



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
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 ofIllinois, State of Domicile or Port of EntryIL
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 Barnes
Jeremy Glenn Jackson
Willard Ty-Lunn Lee
Armando Gennaro Petruzzello
Mark Joseph Welzenbach

Jeffrey Mark Farber
Dennis Francis Kerrigan Jr.
Denise Maureen Lowsley
John Conner Roche

Lindsay France Greenfield
Greggory Steward Ketay
Joellen Marie Mendoza
Bryan James Salvatore

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

Nathaniel William Clarkin
Vice President & Treasurer

Subscribed and sworn to before me this
2nd day of February, 2023
Jaime 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 2022 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 2022				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											
Fire	251,306	231,528	0	117,594	197,733	198,463	10,281	1,113	977	1,622	32,249	4,429	
Allied Lines	694,949	603,426	0	338,129	0	(8,850)	19,627	0	(1,228)	10,263	91,631	12,214	
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0	
Private Flood	0	0	0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	54,359,847	48,832,291	0	28,019,471	36,398,540	41,842,917	16,486,348	559,078	570,442	678,694	8,298,190	957,984	
Commercial Multiple Peril (Non-Liability Portion)	2,074,675	2,147,469	0	911,386	1,166,762	2,232,451	1,298,897	25,777	18,650	39,996	374,126	36,889	
Commercial Multiple Peril (Liability Portion)	793,563	822,715	0	351,273	202,683	(93,013)	2,035,183	263,064	122,751	781,596	155,821	14,102	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	1,647,314	1,512,474	0	828,874	331,077	321,196	51,280	25	(2,771)	7,819	253,503	29,080	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	879,841	810,175	0	444,162	0	(3,778)	21,219	0	(856)	3,924	133,932	15,518	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	1,181,013	1,130,895	0	537,657	466,958	1,394,326	3,690,450	73,494	151,032	163,892	152,568	20,806	
Other Liability - Occurrence	58,053	50,441	0	30,397	0	10,199	139,025	4,280	39,611	47,500	8,097	1,021	
Other Liability - Claims-Made	570	570	0	285	0	29	30	0	31	81	95	10	
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence	7,474	6,993	0	3,949	0	1,576	3,127	0	1,871	3,344	1,329	132	
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	162,854	212,225	0	33,548	741,967	455,347	184,046	164,647	174,787	37,558	25,170	2,950	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	35,569	31,935	0	22,183	5,829	8,287	8,084	0	627	3,197	6,490	627	
Private Passenger Auto Physical Damage	135,442	172,169	0	28,438	73,437	68,175	2,339	(56)	212	20,726	2,447	2,447	
Commercial Auto Physical Damage	14,153	14,135	0	9,559	0	(1,776)	199	0	21	39	2,627	251	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
Surety	0	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	845	845	0	422	0	28	72	0	11	28	127	15	
Boiler and Machinery	10,821	10,741	0	1,072	0	0	0	0	0	0	1,659	192	
Credit	0	0	0	0	0	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	62,308,289	56,591,027	0	31,678,399	39,584,986	46,425,577	23,950,207	1,091,478	1,075,900	1,779,765	9,558,340	1,098,667	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page													
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 162,454
(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 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2022 NAIC Company Code 10714

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	251,306	231,528	0	117,594	197,733	198,463	10,281	1,113	977	1,622	32,249	4,429
2.1	Allied Lines	694,949	603,426	0	338,129	0	(8,850)	19,627	0	(1,228)	10,263	91,631	12,214
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	54,359,847	48,832,291	0	28,019,471	36,398,540	41,842,917	16,486,348	559,078	570,442	678,694	8,298,190	957,984
5.1	Commercial Multiple Peril (Non-Liability Portion)	2,074,675	2,147,469	0	911,386	1,166,762	2,232,451	1,298,897	25,777	18,650	39,996	374,126	36,889
5.2	Commercial Multiple Peril (Liability Portion)	793,563	822,715	0	351,273	202,683	(93,013)	2,035,183	263,064	122,751	781,596	155,821	14,102
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	1,647,314	1,512,474	0	828,874	331,077	321,196	51,280	25	(2,771)	7,819	253,503	29,080
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	879,841	810,175	0	444,162	0	(3,778)	21,219	0	(856)	3,924	133,932	15,518
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	1,181,013	1,130,895	0	537,657	466,958	1,394,326	3,690,450	73,494	151,032	163,892	152,568	20,806
17.1	Other Liability - Occurrence	58,053	50,441	0	30,397	0	10,199	139,025	4,280	39,611	47,500	8,097	1,021
17.2	Other Liability - Claims-Made	570	570	0	285	0	29	30	0	31	81	95	10
17.3	Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1	Products Liability - Occurrence	7,474	6,993	0	3,949	0	1,576	3,127	0	1,871	3,344	1,329	132
18.2	Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other Private Passenger Auto Liability	162,854	212,225	0	33,548	741,967	455,347	184,046	164,647	174,787	37,558	25,170	2,950
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	35,569	31,935	0	22,183	5,829	8,287	8,084	0	627	3,197	6,490	627
21.1	Private Passenger Auto Physical Damage	135,442	172,169	0	28,438	73,437	68,175	2,339	(56)	212	20,726	2,447	2,447
21.2	Commercial Auto Physical Damage	14,153	14,135	0	9,559	0	(1,776)	199	0	21	39	2,627	251
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	845	0	422	0	28	72	0	11	28	127	15
27.	Boiler and Machinery	10,821	10,741	0	1,072	0	0	0	0	0	0	1,659	192
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
29.	International	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	62,308,289	56,591,027	0	31,678,399	39,584,986	46,425,577	23,950,207	1,091,478	1,075,900	1,779,765	9,558,340	1,098,667
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 \$ 162,454
(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 2022 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 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 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		62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	0	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	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					62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	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)					62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	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					62,308	0	0	11,189	620	12,764	1,523	31,678	0	57,774	0	0	0	57,774	0	

ANNUAL STATEMENT FOR THE YEAR 2022 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	57,774	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	57,774	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	57,774	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	57,774	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	57,774	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	57,774	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	57,774	0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41												
13-5129825 ... THE HANOVER INSURANCE COMPANY		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	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	0

SCHEDULE F - PART 3 (Continued)

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid 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....	...XXX....
03999999. Total Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04999999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
07999999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
08999999. Total Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
14999999. Total Authorized Excluding Protected Cells (Sum of 08999999, 09999999, 10999999, 11999999 and 12999999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
18999999. Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21999999. Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22999999. Total Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
28999999. Total Unauthorized Excluding Protected Cells (Sum of 22999999, 23999999, 24999999, 25999999 and 26999999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32999999. Total Certified - Affiliates - U.S. Non-Pool			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
35999999. Total Certified - Affiliates - Other (Non-U.S.)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
36999999. Total Certified - Affiliates			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
42999999. Total Certified Excluding Protected Cells (Sum of 36999999, 37999999, 38999999, 39999999 and 40999999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
46999999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
49999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
50999999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
56999999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 50999999, 51999999, 52999999, 53999999 and 54999999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
57999999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 14999999, 28999999, 42999999 and 56999999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
58999999. Total Protected Cells (Sum of 13999999, 27999999, 41999999 and 55999999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
99999999 Totals			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 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 2022 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)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	THE HANOVER INSURANCE COMPANY	57,774	62,308	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)	7,777,495	0	7,777,495
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	28,864	0	28,864
6. Net amount recoverable from reinsurers	0	57,774,000	57,774,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	7,806,359	57,774,000	65,580,359
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	26,096,000	26,096,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	14,466	0	14,466
11. Unearned premiums (Line 9)	0	31,678,000	31,678,000
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	806	0	806
19. Total liabilities excluding protected cell business (Line 26)	15,272	57,774,000	57,789,272
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	7,791,087	XXX	7,791,087
22. Totals (Line 38)	7,806,359	57,774,000	65,580,359

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 2022 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. 2013.....	20,009	20,009	0	15,245	15,245	184	184	1,437	1,437	0	0	2,124
3. 2014.....	23,853	23,853	0	20,199	20,199	131	131	2,102	2,102	0	0	2,617
4. 2015.....	28,319	28,319	0	13,613	13,613	169	169	2,333	2,333	0	0	2,411
5. 2016.....	30,758	30,758	0	13,462	13,462	263	263	2,535	2,535	0	0	2,255
6. 2017.....	33,163	33,163	0	24,079	24,079	170	170	2,728	2,728	0	0	3,737
7. 2018.....	34,866	34,866	0	21,102	21,102	636	636	2,088	2,088	0	0	2,877
8. 2019.....	36,927	36,927	0	32,370	32,370	261	261	3,283	3,283	0	0	3,874
9. 2020.....	38,365	38,365	0	37,357	37,357	283	283	3,219	3,219	0	0	3,917
10. 2021.....	40,657	40,657	0	25,656	25,656	284	284	2,843	2,843	0	0	2,982
11. 2022.....	48,832	48,832	0	23,425	23,425	223	223	2,718	2,718	0	0	2,630
12. Totals	XXX	XXX	XXX	226,508	226,508	2,603	2,603	25,286	25,286	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. 2013.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	2	2	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	14	14	0	0	1	1	0	0	0	0	0
5. 2016.....	0	0	19	19	0	0	5	5	0	0	0	0	0
6. 2017.....	250	250	30	30	0	0	10	10	1	1	0	0	1
7. 2018.....	655	655	75	75	6	6	13	13	3	3	0	0	3
8. 2019.....	603	603	109	109	36	36	18	18	5	5	0	0	5
9. 2020.....	769	769	208	208	47	47	71	71	9	9	0	0	9
10. 2021.....	1,069	1,069	737	737	2	2	113	113	25	25	0	0	24
11. 2022.....	3,263	3,263	8,683	8,683	11	11	345	345	189	189	0	0	181
12. Totals	6,609	6,609	9,878	9,878	102	102	577	577	232	232	0	0	223

	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. 2013.....	16,867	16,867	0	84.3	84.3	0.0	0	0	0.0	0	0
3. 2014.....	22,434	22,434	0	94.0	94.0	0.0	0	0	0.0	0	0
4. 2015.....	16,129	16,129	0	57.0	57.0	0.0	0	0	0.0	0	0
5. 2016.....	16,285	16,285	0	52.9	52.9	0.0	0	0	0.0	0	0
6. 2017.....	27,268	27,268	0	82.2	82.2	0.0	0	0	0.0	0	0
7. 2018.....	24,578	24,578	0	70.5	70.5	0.0	0	0	0.0	0	0
8. 2019.....	36,685	36,685	0	99.3	99.3	0.0	0	0	0.0	0	0
9. 2020.....	41,963	41,963	0	109.4	109.4	0.0	0	0	0.0	0	0
10. 2021.....	30,730	30,730	0	75.6	75.6	0.0	0	0	0.0	0	0
11. 2022.....	38,856	38,856	0	79.6	79.6	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 2022 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. 2013.....	1,476.....	1,476.....	0.....	495.....	495.....	0.....	0.....	106.....	106.....	0.....	0.....	173.....
3. 2014.....	1,157.....	1,157.....	0.....	317.....	317.....	3.....	3.....	79.....	79.....	0.....	0.....	122.....
4. 2015.....	895.....	895.....	0.....	946.....	946.....	40.....	40.....	58.....	58.....	0.....	0.....	97.....
5. 2016.....	733.....	733.....	0.....	256.....	256.....	6.....	6.....	60.....	60.....	0.....	0.....	101.....
6. 2017.....	596.....	596.....	0.....	969.....	969.....	283.....	283.....	49.....	49.....	0.....	0.....	70.....
7. 2018.....	493.....	493.....	0.....	183.....	183.....	18.....	18.....	25.....	25.....	0.....	0.....	40.....
8. 2019.....	398.....	398.....	0.....	172.....	172.....	0.....	0.....	27.....	27.....	0.....	0.....	38.....
9. 2020.....	324.....	324.....	0.....	135.....	135.....	1.....	1.....	13.....	13.....	0.....	0.....	14.....
10. 2021.....	275.....	275.....	0.....	19.....	19.....	0.....	0.....	6.....	6.....	0.....	0.....	7.....
11. 2022.....	212.....	212.....	0.....	5.....	5.....	0.....	0.....	5.....	5.....	0.....	0.....	5.....
12. Totals.....	XXX.....	XXX.....	XXX.....	3,497.....	3,497.....	350.....	350.....	428.....	428.....	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	0	0	0	0	0	0	0
2. 2013.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2016.....	0	0	1	1	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	2	2	16	16	0	0	0	0	0	0	0
7. 2018.....	0	0	4	4	0	0	1	1	0	0	0	0	0
8. 2019.....	0	0	7	7	0	0	3	3	0	0	0	0	0
9. 2020.....	75	75	14	14	0	0	4	4	1	1	0	0	1
10. 2021.....	0	0	24	24	0	0	6	6	1	1	0	0	1
11. 2022.....	5	5	49	49	0	0	7	7	1	1	0	0	1
12. Totals.....	80	80	104	104	16	16	22	22	2	2	0	0	3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2013.....	602.....	602.....	0.....	40.8.....	40.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2014.....	399.....	399.....	0.....	34.4.....	34.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2015.....	1,044.....	1,044.....	0.....	116.7.....	116.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2016.....	322.....	322.....	0.....	44.0.....	44.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2017.....	1,320.....	1,320.....	0.....	221.3.....	221.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2018.....	231.....	231.....	0.....	46.8.....	46.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2019.....	209.....	209.....	0.....	52.6.....	52.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2020.....	242.....	242.....	0.....	74.5.....	74.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2021.....	56.....	56.....	0.....	20.5.....	20.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2022.....	72.....	72.....	0.....	33.7.....	33.7.....	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 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2013.....	138.....	138.....	0.....	22.....	22.....	0.....	0.....	5.....	5.....	0.....	0.....	8.....
3. 2014.....	138.....	138.....	0.....	41.....	41.....	0.....	0.....	9.....	9.....	0.....	0.....	14.....
4. 2015.....	121.....	121.....	0.....	8.....	8.....	0.....	0.....	3.....	3.....	0.....	0.....	4.....
5. 2016.....	88.....	88.....	0.....	2.....	2.....	0.....	0.....	1.....	1.....	0.....	0.....	1.....
6. 2017.....	70.....	70.....	0.....	8.....	8.....	0.....	0.....	3.....	3.....	0.....	0.....	4.....
7. 2018.....	14.....	14.....	0.....	0.....	0.....	0.....	0.....	1.....	1.....	0.....	0.....	1.....
8. 2019.....	16.....	16.....	0.....	6.....	6.....	0.....	0.....	1.....	1.....	0.....	0.....	1.....
9. 2020.....	21.....	21.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2021.....	22.....	22.....	0.....	6.....	6.....	0.....	0.....	2.....	2.....	0.....	0.....	2.....
11. 2022.....	32.....	32.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	93.....	93.....	0.....	0.....	24.....	24.....	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. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2020.....	0	0	1	1	0	0	0	0	0	0	0	0	0
10. 2021.....	0	0	1	1	0	0	1	1	0	0	0	0	0
11. 2022.....	0	0	3	3	0	0	1	1	0	0	0	0	0
12. Totals.....	0	0	8	8	0	0	3	3	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2013.....	28.....	28.....	0.....	19.9.....	19.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2014.....	50.....	50.....	0.....	36.4.....	36.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2015.....	11.....	11.....	0.....	9.4.....	9.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2016.....	3.....	3.....	0.....	3.4.....	3.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2017.....	12.....	12.....	0.....	17.2.....	17.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2018.....	1.....	1.....	0.....	9.9.....	9.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2019.....	7.....	7.....	0.....	45.1.....	45.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2020.....	1.....	1.....	0.....	3.8.....	3.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2021.....	10.....	10.....	0.....	44.9.....	44.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2022.....	4.....	4.....	0.....	11.6.....	11.6.....	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 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	78.....	78.....	5.....	5.....	0.....	0.....	0.....	0.....	XXX.....
2. 2013.....	1,946.....	1,946.....	0.....	289.....	289.....	49.....	49.....	92.....	92.....	0.....	0.....	93.....
3. 2014.....	2,157.....	2,157.....	0.....	487.....	487.....	70.....	70.....	114.....	114.....	0.....	0.....	106.....
4. 2015.....	2,464.....	2,464.....	0.....	803.....	803.....	56.....	56.....	99.....	99.....	0.....	0.....	89.....
5. 2016.....	2,972.....	2,972.....	0.....	667.....	667.....	49.....	49.....	148.....	148.....	0.....	0.....	133.....
6. 2017.....	3,454.....	3,454.....	0.....	1,286.....	1,286.....	128.....	128.....	176.....	176.....	0.....	0.....	174.....
7. 2018.....	2,129.....	2,129.....	0.....	627.....	627.....	50.....	50.....	97.....	97.....	0.....	0.....	95.....
8. 2019.....	1,656.....	1,656.....	0.....	766.....	766.....	69.....	69.....	105.....	105.....	0.....	0.....	102.....
9. 2020.....	668.....	668.....	0.....	327.....	327.....	20.....	20.....	34.....	34.....	0.....	0.....	24.....
10. 2021.....	758.....	758.....	0.....	221.....	221.....	31.....	31.....	52.....	52.....	0.....	0.....	54.....
11. 2022.....	1,131.....	1,131.....	0.....	191.....	191.....	19.....	19.....	56.....	56.....	0.....	0.....	67.....
12. Totals.....	XXX.....	XXX.....	XXX.....	5,742.....	5,742.....	546.....	546.....	973.....	973.....	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.....	1,004	1,004	625	625	9	9	38	38	9	9	0	0	9
2. 2013.....	0	0	34	34	0	0	3	3	0	0	0	0	0
3. 2014.....	0	0	22	22	0	0	2	2	0	0	0	0	0
4. 2015.....	194	194	24	24	0	0	2	2	2	2	0	0	2
5. 2016.....	48	48	28	28	0	0	2	2	2	2	0	0	2
6. 2017.....	245	245	42	42	0	0	3	3	4	4	0	0	4
7. 2018.....	152	152	45	45	0	0	4	4	4	4	0	0	4
8. 2019.....	427	427	31	31	23	23	4	4	11	11	0	0	11
9. 2020.....	0	0	36	36	0	0	3	3	0	0	0	0	0
10. 2021.....	143	143	15	15	34	34	2	2	14	14	0	0	14
11. 2022.....	548	548	32	32	30	30	4	4	36	36	0	0	36
12. Totals.....	2,759	2,759	934	934	96	96	68	68	82	82	0	0	82

	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. 2013.....	468.....	468.....	0.....	24.0.....	24.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2014.....	695.....	695.....	0.....	32.2.....	32.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2015.....	1,180.....	1,180.....	0.....	47.9.....	47.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2016.....	945.....	945.....	0.....	31.8.....	31.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2017.....	1,884.....	1,884.....	0.....	54.6.....	54.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2018.....	978.....	978.....	0.....	45.9.....	45.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2019.....	1,435.....	1,435.....	0.....	86.7.....	86.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2020.....	419.....	419.....	0.....	62.8.....	62.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2021.....	512.....	512.....	0.....	67.6.....	67.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2022.....	917.....	917.....	0.....	81.0.....	81.0.....	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 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	21.....	21.....	58.....	58.....	122.....	122.....	0.....	0.....	XXX.....
2. 2013.....	4,433.....	4,433.....	0.....	1,109.....	1,109.....	91.....	91.....	206.....	206.....	0.....	0.....	184.....
3. 2014.....	4,861.....	4,861.....	0.....	2,451.....	2,451.....	308.....	308.....	273.....	273.....	0.....	0.....	226.....
4. 2015.....	5,332.....	5,332.....	0.....	2,904.....	2,904.....	714.....	714.....	237.....	237.....	0.....	0.....	176.....
5. 2016.....	5,119.....	5,119.....	0.....	1,529.....	1,529.....	357.....	357.....	286.....	286.....	0.....	0.....	123.....
6. 2017.....	4,935.....	4,935.....	0.....	9,079.....	9,079.....	656.....	656.....	243.....	243.....	0.....	0.....	133.....
7. 2018.....	4,258.....	4,258.....	0.....	1,462.....	1,462.....	298.....	298.....	314.....	314.....	0.....	0.....	112.....
8. 2019.....	3,556.....	3,556.....	0.....	1,365.....	1,365.....	87.....	87.....	357.....	357.....	0.....	0.....	94.....
9. 2020.....	3,357.....	3,357.....	0.....	2,775.....	2,775.....	47.....	47.....	416.....	416.....	0.....	0.....	104.....
10. 2021.....	3,161.....	3,161.....	0.....	730.....	730.....	16.....	16.....	427.....	427.....	0.....	0.....	91.....
11. 2022.....	2,970.....	2,970.....	0.....	683.....	683.....	13.....	13.....	132.....	132.....	0.....	0.....	41.....
12. Totals.....	XXX.....	XXX.....	XXX.....	24,108.....	24,108.....	2,646.....	2,646.....	3,010.....	3,010.....	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.....	217	217	70	70	132	132	50	50	2	2	0	0	1
2. 2013.....	0	0	9	9	0	0	9	9	0	0	0	0	0
3. 2014.....	0	0	15	15	0	0	13	13	0	0	0	0	0
4. 2015.....	0	0	22	22	0	0	19	19	0	0	0	0	0
5. 2016.....	25	25	34	34	77	77	19	19	2	2	0	0	1
6. 2017.....	20	20	44	44	0	0	32	32	4	4	0	0	2
7. 2018.....	778	778	67	67	126	126	31	31	8	8	0	0	4
8. 2019.....	20	20	100	100	27	27	44	44	2	2	0	0	1
9. 2020.....	0	0	117	117	0	0	58	58	0	0	0	0	0
10. 2021.....	145	145	173	173	0	0	82	82	6	6	0	0	3
11. 2022.....	425	425	1,053	1,053	10	10	93	93	19	19	0	0	10
12. Totals.....	1,630	1,630	1,704	1,704	371	371	450	450	42	42	0	0	22

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2013.....	1,425.....	1,425.....	0.....	32.1.....	32.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2014.....	3,060.....	3,060.....	0.....	62.9.....	62.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2015.....	3,897.....	3,897.....	0.....	73.1.....	73.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2016.....	2,330.....	2,330.....	0.....	45.5.....	45.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2017.....	10,077.....	10,077.....	0.....	204.2.....	204.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2018.....	3,083.....	3,083.....	0.....	72.4.....	72.4.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2019.....	2,001.....	2,001.....	0.....	56.3.....	56.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2020.....	3,412.....	3,412.....	0.....	101.6.....	101.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2021.....	1,578.....	1,578.....	0.....	49.9.....	49.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2022.....	2,429.....	2,429.....	0.....	81.8.....	81.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2013.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
3. 2014.....	4.....	4.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
4. 2015.....	8.....	8.....	0.....	1.....	1.....	0.....	0.....	2.....	2.....	0.....	0.....	XXX.....
5. 2016.....	9.....	9.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
6. 2017.....	11.....	11.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
7. 2018.....	10.....	10.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
8. 2019.....	8.....	8.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
9. 2020.....	9.....	9.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
10. 2021.....	10.....	10.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
11. 2022.....	11.....	11.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	1.....	1.....	0.....	0.....	2.....	2.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				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. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2013.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2015.....	3.....	3.....	0.....	34.7.....	34.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2019.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2020.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2021.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2022.....	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 2022 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. 2013.....	142	142	0	67	67	2	2	10	10	0	0	11
3. 2014.....	114	114	0	97	97	54	54	12	12	0	0	7
4. 2015.....	34	34	0	0	0	68	68	2	2	0	0	2
5. 2016.....	27	27	0	0	0	0	0	0	0	0	0	0
6. 2017.....	22	22	0	0	0	0	0	0	0	0	0	0
7. 2018.....	30	30	0	0	0	0	0	0	0	0	0	0
8. 2019.....	35	35	0	0	0	0	0	2	2	0	0	1
9. 2020.....	35	35	0	15	15	0	0	4	4	0	0	2
10. 2021.....	35	35	0	0	0	0	0	0	0	0	0	0
11. 2022.....	50	50	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	178	178	124	124	32	32	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. 2013.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	6	6	0	0	3	3	0	0	0	0	0
4. 2015.....	100	100	4	4	35	35	1	1	3	3	0	0	1
5. 2016.....	0	0	2	2	0	0	1	1	0	0	0	0	0
6. 2017.....	0	0	3	3	0	0	1	1	0	0	0	0	0
7. 2018.....	0	0	1	1	0	0	0	0	0	0	0	0	0
8. 2019.....	0	0	3	3	0	0	1	1	0	0	0	0	0
9. 2020.....	0	0	4	4	0	0	1	1	0	0	0	0	0
10. 2021.....	0	0	4	4	0	0	1	1	0	0	0	0	0
11. 2022.....	0	0	10	10	0	0	3	3	0	0	0	0	0
12. Totals	100	100	39	39	35	35	13	13	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. 2013.....	80	80	0	56.6	56.6	0.0	0	0	0.0	0	0
3. 2014.....	172	172	0	150.4	150.4	0.0	0	0	0.0	0	0
4. 2015.....	214	214	0	636.8	636.8	0.0	0	0	0.0	0	0
5. 2016.....	3	3	0	9.6	9.6	0.0	0	0	0.0	0	0
6. 2017.....	3	3	0	14.7	14.7	0.0	0	0	0.0	0	0
7. 2018.....	2	2	0	5.9	5.9	0.0	0	0	0.0	0	0
8. 2019.....	6	6	0	17.2	17.2	0.0	0	0	0.0	0	0
9. 2020.....	24	24	0	68.9	68.9	0.0	0	0	0.0	0	0
10. 2021.....	6	6	0	16.4	16.4	0.0	0	0	0.0	0	0
11. 2022.....	13	13	0	24.9	24.9	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 2022 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. 2013.....	3	3	0	0	0	0	0	0	0	0	0	0
3. 2014.....	17	17	0	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2022.....	1	1	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				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. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2013.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2018.....	0.....	0.....	0.....	1.0.....	1.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2019.....	0.....	0.....	0.....	2.3.....	2.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2020.....	0.....	0.....	0.....	3.9.....	3.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2021.....	0.....	0.....	0.....	5.9.....	5.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2022.....	0.....	0.....	0.....	10.8.....	10.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2021.....	2,617	2,617	0	471	471	0	0	69	69	0	0	XXX.....
3. 2022	3,158	3,158	0	441	441	1	1	73	73	0	0	XXX
4. Totals	XXX	XXX	XXX	912	912	1	1	141	141	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	3	3	0	0	7	7	0	0	0	0	0
2. 2021	0	0	3	3	0	0	4	4	0	0	0	0	0
3. 2022	11	11	85	85	0	0	12	12	3	3	0	0	1
4. Totals	11	11	91	91	0	0	24	24	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. 2021.....	548	548	0	20.9	20.9	0.0	0	0	0.0	0	0
3. 2022	626	626	0	19.8	19.8	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 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2021.....	223	223	0	52	52	0	0	13	13	0	0	38
3. 2022	186	186	0	56	56	0	0	10	10	0	0	28
4. Totals	XXX	XXX	XXX	108	108	0	0	23	23	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2022	0	0	3	3	0	0	0	0	0	0	0	0	0
4. Totals	0	0	3	3	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2021.....	65	65	0	29.2	29.2	0.0	0	0	0.0	0	0
3. 2022	69	69	0	36.9	36.9	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 2022 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. 2013.....	7	7	0	0	0	0	0	0	0	0	0	0
3. 2014.....	9	9	0	0	0	0	0	0	0	0	0	0
4. 2015.....	14	14	0	0	0	0	0	0	0	0	0	0
5. 2016.....	13	13	0	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2018.....	1	1	0	0	0	0	0	0	0	0	0	0
8. 2019.....	1	1	0	0	0	0	0	0	0	0	0	0
9. 2020.....	1	1	0	0	0	0	0	0	0	0	0	0
10. 2021.....	4	4	0	0	0	0	0	0	0	0	0	0
11. 2022	7	7	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. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2021.....	0	0	1	1	0	0	1	1	0	0	0	0	0
11. 2022	0	0	1	1	0	0	1	1	0	0	0	0	0
12. Totals	0	0	3	3	0	0	3	3	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2013.....	0	0	0	2.0	2.0	0.0	0	0	0.0	0	0
3. 2014.....	0	0	0	2.0	2.0	0.0	0	0	0.0	0	0
4. 2015.....	0	0	0	0.8	0.8	0.0	0	0	0.0	0	0
5. 2016.....	0	0	0	1.5	1.5	0.0	0	0	0.0	0	0
6. 2017.....	0	0	0	(63.0)	(63.0)	0.0	0	0	0.0	0	0
7. 2018.....	1	1	0	86.0	86.0	0.0	0	0	0.0	0	0
8. 2019.....	1	1	0	97.2	97.2	0.0	0	0	0.0	0	0
9. 2020.....	1	1	0	140.5	140.5	0.0	0	0	0.0	0	0
10. 2021.....	1	1	0	33.1	33.1	0.0	0	0	0.0	0	0
11. 2022	2	2	0	29.2	29.2	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 2022 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		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	18.....	0.....
2. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1,588.....	536.....
3. 2014.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2,023.....	594.....
4. 2015.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1,645.....	766.....
5. 2016.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1,533.....	722.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	2,455.....	1,281.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	1,823.....	1,051.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	2,923.....	946.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	3,024.....	884.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	2,306.....	652.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	1,821.....	628.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	18.....	0.....
2. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	130.....	43.....
3. 2014.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	95.....	27.....
4. 2015.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	73.....	24.....
5. 2016.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	69.....	32.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	46.....	24.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	27.....	13.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	24.....	14.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	12.....	1.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	5.....	1.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	3.....	1.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	7.....	1.....
3. 2014.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	8.....	6.....
4. 2015.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	1.....
5. 2016.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	2.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	1.....	0.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	2.....	0.....
11. 2022.....	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.....	78.....	0.....
2. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	47.....	46.....
3. 2014.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	54.....	52.....
4. 2015.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	28.....	59.....
5. 2016.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	84.....	47.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	136.....	34.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	59.....	32.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	65.....	26.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	20.....	4.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	20.....	20.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	9.....	22.....

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	15.....	0.....
2. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	105.....	79.....
3. 2014.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	130.....	96.....
4. 2015.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	113.....	63.....
5. 2016.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	72.....	50.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	78.....	53.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	75.....	33.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	60.....	33.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	59.....	45.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	54.....	34.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	19.....	12.....

ANNUAL STATEMENT FOR THE YEAR 2022 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		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2022.....	XXX.....	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. 2013.....											XXX.....	XXX.....
3. 2014.....	XXX.....										XXX.....	XXX.....
4. 2015.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2016.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	10.....	1.....
3. 2014.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	2.....
4. 2015.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
5. 2016.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	2.....	0.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2022.....	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. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2022.....	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. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	31	7
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	25	3

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....			XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2022.....	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. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	000.....										XXX.....	XXX.....
2. 2013.....											XXX.....	XXX.....
3. 2014.....	XXX.....										XXX.....	XXX.....
4. 2015.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2016.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2022.....	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	182	5	8	1	3	0	1	0	0	0
2. 2013.....	1,374	1,558	1,581	1,586	1,587	1,587	1,587	1,588	1,588	1,588
3. 2014.....	XXX	1,810	2,010	2,018	2,019	2,022	2,022	2,023	2,023	2,023
4. 2015.....	XXX	XXX	1,329	1,627	1,639	1,643	1,643	1,643	1,645	1,645
5. 2016.....	XXX	XXX	XXX	1,323	1,515	1,523	1,526	1,529	1,532	1,533
6. 2017.....	XXX	XXX	XXX	XXX	2,138	2,433	2,450	2,451	2,452	2,455
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,532	1,783	1,807	1,818	1,823
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	2,485	2,884	2,916	2,923
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,462	2,989	3,024
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,847	2,306
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,821

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	15	14	7	5	1	1	0	0	0	0
2. 2013.....	94	17	5	2	0	1	1	0	0	0
3. 2014.....	XXX	69	7	1	1	0	0	0	0	0
4. 2015.....	XXX	XXX	110	11	4	1	1	1	0	0
5. 2016.....	XXX	XXX	XXX	76	13	3	2	3	0	0
6. 2017.....	XXX	XXX	XXX	XXX	102	14	3	3	3	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	108	37	13	6	3
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	84	25	8	5
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	25	9
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	24
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	181

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	190	10	9	1	2	0	0	0	0	0
2. 2013.....	1,927	2,094	2,116	2,122	2,122	2,124	2,124	2,124	2,124	2,124
3. 2014.....	XXX	2,382	2,600	2,608	2,613	2,616	2,616	2,617	2,617	2,617
4. 2015.....	XXX	XXX	2,015	2,393	2,404	2,408	2,408	2,410	2,411	2,411
5. 2016.....	XXX	XXX	XXX	2,033	2,239	2,243	2,246	2,253	2,254	2,255
6. 2017.....	XXX	XXX	XXX	XXX	3,276	3,715	3,731	3,732	3,734	3,737
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2,512	2,850	2,864	2,875	2,877
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	3,403	3,844	3,867	3,874
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,301	3,892	3,917
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,497	2,982
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,630

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	48	14	0	0	3	0	1	0	0	0
2. 2013.....	96	122	128	129	130	130	130	130	130	130
3. 2014.....	XXX	70	93	95	95	95	95	95	95	95
4. 2015.....	XXX	XXX	58	67	73	73	73	73	73	73
5. 2016.....	XXX	XXX	XXX	49	67	68	68	68	68	69
6. 2017.....	XXX	XXX	XXX	XXX	30	41	43	43	44	46
7. 2018.....	XXX	XXX	XXX	XXX	XXX	16	22	25	25	27
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	16	23	24	24
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	12	12
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	17	4	4	4	1	1	0	0	0	0
2. 2013.....	26	5	2	1	0	0	0	0	0	0
3. 2014.....	XXX	25	2	0	0	0	0	0	0	0
4. 2015.....	XXX	XXX	13	4	0	0	0	0	0	0
5. 2016.....	XXX	XXX	XXX	16	2	1	0	1	1	0
6. 2017.....	XXX	XXX	XXX	XXX	13	5	3	3	2	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	5	5	2	2	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	7	1	0	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	1	1
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	32	3	0	0	0	0	1	0	0	0
2. 2013.....	151	170	173	173	173	173	173	173	173	173
3. 2014.....	XXX	114	122	122	122	122	122	122	122	122
4. 2015.....	XXX	XXX	89	94	97	97	97	97	97	97
5. 2016.....	XXX	XXX	XXX	91	100	100	100	101	101	101
6. 2017.....	XXX	XXX	XXX	XXX	60	67	68	68	68	70
7. 2018.....	XXX	XXX	XXX	XXX	XXX	29	40	40	40	40
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	35	38	38	38
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	14	14
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	7
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2013.....	6	7	7	7	7	7	7	7	7	7
3. 2014.....	XXX	5	7	7	8	8	8	8	8	8
4. 2015.....	XXX	XXX	1	3	3	3	3	3	3	3
5. 2016.....	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2017.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2
11. 2022.....	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2013.....	1	0	0	0	0	0	0	0	0	0
3. 2014.....	XXX	3	0	0	0	0	0	0	0	0
4. 2015.....	XXX	XXX	3	0	0	0	0	0	0	0
5. 2016.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2017.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2022.....	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 2013.....	8	8	8	8	8	8	8	8	8	8
3. 2014.....	XXX	13	13	13	14	14	14	14	14	14
4. 2015.....	XXX	XXX	4	4	4	4	4	4	4	4
5. 2016.....	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2017.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2
11. 2022.....	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	71	41	16	7	2	3	7	0	2	0
2. 2013.....	22	36	40	43	45	47	47	47	47	47
3. 2014.....	XXX	23	34	38	43	47	47	52	54	54
4. 2015.....	XXX	XXX	11	23	25	25	28	28	28	28
5. 2016.....	XXX	XXX	XXX	43	71	78	83	84	84	84
6. 2017.....	XXX	XXX	XXX	XXX	67	107	129	136	136	136
7. 2018.....	XXX	XXX	XXX	XXX	XXX	27	49	56	59	59
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	38	56	61	65
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	14	20
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	20
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	84	42	27	19	17	17	10	10	8	9
2. 2013.....	12	6	4	4	2	0	0	0	0	0
3. 2014.....	XXX	21	16	14	8	6	8	2	0	0
4. 2015.....	XXX	XXX	17	6	5	5	2	2	2	2
5. 2016.....	XXX	XXX	XXX	34	13	7	1	0	0	2
6. 2017.....	XXX	XXX	XXX	XXX	48	25	10	4	4	4
7. 2018.....	XXX	XXX	XXX	XXX	XXX	37	16	8	4	4
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	31	18	16	11
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	6	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	14
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	40	9	5	1	0	3	0	0	0	1
2. 2013.....	72	87	89	93	93	93	93	93	93	93
3. 2014.....	XXX	85	100	102	102	104	106	106	106	106
4. 2015.....	XXX	XXX	78	85	88	88	89	89	89	89
5. 2016.....	XXX	XXX	XXX	116	129	130	131	131	131	133
6. 2017.....	XXX	XXX	XXX	XXX	140	165	173	174	174	174
7. 2018.....	XXX	XXX	XXX	XXX	XXX	87	94	94	95	95
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	88	98	101	102
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	24	24
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	54
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	21	1	6	1	1	1	0	2	2	1
2. 2013.....	63	97	103	104	105	105	105	105	105	105
3. 2014.....	XXX	91	118	124	129	129	130	130	130	130
4. 2015.....	XXX	XXX	72	104	111	111	113	113	113	113
5. 2016.....	XXX	XXX	XXX	42	61	69	71	72	72	72
6. 2017.....	XXX	XXX	XXX	XXX	55	65	73	73	76	78
7. 2018.....	XXX	XXX	XXX	XXX	XXX	51	70	73	73	75
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	43	56	60	60
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	59	59
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	54
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	16	13	7	6	4	3	3	2	20	1
2. 2013.....	21	9	3	1	1	1	1	0	0	0
3. 2014.....	XXX	39	19	12	4	4	1	1	1	0
4. 2015.....	XXX	XXX	28	9	3	3	0	0	0	0
5. 2016.....	XXX	XXX	XXX	18	9	4	1	0	1	1
6. 2017.....	XXX	XXX	XXX	XXX	19	14	10	6	3	2
7. 2018.....	XXX	XXX	XXX	XXX	XXX	15	6	8	4	4
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	11	4	1	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	15	9	2	200	93	358	422	549	404	70
2. 2013.....	127	174	180	181	182	183	184	184	184	184
3. 2014.....	XXX	179	213	220	221	226	226	226	226	226
4. 2015.....	XXX	XXX	136	172	175	175	175	176	176	176
5. 2016.....	XXX	XXX	XXX	91	116	120	121	122	123	123
6. 2017.....	XXX	XXX	XXX	XXX	107	121	130	132	132	133
7. 2018.....	XXX	XXX	XXX	XXX	XXX	89	103	110	110	112
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	69	88	93	94
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92	103	104
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	81	91
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41

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 2022 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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	3	0	0	0	0	0	0	0	0	0
2. 2013.....	6	10	10	10	10	10	10	10	10	10
3. 2014.....	XXX	1	4	4	4	4	5	5	5	5
4. 2015.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2016.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2017.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2022.....	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2013.....	1	0	0	0	0	0	0	0	0	0
3. 2014.....	XXX	3	2	2	2	2	0	0	0	0
4. 2015.....	XXX	XXX	0	0	1	1	1	1	1	1
5. 2016.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2017.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2022.....	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 2013.....	8	11	11	11	11	11	11	11	11	11
3. 2014.....	XXX	5	7	7	7	7	7	7	7	7
4. 2015.....	XXX	XXX	0	1	2	2	2	2	2	2
5. 2016.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2017.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2022.....	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 2022 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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	138	138	138	138	138	138	138	138	138	138	0
3. 2014.....	XXX	138	138	138	138	138	138	138	138	138	0
4. 2015.....	XXX	XXX	121	121	121	121	121	121	121	121	0
5. 2016.....	XXX	XXX	XXX	88	88	88	88	88	88	88	0
6. 2017.....	XXX	XXX	XXX	XXX	70	70	70	70	70	70	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	14	14	14	14	14	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	21	21	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32
13. Earned Premiums (Sch P-Pt. 1)	138	138	121	88	70	14	16	21	22	32	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	138	138	138	138	138	138	138	138	138	138	0
3. 2014.....	XXX	138	138	138	138	138	138	138	138	138	0
4. 2015.....	XXX	XXX	121	121	121	121	121	121	121	121	0
5. 2016.....	XXX	XXX	XXX	88	88	88	88	88	88	88	0
6. 2017.....	XXX	XXX	XXX	XXX	70	70	70	70	70	70	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	14	14	14	14	14	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	21	21	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32
13. Earned Premiums (Sch P-Pt. 1)	138	138	121	88	70	14	16	21	22	32	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	100	(21)	(8)	0	0	0	0	0	0	0	0
2. 2013.....	1,846	1,895	1,891	1,889	1,884	1,884	1,884	1,884	1,884	1,884	0
3. 2014.....	XXX	2,128	2,173	2,171	2,162	2,162	2,162	2,162	2,162	2,162	0
4. 2015.....	XXX	XXX	2,433	2,482	2,472	2,471	2,471	2,471	2,471	2,471	0
5. 2016.....	XXX	XXX	XXX	2,927	3,053	3,056	3,054	3,054	3,054	3,054	0
6. 2017.....	XXX	XXX	XXX	XXX	3,353	3,409	3,406	3,407	3,406	3,406	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2,071	2,139	2,132	2,130	2,130	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,593	1,584	1,579	1,579	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	682	685	686	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	763	791	29
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,102	1,102
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,131
13. Earned Premiums (Sch P-Pt. 1)	1,946	2,157	2,464	2,972	3,454	2,129	1,656	668	758	1,131	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	100	(21)	(8)	0	0	0	0	0	0	0	0
2. 2013.....	1,846	1,895	1,891	1,889	1,884	1,884	1,884	1,884	1,884	1,884	0
3. 2014.....	XXX	2,128	2,173	2,171	2,162	2,162	2,162	2,162	2,162	2,162	0
4. 2015.....	XXX	XXX	2,433	2,482	2,472	2,471	2,471	2,471	2,471	2,471	0
5. 2016.....	XXX	XXX	XXX	2,927	3,053	3,056	3,054	3,054	3,054	3,054	0
6. 2017.....	XXX	XXX	XXX	XXX	3,353	3,409	3,406	3,407	3,406	3,406	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2,071	2,139	2,132	2,130	2,130	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,593	1,584	1,579	1,579	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	682	685	686	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	763	791	29
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,102	1,102
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,131
13. Earned Premiums (Sch P-Pt. 1)	1,946	2,157	2,464	2,972	3,454	2,129	1,656	668	758	1,131	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	6	1	0	0	0	0	0	0	0	0	0
2. 2013.....	4,426	4,426	4,425	4,425	4,425	4,425	4,425	4,425	4,425	4,425	0
3. 2014.....	XXX	4,861	4,874	4,874	4,873	4,873	4,873	4,873	4,873	4,873	0
4. 2015.....	XXX	XXX	5,320	5,333	5,326	5,326	5,326	5,326	5,326	5,326	0
5. 2016.....	XXX	XXX	XXX	5,106	5,099	5,098	5,098	5,098	5,098	5,098	0
6. 2017.....	XXX	XXX	XXX	XXX	4,950	4,962	4,962	4,962	4,962	4,962	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4,247	4,244	4,245	4,245	4,245	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	3,559	3,557	3,557	3,557	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,358	3,354	3,354	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,165	3,158	(7)
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,977	2,977
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,970
13. Earned Premiums (Sch P-Pt. 1)	4,433	4,861	5,332	5,119	4,935	4,258	3,556	3,357	3,161	2,970	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	6	1	0	0	0	0	0	0	0	0	0
2. 2013.....	4,426	4,426	4,425	4,425	4,425	4,425	4,425	4,425	4,425	4,425	0
3. 2014.....	XXX	4,861	4,874	4,874	4,873	4,873	4,873	4,873	4,873	4,873	0
4. 2015.....	XXX	XXX	5,320	5,333	5,326	5,326	5,326	5,326	5,326	5,326	0
5. 2016.....	XXX	XXX	XXX	5,106	5,099	5,098	5,098	5,098	5,098	5,098	0
6. 2017.....	XXX	XXX	XXX	XXX	4,950	4,962	4,962	4,962	4,962	4,962	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4,247	4,244	4,245	4,245	4,245	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	3,559	3,557	3,557	3,557	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,358	3,354	3,354	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,165	3,158	(7)
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,977	2,977
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,970
13. Earned Premiums (Sch P-Pt. 1)	4,433	4,861	5,332	5,119	4,935	4,258	3,556	3,357	3,161	2,970	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	142	144	144	144	144	144	144	144	144	144	0
3. 2014.....	XXX	113	114	114	114	114	114	114	114	114	0
4. 2015.....	XXX	XXX	32	33	33	33	33	33	33	33	0
5. 2016.....	XXX	XXX	XXX	27	24	24	24	24	24	24	0
6. 2017.....	XXX	XXX	XXX	XXX	25	25	25	25	25	25	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	30	30	30	30	30	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	35	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	51
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50
13. Earned Premiums (Sch P-Pt. 1)	142	114	34	27	22	30	35	35	35	50	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	142	144	144	144	144	144	144	144	144	144	0
3. 2014.....	XXX	113	114	114	114	114	114	114	114	114	0
4. 2015.....	XXX	XXX	32	33	33	33	33	33	33	33	0
5. 2016.....	XXX	XXX	XXX	27	24	24	24	24	24	24	0
6. 2017.....	XXX	XXX	XXX	XXX	25	25	25	25	25	25	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	30	30	30	30	30	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	35	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	51
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50
13. Earned Premiums (Sch P-Pt. 1)	142	114	34	27	22	30	35	35	35	50	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	3	3	3	3	3	3	3	3	3	3	0
3. 2014.....	XXX	17	17	17	17	17	17	17	17	17	0
4. 2015.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2016.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2017.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	3	17	0	0	0	0	0	0	0	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	3	3	3	3	3	3	3	3	3	3	0
3. 2014.....	XXX	17	17	17	17	17	17	17	17	17	0
4. 2015.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2016.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2017.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	3	17	0	0	0	0	0	0	0	1	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	7	7	7	7	7	7	7	7	7	7	0
3. 2014.....	XXX	9	10	10	10	10	10	10	10	10	0
4. 2015.....	XXX	XXX	14	15	15	15	15	15	15	15	0
5. 2016.....	XXX	XXX	XXX	12	11	11	11	11	11	11	0
6. 2017.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7
13. Earned Premiums (Sch P-Pt. 1)	7	9	14	13	0	1	1	1	4	7	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2013.....	7	7	7	7	7	7	7	7	7	7	0
3. 2014.....	XXX	9	10	10	10	10	10	10	10	10	0
4. 2015.....	XXX	XXX	14	15	15	15	15	15	15	15	0
5. 2016.....	XXX	XXX	XXX	12	11	11	11	11	11	11	0
6. 2017.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	0
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	0
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	0
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7
13. Earned Premiums (Sch P-Pt. 1)	7	9	14	13	0	1	1	1	4	7	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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 2022 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	2013	0	0
1.603	2014	0	0
1.604	2015	0	0
1.605	2016	0	0
1.606	2017	0	0
1.607	2018	0	0
1.608	2019.....	0	0
1.609	2020.....	0	0
1.610	2021.....	0	0
1.611	2022.....	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 Fidelity0

5.2 Surety0
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

			Direct Business Only			
			1	2	3	4
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)
						5
						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 2022 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 Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0088	The Hanover Insurance Group	12833	80-0266582 ..				440 Lincoln Street Holding Company LLC	..MA.....	..NIA.....	The Hanover Insurance Company	Ownership, Board, Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	.....
	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		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.....	.....
.0088	The Hanover Insurance Group	10714	36-4123481 ..				Citizens Insurance Company of Illinois	..IL.....	..RE.....	Opus Investment Management, Inc.	Ownership, Board, Management	100.000 ...	The Hanover Insurance Group, Inc.	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.....	.....
.0088	The Hanover Insurance Group	13147	74-3242673 ..				The Hanover National Insurance Company	..NH.....	..IA.....	The Hanover Insurance Company	Ownership, Board, Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	.....
.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	Explanation

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0	0	0	0	407,123,853
.....10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	3,000,000	0	0	0	0	0	0	3,000,000	242,414,804
.....41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	5,000,000	0	0	0	(68,614,766)	0	0	(63,614,766)	925,575,872
.....12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(400,000)	0	0	0	0	0	0	0	(400,000)	7,639,609
.....31534	38-0421730	Citizens Insurance Co. of America	(72,000,000)	0	(70,658,418)	0	151,739,430	13,923,502	0	0	23,004,514	(204,344,804)
.....10714	36-4123481	Citizens Insurance Co. of Illinois	0	1,000,000	0	0	0	0	0	0	1,000,000	57,775,676
.....10176	38-3167100	Citizens Insurance Co. of Ohio	(1,000,000)	0	0	0	0	0	0	0	(1,000,000)	10,999,001
.....10395	35-1958418	Citizens Insurance Co. of the Midwest	0	10,000,000	0	0	0	(134,096,336)	0	0	(124,096,336)	1,220,614,443
.....36064	04-3063898	The Hanover American Insurance Co.	0	3,000,000	0	0	0	(53,233,047)	0	0	(50,233,047)	537,691,456
.....98-1300399 .....	.....	The Hanover Atlantic Insurance Company	0	5,000,000	0	0	0	0	0	0	5,000,000	73,726,957
.....22292	13-5129825	The Hanover Insurance Company	(20,210,909)	(19,277,330)	(27,670,662)	0	(94,216,727)	426,351,047	0	(125,000,000)	139,975,419	(5,160,877,588)
.....11705	86-1070355	Hanover New Jersey Insurance Company	(4,739,091)	(18,722,670)	0	0	0	0	0	0	(23,461,761)	5,848
.....41602	75-1827351	The Hanover Casualty Company	(800,000)	0	0	0	0	0	0	0	(800,000)	97,248,565
.....22306	04-2217600	Massachusetts Bay Insurance Company	0	12,000,000	0	0	0	(125,000,588)	0	0	(113,000,588)	1,055,905,855
.....42552	16-1140177	NOVA Casualty Co.	0	0	0	0	0	0	0	0	0	623,646,736
.....	04-3263626	The Hanover Insurance Group, Inc.	110,411,303	0	98,329,080	0	(57,522,703)	0	0	125,000,000	276,217,680	0
.....13147	74-3242673	The Hanover National Insurance Company	(300,000)	0	0	0	0	0	0	0	(300,000)	0
.....10815	52-0903682	Verlan Fire Insurance Co.	(550,000)	0	0	0	0	(59,329,812)	0	0	(59,879,812)	104,853,717
.....	04-2854021	Opus Investment Management, Inc.	0	(1,000,000)	0	0	0	0	0	0	(1,000,000)	0
.....	27-3626264	CitySquare II Investment Co., LLC	(10,411,303)	0	0	0	0	0	0	0	(10,411,303)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 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.....
.....							
.....							
.....							
.....							

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? ...	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
24. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
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:	
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Bar Codes:

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 7 1 4 2 0 2 2 4 0 1 0 0 0 0 0
18.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 7 1 4 2 0 2 2 3 6 5 0 0 0 0 0
20.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 7 1 4 2 0 2 2 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 2 4 0 0 0 0 0 0 0
22.	Bail Bond Supplement [Document Identifier 500]	 1 0 7 1 4 2 0 2 2 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 2 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 2 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 2 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 2 5 5 5 0 0 0 0 0
28.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 7 1 4 2 0 2 2 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 2 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 2 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 2 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 2 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 2 2 9 0 0 0 0 0 0
35.	Private Flood Insurance Supplement [Document Identifier 560]	 1 0 7 1 4 2 0 2 2 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 2 5 6 5 0 0 0 0 0

NONE



SUPPLEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF ILLINOIS

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

NAIC Group Code0088NAIC Company Code10714

Company NameCITIZENS INSURANCE COMPANY OF ILLINOIS

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified:\$13,873

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	0.0 %	0.0 %