35,450	235	235	3,195	3,195	0	0	3,892
11. 2021.....	40,657	40,657	0	15,748	15,748	120	120	2,458	2,458	0	0	2,497
12. Totals	XXX	XXX	XXX	203,349	203,349	2,280	2,280	23,175	23,175	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2014.....	0	0	5	5	0	0	2	2	0	0	0	0	0
5. 2015.....	0	0	23	23	0	0	4	4	0	0	0	0	0
6. 2016.....	0	0	32	32	0	0	1	1	0	0	0	0	0
7. 2017.....	265	265	49	49	15	15	15	15	4	4	0	0	3
8. 2018.....	505	505	169	169	55	55	39	39	8	8	0	0	6
9. 2019.....	962	962	358	358	28	28	86	86	10	10	0	0	8
10. 2020.....	1,227	1,227	446	446	0	0	126	126	32	32	0	0	25
11. 2021.....	2,368	2,368	4,632	4,632	85	85	211	211	138	138	0	0	109
12. Totals	5,327	5,327	5,715	5,715	183	183	485	485	191	191	0	0	151

	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		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. 2012.....	14,505	14,505	0	90.7	90.7	0.0	0	0	0.0	0	0
3. 2013.....	16,868	16,868	0	84.3	84.3	0.0	0	0	0.0	0	0
4. 2014.....	22,438	22,438	0	94.1	94.1	0.0	0	0	0.0	0	0
5. 2015.....	16,124	16,124	0	56.9	56.9	0.0	0	0	0.0	0	0
6. 2016.....	16,247	16,247	0	52.8	52.8	0.0	0	0	0.0	0	0
7. 2017.....	27,310	27,310	0	82.4	82.4	0.0	0	0	0.0	0	0
8. 2018.....	23,796	23,796	0	68.2	68.2	0.0	0	0	0.0	0	0
9. 2019.....	36,946	36,946	0	100.1	100.1	0.0	0	0	0.0	0	0
10. 2020.....	40,711	40,711	0	106.1	106.1	0.0	0	0	0.0	0	0
11. 2021.....	25,759	25,759	0	63.4	63.4	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 2021 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. 2012.....	1,846	1,846	0	1,167	1,167	61	61	135	135	0	0	202
3. 2013.....	1,476	1,476	0	495	495	0	0	106	106	0	0	173
4. 2014.....	1,157	1,157	0	317	317	3	3	79	79	0	0	122
5. 2015.....	895	895	0	946	946	40	40	58	58	0	0	97
6. 2016.....	733	733	0	251	251	4	4	60	60	0	0	101
7. 2017.....	596	596	0	274	274	122	122	47	47	0	0	68
8. 2018.....	493	493	0	151	151	17	17	25	25	0	0	40
9. 2019.....	398	398	0	172	172	0	0	27	27	0	0	38
10. 2020.....	324	324	0	135	135	0	0	13	13	0	0	14
11. 2021.....	275	275	0	13	13	0	0	6	6	0	0	6
12. Totals	XXX	XXX	XXX	3,922	3,922	247	247	555	555	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	2	2	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015.....	0	0	1	1	0	0	0	0	0	0	0	0	0
6. 2016.....	10	10	2	2	0	0	1	1	1	1	0	0	1
7. 2017.....	300	300	2	2	0	0	2	2	1	1	0	0	2
8. 2018.....	33	33	6	6	0	0	4	4	1	1	0	0	2
9. 2019.....	0	0	13	13	0	0	6	6	0	0	0	0	0
10. 2020.....	9	9	30	30	0	0	7	7	1	1	0	0	1
11. 2021.....	10	10	54	54	0	0	7	7	1	1	0	0	2
12. Totals	361	361	110	110	0	0	27	27	6	6	0	0	8

	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. 2012.....	1,364	1,364	0	73.9	73.9	0.0	0	0	0.0	0	0
3. 2013.....	602	602	0	40.8	40.8	0.0	0	0	0.0	0	0
4. 2014.....	399	399	0	34.5	34.5	0.0	0	0	0.0	0	0
5. 2015.....	1,045	1,045	0	116.8	116.8	0.0	0	0	0.0	0	0
6. 2016.....	329	329	0	44.9	44.9	0.0	0	0	0.0	0	0
7. 2017.....	748	748	0	125.5	125.5	0.0	0	0	0.0	0	0
8. 2018.....	237	237	0	48.0	48.0	0.0	0	0	0.0	0	0
9. 2019.....	218	218	0	54.8	54.8	0.0	0	0	0.0	0	0
10. 2020.....	194	194	0	59.7	59.7	0.0	0	0	0.0	0	0
11. 2021.....	90	90	0	32.9	32.9	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2012.....	124	124	0	7	7	0	0	2	2	0	0	4
3. 2013.....	138	138	0	22	22	0	0	5	5	0	0	8
4. 2014.....	138	138	0	41	41	0	0	9	9	0	0	14
5. 2015.....	121	121	0	8	8	0	0	3	3	0	0	4
6. 2016.....	88	88	0	2	2	0	0	1	1	0	0	1
7. 2017.....	70	70	0	8	8	0	0	3	3	0	0	4
8. 2018.....	14	14	0	0	0	0	0	1	1	0	0	1
9. 2019.....	16	16	0	6	6	0	0	1	1	0	0	1
10. 2020.....	21	21	0	0	0	0	0	0	0	0	0	0
11. 2021.....	22	22	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	95	95	0	0	25	25	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	1	1	0	0	1	1	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020.....	0	0	1	1	0	0	0	0	0	0	0	0	0
11. 2021.....	0	0	2	2	0	0	0	0	0	0	0	0	0
12. Totals	0	0	6	6	0	0	3	3	0	0	0	0	0

	Total			Loss and Loss Expense Percentage			Nontabular Discount		34	Net Balance Sheet		
	Losses and Loss Expenses Incurred			(Incurred /Premiums Earned)						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. 2012.....	9	9	0	7.4	7.4	0.0	0	0	0.0	0	0	
3. 2013.....	27	27	0	19.9	19.9	0.0	0	0	0.0	0	0	
4. 2014.....	50	50	0	36.4	36.4	0.0	0	0	0.0	0	0	
5. 2015.....	11	11	0	9.4	9.4	0.0	0	0	0.0	0	0	
6. 2016.....	3	3	0	3.2	3.2	0.0	0	0	0.0	0	0	
7. 2017.....	12	12	0	17.2	17.2	0.0	0	0	0.0	0	0	
8. 2018.....	1	1	0	6.4	6.4	0.0	0	0	0.0	0	0	
9. 2019.....	7	7	0	46.1	46.1	0.0	0	0	0.0	0	0	
10. 2020.....	1	1	0	7.1	7.1	0.0	0	0	0.0	0	0	
11. 2021.....	3	3	0	13.0	13.0	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 2021 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		5		6					7		8		9	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Direct and Assumed	Ceded	Direct and Assumed	Ceded		
1. Prior.....	XXX	XXX	XXX	77	77	4	4	1	1	0	0	XXX						
2. 2012.....	3,453	3,453	0	1,035	1,035	85	85	172	172	0	0	197						
3. 2013.....	1,946	1,946	0	289	289	49	49	92	92	0	0	93						
4. 2014.....	2,157	2,157	0	487	487	70	70	114	114	0	0	106						
5. 2015.....	2,464	2,464	0	803	803	53	53	99	99	0	0	89						
6. 2016.....	2,972	2,972	0	667	667	49	49	147	147	0	0	131						
7. 2017.....	3,454	3,454	0	1,285	1,285	117	117	176	176	0	0	174						
8. 2018.....	2,129	2,129	0	627	627	48	48	97	97	0	0	95						
9. 2019.....	1,656	1,656	0	764	764	63	63	102	102	0	0	101						
10. 2020.....	668	668	0	261	261	17	17	31	31	0	0	24						
11. 2021.....	758	758	0	93	93	7	7	42	42	0	0	43						
12. Totals	XXX	XXX	XXX	6,387	6,387	561	561	1,073	1,073	0	0	XXX						

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	967	967	478	478	0	0	39	39	7	7	0	0	8
2. 2012.....	0	0	30	30	0	0	4	4	0	0	0	0	0
3. 2013.....	0	0	15	15	0	0	3	3	0	0	0	0	0
4. 2014.....	0	0	21	21	0	0	3	3	0	0	0	0	0
5. 2015.....	34	34	25	25	0	0	3	3	2	2	0	0	2
6. 2016.....	0	0	30	30	0	0	5	5	0	0	0	0	0
7. 2017.....	187	187	38	38	0	0	7	7	3	3	0	0	4
8. 2018.....	152	152	24	24	0	0	6	6	3	3	0	0	4
9. 2019.....	456	456	19	19	0	0	6	6	14	14	0	0	16
10. 2020.....	130	130	18	18	0	0	4	4	5	5	0	0	6
11. 2021.....	118	118	26	26	0	0	7	7	16	16	0	0	19
12. Totals	2,043	2,043	723	723	0	0	86	86	51	51	0	0	59

	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. 2012.....	1,325	1,325	0	38.4	38.4	0.0	0	0	0.0	0	0
3. 2013.....	448	448	0	23.0	23.0	0.0	0	0	0.0	0	0
4. 2014.....	695	695	0	32.2	32.2	0.0	0	0	0.0	0	0
5. 2015.....	1,018	1,018	0	41.3	41.3	0.0	0	0	0.0	0	0
6. 2016.....	898	898	0	30.2	30.2	0.0	0	0	0.0	0	0
7. 2017.....	1,814	1,814	0	52.5	52.5	0.0	0	0	0.0	0	0
8. 2018.....	957	957	0	44.9	44.9	0.0	0	0	0.0	0	0
9. 2019.....	1,423	1,423	0	85.9	85.9	0.0	0	0	0.0	0	0
10. 2020.....	466	466	0	69.8	69.8	0.0	0	0	0.0	0	0
11. 2021.....	308	308	0	40.7	40.7	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
1. Prior.....	XXX	XXX	XXX	0	0	51	51	552	552	0	0	XXX
2. 2012.....	4,038	4,038	0	1,782	1,782	36	36	125	125	0	0	96
3. 2013.....	4,433	4,433	0	1,109	1,109	91	91	206	206	0	0	184
4. 2014.....	4,861	4,861	0	2,451	2,451	307	307	272	272	0	0	226
5. 2015.....	5,332	5,332	0	2,904	2,904	714	714	237	237	0	0	176
6. 2016.....	5,119	5,119	0	1,529	1,529	324	324	286	286	0	0	123
7. 2017.....	4,935	4,935	0	8,814	8,814	622	622	240	240	0	0	132
8. 2018.....	4,258	4,258	0	1,447	1,447	176	176	311	311	0	0	110
9. 2019.....	3,556	3,556	0	1,365	1,365	71	71	355	355	0	0	93
10. 2020.....	3,357	3,357	0	2,627	2,627	42	42	414	414	0	0	103
11. 2021.....	3,161	3,161	0	493	493	9	9	410	410	0	0	81
12. Totals	XXX	XXX	XXX	24,520	24,520	2,444	2,444	3,408	3,408	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	231	231	85	85	172	172	64	64	35	35	0	0	20
2. 2012.....	0	0	11	11	0	0	8	8	0	0	0	0	0
3. 2013.....	0	0	12	12	0	0	12	12	0	0	0	0	0
4. 2014.....	175	175	18	18	20	20	17	17	2	2	0	0	1
5. 2015.....	0	0	33	33	0	0	25	25	0	0	0	0	0
6. 2016.....	25	25	43	43	110	110	19	19	2	2	0	0	1
7. 2017.....	120	120	55	55	5	5	45	45	5	5	0	0	3
8. 2018.....	798	798	80	80	139	139	40	40	7	7	0	0	4
9. 2019.....	20	20	111	111	7	7	63	63	2	2	0	0	1
10. 2020.....	0	0	230	230	0	0	97	97	0	0	0	0	0
11. 2021.....	31	31	486	486	0	0	126	126	9	9	0	0	5
12. Totals	1,400	1,400	1,164	1,164	451	451	518	518	61	61	0	0	35

	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		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. 2012.....	1,962	1,962	0	48.6	48.6	0.0	0	0	0.0	0	0
3. 2013.....	1,431	1,431	0	32.3	32.3	0.0	0	0	0.0	0	0
4. 2014.....	3,261	3,261	0	67.1	67.1	0.0	0	0	0.0	0	0
5. 2015.....	3,914	3,914	0	73.4	73.4	0.0	0	0	0.0	0	0
6. 2016.....	2,337	2,337	0	45.7	45.7	0.0	0	0	0.0	0	0
7. 2017.....	9,906	9,906	0	200.7	200.7	0.0	0	0	0.0	0	0
8. 2018.....	2,997	2,997	0	70.4	70.4	0.0	0	0	0.0	0	0
9. 2019.....	1,995	1,995	0	56.1	56.1	0.0	0	0	0.0	0	0
10. 2020.....	3,411	3,411	0	101.6	101.6	0.0	0	0	0.0	0	0
11. 2021.....	1,563	1,563	0	49.4	49.4	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 2021 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 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. 2012.....	2	2	0	0	0	0	0	0	0	0	0	XXX
3. 2013.....	5	5	0	0	0	0	0	0	0	0	0	XXX
4. 2014.....	4	4	0	0	0	0	0	0	0	0	0	XXX
5. 2015.....	8	8	0	1	1	0	0	2	2	0	0	XXX
6. 2016.....	9	9	0	0	0	0	0	0	0	0	0	XXX
7. 2017.....	11	11	0	0	0	0	0	0	0	0	0	XXX
8. 2018.....	10	10	0	0	0	0	0	0	0	0	0	XXX
9. 2019.....	8	8	0	0	0	0	0	0	0	0	0	XXX
10. 2020.....	9	9	0	0	0	0	0	0	0	0	0	XXX
11. 2021.....	10	10	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	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. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021.....	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	
	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. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2015.....	3	3	0	34.7	34.7	0.0	0	0	0.0	0	0
6. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2019.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2020.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2021.....	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 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2012.....	29	29	0	16	16	0	0	3	3	0	0	4
3. 2013.....	142	142	0	67	67	2	2	10	10	0	0	11
4. 2014.....	114	114	0	97	97	55	55	12	12	0	0	7
5. 2015.....	34	34	0	0	0	63	63	2	2	0	0	2
6. 2016.....	27	27	0	0	0	0	0	0	0	0	0	0
7. 2017.....	22	22	0	0	0	0	0	0	0	0	0	0
8. 2018.....	30	30	0	0	0	0	0	0	0	0	0	0
9. 2019.....	35	35	0	0	0	0	0	2	2	0	0	1
10. 2020.....	35	35	0	15	15	0	0	4	4	0	0	2
11. 2021.....	35	35	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	194	194	120	120	34	34	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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	1	1	0	0	1	1	0	0	0	0	0
2. 2012.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	4	4	0	0	1	1	0	0	0	0	0
4. 2014.....	0	0	4	4	0	0	2	2	0	0	0	0	0
5. 2015.....	100	100	2	2	4	4	0	0	3	3	0	0	1
6. 2016.....	0	0	2	2	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	1	1	0	0	0	0	0	0	0	0	0
8. 2018.....	0	0	2	2	0	0	0	0	0	0	0	0	0
9. 2019.....	0	0	3	3	0	0	1	1	0	0	0	0	0
10. 2020.....	0	0	4	4	0	0	1	1	0	0	0	0	0
11. 2021.....	0	0	6	6	0	0	1	1	0	0	0	0	0
12. Totals	100	100	29	29	4	4	8	8	3	3	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2012.....	19	19	0	65.0	65.0	0.0	0	0	0.0	0	0
3. 2013.....	85	85	0	59.7	59.7	0.0	0	0	0.0	0	0
4. 2014.....	169	169	0	148.4	148.4	0.0	0	0	0.0	0	0
5. 2015.....	174	174	0	519.5	519.5	0.0	0	0	0.0	0	0
6. 2016.....	2	2	0	7.8	7.8	0.0	0	0	0.0	0	0
7. 2017.....	1	1	0	5.5	5.5	0.0	0	0	0.0	0	0
8. 2018.....	2	2	0	7.6	7.6	0.0	0	0	0.0	0	0
9. 2019.....	6	6	0	17.2	17.2	0.0	0	0	0.0	0	0
10. 2020.....	23	23	0	67.0	67.0	0.0	0	0	0.0	0	0
11. 2021.....	7	7	0	20.2	20.2	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 2021 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. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	3	3	0	0	0	0	0	0	0	0	0	0
4. 2014.....	17	17	0	0	0	0	0	0	0	0	0	0
5. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021.....	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021.....	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		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. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2017.....	0	0	0	0.4	0.4	0.0	0	0	0.0	0	0
8. 2018.....	0	0	0	1.1	1.1	0.0	0	0	0.0	0	0
9. 2019.....	0	0	0	2.4	2.4	0.0	0	0	0.0	0	0
10. 2020.....	0	0	0	4.4	4.4	0.0	0	0	0.0	0	0
11. 2021.....	0	0	0	10.0	10.0	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 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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	(5)	(5)	0	0	0	0	0	0	XXX
2. 2020.....	2,439	2,439	0	1,315	1,315	19	19	71	71	0	0	XXX
3. 2021.....	2,617	2,617	0	383	383	0	0	58	58	0	0	XXX
4. Totals.....	XXX	XXX	XXX	1,693	1,693	19	19	128	128	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	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	20	20	0	0	8	8	0	0	0	0	0
2. 2020	0	0	30	30	0	0	11	11	0	0	0	0	0
3. 2021	2	2	72	72	0	0	10	10	3	3	0	0	1
4. Totals	2	2	122	122	0	0	29	29	3	3	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. 2020	1,446	1,446	0	59.3	59.3	0.0	0	0	0.0	0	0
3. 2021	528	528	0	20.2	20.2	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 2021 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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	(6)	(6)	0	0	0	0	0	0	XXX
2. 2020.....	259	259	0	39	39	0	0	17	17	0	0	42
3. 2021.....	223	223	0	34	34	0	0	12	12	0	0	34
4. Totals	XXX	XXX	XXX	67	67	0	0	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	(1)	(1)	0	0	0	0	0	0	0	0	0
2. 2020	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2021	17	17	(8)	(8)	0	0	0	0	2	2	0	0	6
4. Totals	17	17	(8)	(8)	0	0	0	0	2	2	0	0	6

	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. 2020.....	57	57	0	21.9	21.9	0.0	0	0	0.0	0	0
3. 2021.....	57	57	0	25.8	25.8	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 2021 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. 2012.....	1	1	0	0	0	0	0	0	0	0	0	0
3. 2013.....	7	7	0	0	0	0	0	0	0	0	0	0
4. 2014.....	9	9	0	0	0	0	0	0	0	0	0	0
5. 2015.....	14	14	0	0	0	0	0	0	0	0	0	0
6. 2016.....	13	13	0	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018.....	1	1	0	0	0	0	0	0	0	0	0	0
9. 2019.....	1	1	0	0	0	0	0	0	0	0	0	0
10. 2020.....	1	1	0	0	0	0	0	0	0	0	0	0
11. 2021.....	4	4	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	2	2	0	0	1	1	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2012.....	0	0	0	5.6	5.6	0.0	0	0	0.0	0	0
3. 2013.....	0	0	0	1.1	1.1	0.0	0	0	0.0	0	0
4. 2014.....	0	0	0	1.1	1.1	0.0	0	0	0.0	0	0
5. 2015.....	0	0	0	0.5	0.5	0.0	0	0	0.0	0	0
6. 2016.....	0	0	0	1.0	1.0	0.0	0	0	0.0	0	0
7. 2017.....	0	0	0	(39.6)	(39.6)	0.0	0	0	0.0	0	0
8. 2018.....	0	0	0	36.2	36.2	0.0	0	0	0.0	0	0
9. 2019.....	0	0	0	77.2	77.2	0.0	0	0	0.0	0	0
10. 2020.....	1	1	0	116.5	116.5	0.0	0	0	0.0	0	0
11. 2021.....	1	1	0	23.4	23.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	15	.0
2. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,612	439
3. 2013.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	1,588	536
4. 2014.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	2,023	594
5. 2015.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	1,645	766
6. 2016.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	1,532	722
7. 2017.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	2,452	1,279
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	1,818	1,051
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	2,916	943
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	2,989	878
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	1,847	541

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	21	.0
2. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	158	44
3. 2013.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	130	43
4. 2014.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	95	27
5. 2015.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	73	24
6. 2016.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	68	32
7. 2017.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	44	22
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	25	13
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	24	14
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	12	1
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	4	0

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

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	2	2
3. 2013.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	7	1
4. 2014.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	8	6
5. 2015.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	3	1
6. 2016.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	1	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	2	2
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	1
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	1	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	0
11. 2021.....	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	82	.0
2. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	118	79
3. 2013.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	47	46
4. 2014.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	54	52
5. 2015.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	28	59
6. 2016.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	84	47
7. 2017.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	136	34
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	59	32
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	61	24
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	14	4
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	11	13

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	22	.0
2. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	53	43
3. 2013.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	105	79
4. 2014.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	130	95
5. 2015.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	113	63
6. 2016.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	72	50
7. 2017.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	76	53
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	73	33
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	60	32
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	59	44
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	48	28

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior.....	.000											
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021.....	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. 2012.....												XXX	XXX
3. 2013.....	XXX											XXX	XXX
4. 2014.....	XXX	XXX										XXX	XXX
5. 2015.....	XXX	XXX	XXX									XXX	XXX
6. 2016.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2017.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2021.....	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	.0
2. 2012.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3	.1
3. 2013.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	10	.1
4. 2014.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	5	.2
5. 2015.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1
6. 2016.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.1
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	2	.0
11. 2021.....	XXX	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. 2012.....													
3. 2013.....	XXX												
4. 2014.....	XXX	XXX											
5. 2015.....	XXX	XXX	XXX										
6. 2016.....	XXX	XXX	XXX	XXX									
7. 2017.....	XXX	XXX	XXX	XXX	XXX								
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021.....	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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	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	.000	.0	.0	.0	.0
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	36	6
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	24	4

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	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	.000			XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2012.....											XXX	XXX
3. 2013.....	XXX										XXX	XXX
4. 2014.....	XXX	XXX									XXX	XXX
5. 2015.....	XXX	XXX	XXX								XXX	XXX
6. 2016.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2017.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

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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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	162	9	2	3	1	0	0	0	0	0
2. 2012.....	1,427	1,600	1,603	1,608	1,608	1,611	1,611	1,612	1,612	1,612
3. 2013.....	XXX	1,374	1,558	1,581	1,586	1,587	1,587	1,587	1,588	1,588
4. 2014.....	XXX	XXX	1,810	2,010	2,018	2,019	2,022	2,022	2,023	2,023
5. 2015.....	XXX	XXX	XXX	1,329	1,627	1,639	1,643	1,643	1,643	1,645
6. 2016.....	XXX	XXX	XXX	XXX	1,323	1,515	1,523	1,526	1,529	1,532
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,138	2,433	2,450	2,451	2,452
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,532	1,783	1,807	1,818
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,485	2,884	2,916
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,462	2,989
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,847

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	6	7	3	0	0	0	0	0	0	0
2. 2012.....	64	8	11	7	5	1	1	0	0	0
3. 2013.....	XXX	94	17	5	2	0	1	1	0	0
4. 2014.....	XXX	XXX	69	7	1	1	0	0	0	0
5. 2015.....	XXX	XXX	XXX	110	11	4	1	1	1	0
6. 2016.....	XXX	XXX	XXX	XXX	76	13	3	2	3	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	102	14	3	3	3
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	108	37	13	6
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84	25	8
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	25
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	151	12	1	1	1	0	0	0	0	0
2. 2012.....	1,854	2,032	2,041	2,049	2,049	2,051	2,051	2,051	2,051	2,051
3. 2013.....	XXX	1,927	2,094	2,116	2,122	2,122	2,124	2,124	2,124	2,124
4. 2014.....	XXX	XXX	2,382	2,600	2,608	2,613	2,616	2,616	2,617	2,617
5. 2015.....	XXX	XXX	XXX	2,015	2,393	2,404	2,408	2,408	2,410	2,411
6. 2016.....	XXX	XXX	XXX	XXX	2,033	2,239	2,243	2,246	2,253	2,254
7. 2017.....	XXX	XXX	XXX	XXX	XXX	3,276	3,715	3,731	3,732	3,734
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2,512	2,850	2,864	2,875
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,403	3,844	3,867
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,301	3,892
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,497

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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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	70	11	7	0	0	2	0	1	0	0
2. 2012.....	113	150	157	157	157	158	158	158	158	158
3. 2013.....	XXX	96	122	128	129	130	130	130	130	130
4. 2014.....	XXX	XXX	70	93	95	95	95	95	95	95
5. 2015.....	XXX	XXX	XXX	58	67	73	73	73	73	73
6. 2016.....	XXX	XXX	XXX	XXX	49	67	68	68	68	68
7. 2017.....	XXX	XXX	XXX	XXX	XXX	30	41	43	43	44
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	16	22	25	25
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	23	24
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	12
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	17	10	3	3	3	1	1	0	0	0
2. 2012.....	34	7	1	1	1	0	0	0	0	0
3. 2013.....	XXX	26	5	2	1	0	0	0	0	0
4. 2014.....	XXX	XXX	25	2	0	0	0	0	0	0
5. 2015.....	XXX	XXX	XXX	13	4	0	0	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	16	2	1	0	1	1
7. 2017.....	XXX	XXX	XXX	XXX	XXX	13	5	3	3	2
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	5	5	2	2
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	1
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	35	8	1	0	0	0	0	1	0	0
2. 2012.....	176	200	202	202	202	202	202	202	202	202
3. 2013.....	XXX	151	170	173	173	173	173	173	173	173
4. 2014.....	XXX	XXX	114	122	122	122	122	122	122	122
5. 2015.....	XXX	XXX	XXX	89	94	97	97	97	97	97
6. 2016.....	XXX	XXX	XXX	XXX	91	100	100	100	101	101
7. 2017.....	XXX	XXX	XXX	XXX	XXX	60	67	68	68	68
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	29	40	40	40
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	38	38
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	14
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

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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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2012.....	1	2	2	2	2	2	2	2	2	2
3. 2013.....	XXX	6	7	7	7	7	7	7	7	7
4. 2014.....	XXX	XXX	5	7	7	8	8	8	8	8
5. 2015.....	XXX	XXX	XXX	1	3	3	3	3	3	3
6. 2016.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021.....	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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0
3. 2013.....	XXX	1	0	0	0	0	0	0	0	0
4. 2014.....	XXX	XXX	3	0	0	0	0	0	0	0
5. 2015.....	XXX	XXX	XXX	3	0	0	0	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2012.....	2	4	4	4	4	4	4	4	4	4
3. 2013.....	XXX	8	8	8	8	8	8	8	8	8
4. 2014.....	XXX	XXX	13	13	13	14	14	14	14	14
5. 2015.....	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2016.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	99	28	25	11	5	2	3	6	0	2
2. 2012.....	51	94	110	115	117	117	117	118	118	118
3. 2013.....	XXX	22	36	40	43	45	47	47	47	47
4. 2014.....	XXX	XXX	23	34	38	43	47	47	52	54
5. 2015.....	XXX	XXX	XXX	11	23	25	25	28	28	28
6. 2016.....	XXX	XXX	XXX	XXX	43	71	78	83	84	84
7. 2017.....	XXX	XXX	XXX	XXX	XXX	67	107	129	136	136
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	27	49	56	59
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	56	61
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	14
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	93	66	35	24	18	16	16	10	10	8
2. 2012.....	53	18	7	3	1	1	1	0	0	0
3. 2013.....	XXX	12	6	4	4	2	0	0	0	0
4. 2014.....	XXX	XXX	21	16	14	8	6	8	2	0
5. 2015.....	XXX	XXX	XXX	17	6	5	5	2	2	2
6. 2016.....	XXX	XXX	XXX	XXX	34	13	7	1	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	48	25	10	4	4
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	37	16	8	4
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	18	16
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	6
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	62	9	3	2	0	0	3	0	0	0
2. 2012.....	156	187	193	196	197	197	197	197	197	197
3. 2013.....	XXX	72	87	89	93	93	93	93	93	93
4. 2014.....	XXX	XXX	85	100	102	102	104	106	106	106
5. 2015.....	XXX	XXX	XXX	78	85	88	88	89	89	89
6. 2016.....	XXX	XXX	XXX	XXX	116	129	130	131	131	131
7. 2017.....	XXX	XXX	XXX	XXX	XXX	140	165	173	174	174
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	87	94	94	95
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	98	101
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	24
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

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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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	43	9	1	6	0	1	1	0	2	2
2. 2012.....	40	52	52	52	53	53	53	53	53	53
3. 2013.....	XXX	63	97	103	104	105	105	105	105	105
4. 2014.....	XXX	XXX	91	118	124	129	129	130	130	130
5. 2015.....	XXX	XXX	XXX	72	104	111	111	113	113	113
6. 2016.....	XXX	XXX	XXX	XXX	42	61	69	71	72	72
7. 2017.....	XXX	XXX	XXX	XXX	XXX	55	65	73	73	76
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	51	70	73	73
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	56	60
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	59
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	42	12	12	7	6	4	3	3	2	20
2. 2012.....	10	4	1	0	0	0	0	0	0	0
3. 2013.....	XXX	21	9	3	1	1	1	1	0	0
4. 2014.....	XXX	XXX	39	19	12	4	4	1	1	1
5. 2015.....	XXX	XXX	XXX	28	9	3	3	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	18	9	4	1	0	1
7. 2017.....	XXX	XXX	XXX	XXX	XXX	19	14	10	6	3
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	15	6	8	4
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	4	1
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	54	7	6	2	198	92	358	422	549	404
2. 2012.....	82	90	93	93	95	96	96	96	96	96
3. 2013.....	XXX	127	174	180	181	182	183	184	184	184
4. 2014.....	XXX	XXX	179	213	220	221	226	226	226	226
5. 2015.....	XXX	XXX	XXX	136	172	175	175	175	176	176
6. 2016.....	XXX	XXX	XXX	XXX	91	116	120	121	122	123
7. 2017.....	XXX	XXX	XXX	XXX	XXX	107	121	130	132	132
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	89	103	110	110
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69	88	93
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92	103
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	81

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	3	3	3	3	3	3	3	3	3
3. 2013.....	XXX	6	10	10	10	10	10	10	10	10
4. 2014.....	XXX	XXX	1	4	4	4	4	5	5	5
5. 2015.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2
11. 2021.....	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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2012.....	2	0	0	0	0	0	0	0	0	0
3. 2013.....	XXX	1	0	0	0	0	0	0	0	0
4. 2014.....	XXX	XXX	3	2	2	2	2	0	0	0
5. 2015.....	XXX	XXX	XXX	0	0	1	1	1	1	1
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2021.....	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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2012.....	2	4	4	4	4	4	4	4	4	4
3. 2013.....	XXX	8	11	11	11	11	11	11	11	11
4. 2014.....	XXX	XXX	5	7	7	7	7	7	7	7
5. 2015.....	XXX	XXX	XXX	0	1	2	2	2	2	2
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2021.....	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 2021 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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	124	124	124	124	124	124	124	124	124	124	0
3. 2013.....	XXX	138	138	138	138	138	138	138	138	138	0
4. 2014.....	XXX	XXX	138	138	138	138	138	138	138	138	0
5. 2015.....	XXX	XXX	XXX	121	121	121	121	121	121	121	0
6. 2016.....	XXX	XXX	XXX	XXX	88	88	88	88	88	88	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	70	70	70	70	70	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14	14	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	21	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22
13. Earned Premiums (Sch P-Pt. 1)	124	138	138	121	88	70	14	16	21	22	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	124	124	124	124	124	124	124	124	124	124	0
3. 2013.....	XXX	138	138	138	138	138	138	138	138	138	0
4. 2014.....	XXX	XXX	138	138	138	138	138	138	138	138	0
5. 2015.....	XXX	XXX	XXX	121	121	121	121	121	121	121	0
6. 2016.....	XXX	XXX	XXX	XXX	88	88	88	88	88	88	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	70	70	70	70	70	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	14	14	14	14	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	21	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22
13. Earned Premiums (Sch P-Pt. 1)	124	138	138	121	88	70	14	16	21	22	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	(25)	(13)	(6)	(5)	0	0	0	0	0	0	0
2. 2012.....	3, 478	3, 592	3, 577	3, 573	3, 573	3, 573	3, 573	3, 573	3, 573	3, 573	0
3. 2013.....	XXX	1, 846	1, 895	1, 891	1, 889	1, 884	1, 884	1, 884	1, 884	1, 884	0
4. 2014.....	XXX	XXX	2, 128	2, 173	2, 171	2, 162	2, 162	2, 162	2, 162	2, 162	0
5. 2015.....	XXX	XXX	XXX	2, 433	2, 482	2, 472	2, 471	2, 471	2, 471	2, 471	0
6. 2016.....	XXX	XXX	XXX	XXX	2, 927	3, 053	3, 056	3, 054	3, 054	3, 054	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	3, 353	3, 409	3, 406	3, 407	3, 406	(1)
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2, 071	2, 139	2, 132	2, 130	(2)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1, 593	1, 584	1, 579	(5)
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	682	685	3
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	763	763
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	758
13. Earned Premiums (Sch P-Pt. 1)	3, 453	1, 946	2, 157	2, 464	2, 972	3, 454	2, 129	1, 656	668	758	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	(25)	(13)	(6)	(5)	0	0	0	0	0	0	0
2. 2012.....	3, 478	3, 592	3, 577	3, 573	3, 573	3, 573	3, 573	3, 573	3, 573	3, 573	0
3. 2013.....	XXX	1, 846	1, 895	1, 891	1, 889	1, 884	1, 884	1, 884	1, 884	1, 884	0
4. 2014.....	XXX	XXX	2, 128	2, 173	2, 171	2, 162	2, 162	2, 162	2, 162	2, 162	0
5. 2015.....	XXX	XXX	XXX	2, 433	2, 482	2, 472	2, 471	2, 471	2, 471	2, 471	0
6. 2016.....	XXX	XXX	XXX	XXX	2, 927	3, 053	3, 056	3, 054	3, 054	3, 054	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	3, 353	3, 409	3, 406	3, 407	3, 406	(1)
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2, 071	2, 139	2, 132	2, 130	(2)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1, 593	1, 584	1, 579	(5)
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	682	685	3
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	763	763
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	758
13. Earned Premiums (Sch P-Pt. 1)	3, 453	1, 946	2, 157	2, 464	2, 972	3, 454	2, 129	1, 656	668	758	XXX

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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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	2	1	0	0	0	0	0	0	0	0	0
2. 2012.....	4,036	4,041	4,042	4,042	4,042	4,042	4,042	4,042	4,042	4,042	0
3. 2013.....	XXX	4,426	4,426	4,425	4,425	4,425	4,425	4,425	4,425	4,425	0
4. 2014.....	XXX	XXX	4,861	4,874	4,874	4,873	4,873	4,873	4,873	4,873	0
5. 2015.....	XXX	XXX	XXX	5,320	5,333	5,326	5,326	5,326	5,326	5,326	0
6. 2016.....	XXX	XXX	XXX	XXX	5,106	5,099	5,098	5,098	5,098	5,098	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,950	4,962	4,962	4,962	4,962	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	4,247	4,244	4,245	4,245	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,559	3,557	3,557	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,358	3,354	(4)
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,165	3,165
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,161
13. Earned Premiums (Sch P-Pt. 1)	4,038	4,433	4,861	5,332	5,119	4,935	4,258	3,556	3,357	3,161	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	2	1	0	0	0	0	0	0	0	0	0
2. 2012.....	4,036	4,041	4,042	4,042	4,042	4,042	4,042	4,042	4,042	4,042	0
3. 2013.....	XXX	4,426	4,426	4,425	4,425	4,425	4,425	4,425	4,425	4,425	0
4. 2014.....	XXX	XXX	4,861	4,874	4,874	4,873	4,873	4,873	4,873	4,873	0
5. 2015.....	XXX	XXX	XXX	5,320	5,333	5,326	5,326	5,326	5,326	5,326	0
6. 2016.....	XXX	XXX	XXX	XXX	5,106	5,099	5,098	5,098	5,098	5,098	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,950	4,962	4,962	4,962	4,962	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	4,247	4,244	4,245	4,245	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,559	3,557	3,557	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,358	3,354	(4)
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,165	3,165
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,161
13. Earned Premiums (Sch P-Pt. 1)	4,038	4,433	4,861	5,332	5,119	4,935	4,258	3,556	3,357	3,161	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2012.....	31	31	31	31	31	31	31	31	31	31	0
3. 2013.....	XXX	142	144	144	144	144	144	144	144	144	0
4. 2014.....	XXX	XXX	113	114	114	114	114	114	114	114	0
5. 2015.....	XXX	XXX	XXX	32	33	33	33	33	33	33	0
6. 2016.....	XXX	XXX	XXX	XXX	27	24	24	24	24	24	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	25	25	25	25	25	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	30	30	30	30	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	0
11. 2021.....	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)	29	142	114	34	27	22	30	35	35	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2012.....	31	31	31	31	31	31	31	31	31	31	0
3. 2013.....	XXX	142	144	144	144	144	144	144	144	144	0
4. 2014.....	XXX	XXX	113	114	114	114	114	114	114	114	0
5. 2015.....	XXX	XXX	XXX	32	33	33	33	33	33	33	0
6. 2016.....	XXX	XXX	XXX	XXX	27	24	24	24	24	24	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	25	25	25	25	25	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	30	30	30	30	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	0
11. 2021.....	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)	29	142	114	34	27	22	30	35	35	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	XXX	3	3	3	3	3	3	3	3	3	0
4. 2014.....	XXX	XXX	17	17	17	17	17	17	17	17	0
5. 2015.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2021.....	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	3	17	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	0	0	0	0	0	0	0	0	0	0	0
3. 2013.....	XXX	3	3	3	3	3	3	3	3	3	0
4. 2014.....	XXX	XXX	17	17	17	17	17	17	17	17	0
5. 2015.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2016.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2021.....	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	3	17	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	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

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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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	1	1	1	1	1	1	1	1	1	1	0
3. 2013.....	XXX	7	7	7	7	7	7	7	7	7	0
4. 2014.....	XXX	XXX	9	10	10	10	10	10	10	10	0
5. 2015.....	XXX	XXX	XXX	14	15	15	15	15	15	15	0
6. 2016.....	XXX	XXX	XXX	XXX	12	11	11	11	11	11	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4
13. Earned Premiums (Sch P-Pt. 1)	1	7	9	14	13	0	1	1	1	4	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2012.....	1	1	1	1	1	1	1	1	1	1	0
3. 2013.....	XXX	7	7	7	7	7	7	7	7	7	0
4. 2014.....	XXX	XXX	9	10	10	10	10	10	10	10	0
5. 2015.....	XXX	XXX	XXX	14	15	15	15	15	15	15	0
6. 2016.....	XXX	XXX	XXX	XXX	12	11	11	11	11	11	0
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	0
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4
13. Earned Premiums (Sch P-Pt. 1)	1	7	9	14	13	0	1	1	1	4	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?

Yes [] No [X]

If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?
- \$.....0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?
- Yes [] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?
- Yes [] No []
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?
- Yes [] No [] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior	0	0
1.602	2012	0	0
1.603	2013	0	0
1.604	2014	0	0
1.605	2015	0	0
1.606	2016	0	0
1.607	2017	0	0
1.608	2018	0	0
1.609	2019	0	0
1.610	2020	0	0
1.611	2021	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, 2019 and 2020.

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
	The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	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.	NO	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		10714				Citizens Insurance Company of Illinois	IL	RE	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UDP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMJ	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	YES	
0088	The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		NO	
	The Hanover Insurance Group		13147				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	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.	NO	
	The Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	

Asterisk	

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	(2,000,000)	.0	.0	.0	.0	.0		.0	(2,000,000)	371,833,595
10212	04-3272695	Allmerica Financial Alliance Ins Co.	.0	.0	.0	.0	.0	.0		.0	.0	213,533,092
41840	23-2643430	Allmerica Financial Benefit Ins Co.	.0	10,000,000	.0	.0	.0	(131,039,184)		.0	(121,039,184)	802,278,969
	04-3194493	Allmerica Plus Insurance Agency, Inc.	(200,000)	.0	.0	.0	.0	.0		.0	(200,000)	.0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(400,000)	.0	.0	.0	.0	.0		.0	(400,000)	8,953,906
31534	38-0421730	Citizens Insurance Co. of America	(90,000,000)	.0	(87,037,902)	.0	172,155,084	78,314,018		.0	73,431,200	(125,953,536)
10714	36-4123481	Citizens Insurance Co. of Illinois	.0	1,000,000	.0	.0	.0	.0		.0	1,000,000	45,184,938
10176	38-3167100	Citizens Insurance Co. of Ohio	(1,100,000)	.0	.0	.0	.0	.0		.0	(1,100,000)	10,216,497
10395	35-1958418	Citizens Insurance Co. of the Midwest	.0	.0	.0	.0	.0	(210,161,763)		.0	(210,161,763)	1,102,456,882
36064	04-3063898	The Hanover American Insurance Co.	.0	.0	.0	.0	.0	(64,019,195)		.0	(64,019,195)	499,251,390
	98-1300399	The Hanover Atlantic Insurance Company	.0	.0	.0	.0	.0	.0		.0	.0	52,303,728
22292	13-5129825	The Hanover Insurance Company	(161,000,000)	(10,000,000)	(77,885,190)	.0	(105,433,591)	426,607,350		(125,000,000)	(52,711,431)	(4,773,976,908)
11705	86-1070355	Hanover New Jersey Insurance Company	(600,000)	.0	.0	.0	.0	.0		.0	(600,000)	.0
41602	75-1827351	The Hanover Casualty Company	(900,000)	.0	.0	.0	.0	.0		.0	(900,000)	103,932,484
22306	04-2217600	Massachusetts Bay Insurance Company	.0	.0	.0	.0	.0	(152,599,893)		.0	(152,599,893)	960,231,405
42552	16-1140177	NOVA Casualty Co.	2,000,000	.0	.0	.0	.0	.0		.0	2,000,000	590,166,544
	04-3263626	The Hanover Insurance Group, Inc.	256,756,357	.0	164,923,092	.0	(66,721,493)	.0		125,000,000	479,957,956	.0
13147	74-3242673	The Hanover National Insurance Company	(200,000)	.0	.0	.0	.0	.0		.0	(200,000)	.0
10815	52-0903682	Verlan Fire Insurance Co.	(600,000)	.0	.0	.0	.0	52,898,667		.0	52,298,667	139,587,014
	04-2854021	Opus Investment Management, Inc.	.0	(1,000,000)	.0	.0	.0	.0		.0	(1,000,000)	.0
	27-3626264	CitySquare II Investment Co., LLC	(1,756,357)	.0	.0	.0	.0	.0		.0	(1,756,357)	.0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
AIX Specialty Insurance Insurance Company	NOVA Casualty Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Allmerica Financial Allicance Insurance Co.	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Allmerican Financial Benefit Insurance Co.	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Campmed Causalty & Indemnity Co. Inc.	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of America	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of Illinois	Opus Investment Management, Inc.	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of Ohio	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of the Midwest	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Massachusetts Bay Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
NOVA Casualty Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover American Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover Atlantic Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover Casualty Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover Insurance Company	Opus Investment Management, Inc.	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover National Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover New Jersey Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Verlan Fire Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
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ANNUAL STATEMENT FOR THE YEAR 2021 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







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

MARCH FILING		
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?....	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING		
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	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
32.	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
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
34.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Mortgage Guaranty Insurance Exhibit 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:		
11.		
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Bar Codes:	
11.	SIS Stockholder Information Supplement [Document Identifier 420]
12.	Financial Guaranty Insurance Exhibit [Document Identifier 240]
13.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
14.	Supplement A to Schedule T [Document Identifier 455]
15.	Trusteed Surplus Statement [Document Identifier 490]
16.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 7 1 4 2 0 2 1 3 6 5 0 0 0 0 0
20.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 7 1 4 2 0 2 1 3 9 9 0 0 0 0 0
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 7 1 4 2 0 2 1 4 0 0 0 0 0 0 0
22.	Bail Bond Supplement [Document Identifier 500]	 1 0 7 1 4 2 0 2 1 5 0 0 0 0 0 0 0
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 7 1 4 2 0 2 1 2 2 4 0 0 0 0 0
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 7 1 4 2 0 2 1 2 2 5 0 0 0 0 0
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 7 1 4 2 0 2 1 2 2 6 0 0 0 0 0
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 0 7 1 4 2 0 2 1 5 5 5 0 0 0 0 0
28.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 7 1 4 2 0 2 1 2 3 0 0 0 0 0 0
29.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 7 1 4 2 0 2 1 3 0 6 0 0 0 0 0
30.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 0 7 1 4 2 0 2 1 2 1 0 0 0 0 0 0
31.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 0 7 1 4 2 0 2 1 2 1 6 0 0 0 0 0
32.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 0 7 1 4 2 0 2 1 2 1 7 0 0 0 0 0
34.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	 1 0 7 1 4 2 0 2 1 2 8 0 0 0 0 0 0
35.	Private Flood Insurance Supplement [Document Identifier 560]	 1 0 7 1 4 2 0 2 1 5 6 0 0 0 0 0 0
36.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	 1 0 7 1 4 2 0 2 1 5 6 5 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS
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NONE



SUPPLEMENT FOR THE YEAR 2021 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2021
(To Be Filed by March 1)

NAIC Group Code 0088 NAIC Company Code 10714

Company Name CITIZENS 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: \$ 15,685

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 %